Creating an Early Childhood Mental Health System of Care for Children ages 0 through 5 … and beyond

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Objectives

- **What is a System of Care (SOC)?**
  - Basic Principles & Core Values
  - What is an Early Childhood Mental Health System of Care?
- **San Diego's ECMH SOC**
  - Developmental Service Components
  - Mental Health Service Components
  - Other Elements
- **Vision for further development and refinement**

System of Care

- A "system of care" is an organizational philosophy and framework that involves multidisciplinary collaborations and activities across agencies, providers, and communities working to improve access to supports and services for a designated population.

- A system of care for very young children provides an accessible array of coordinated community-based, culturally and linguistically competent community supports and professional services for children and their families.

Early Childhood System of Care

- Focuses on the needs of young children, their parents, extended families and their communities.

- Encourages and enhances normative community-based services and supports.

- Provides appropriate and timely prevention, screening, evaluation, treatment and follow up when needed to optimize developmental potential.

http://www.aacap.org/galleries/PracticeInformation/Best_Principles_for_Early_Childhood_SOC.pdf

Guiding Principles– ECMH SoC

‣ Optimize the biological, cognitive, social-emotional **development** of every young child.

‣ Support the **stability and** enhance the **quality** of the **caretaking environment(s)** at home and in community.

‣ Strengthen and preserve **primary attachments and family relationships.**

‣ Respect and empower **families and family systems**; acknowledge and honor cultural values and beliefs.

Guiding Principles– ECMH SoC

- Provide prevention, early identification, effective intervention based upon sensitive, comprehensive evaluation and assessment that is centered around child/family capacities and needs.
- For high risk and vulnerable populations, promote and provide individualized service plans that integrate and coordinate services across agency and disciplinary boundaries.
- Maintain ethical and clinically balanced approach in interventions, protecting rights of children and supporting rights of parents.

ECMH SoC in San Diego: What's working?

- Healthy Development Services (HDS)

- KidSTART

- Developmental Screening and Enhancement Program (DSEP)

- Pediatric-Psychiatry Integration Initiative

First 5 San Diego

- Created in 1998 after passage of CA Prop 10
- Focus: children prenatal through age five, when 90% of the brain develops
- Funded by special tobacco tax
- Takes a whole child approach: health, early learning, family and community
- Currently has $64M in active programs

# First 5 San Diego and ECMH

- Make a lifelong difference
- Focus on the gaps in the system of care
- Include families, caregivers, early education
- Focus on <u>treatment</u>, not just screening and assessment
- Be a catalyst to transform the SOC and practice
- Leverage funding

San Diego's Early Childhood Mental Health System of Care

	Mild to Moderate	High Need	Complex
General Population	Healthy Development Services (HDS)	Regional Center School Systems Private Insuranc e EPSDT MediCal CHDP	KidSTART Clinic
Special Populations	Children of moms in recovery (HDS pilot)		Children in CWS system (KidSTART Clinic)
	Children in CWS system (DSEP) + other sources		
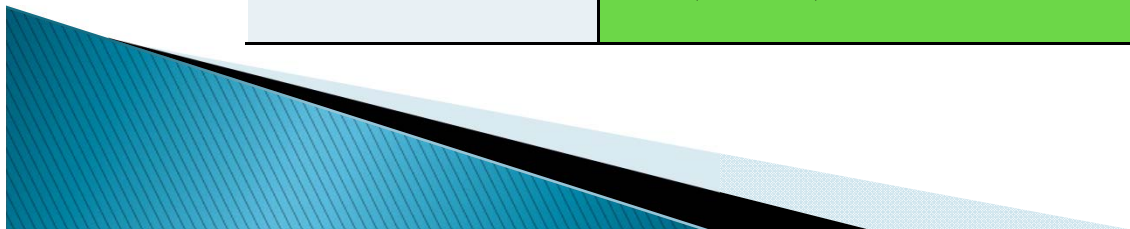
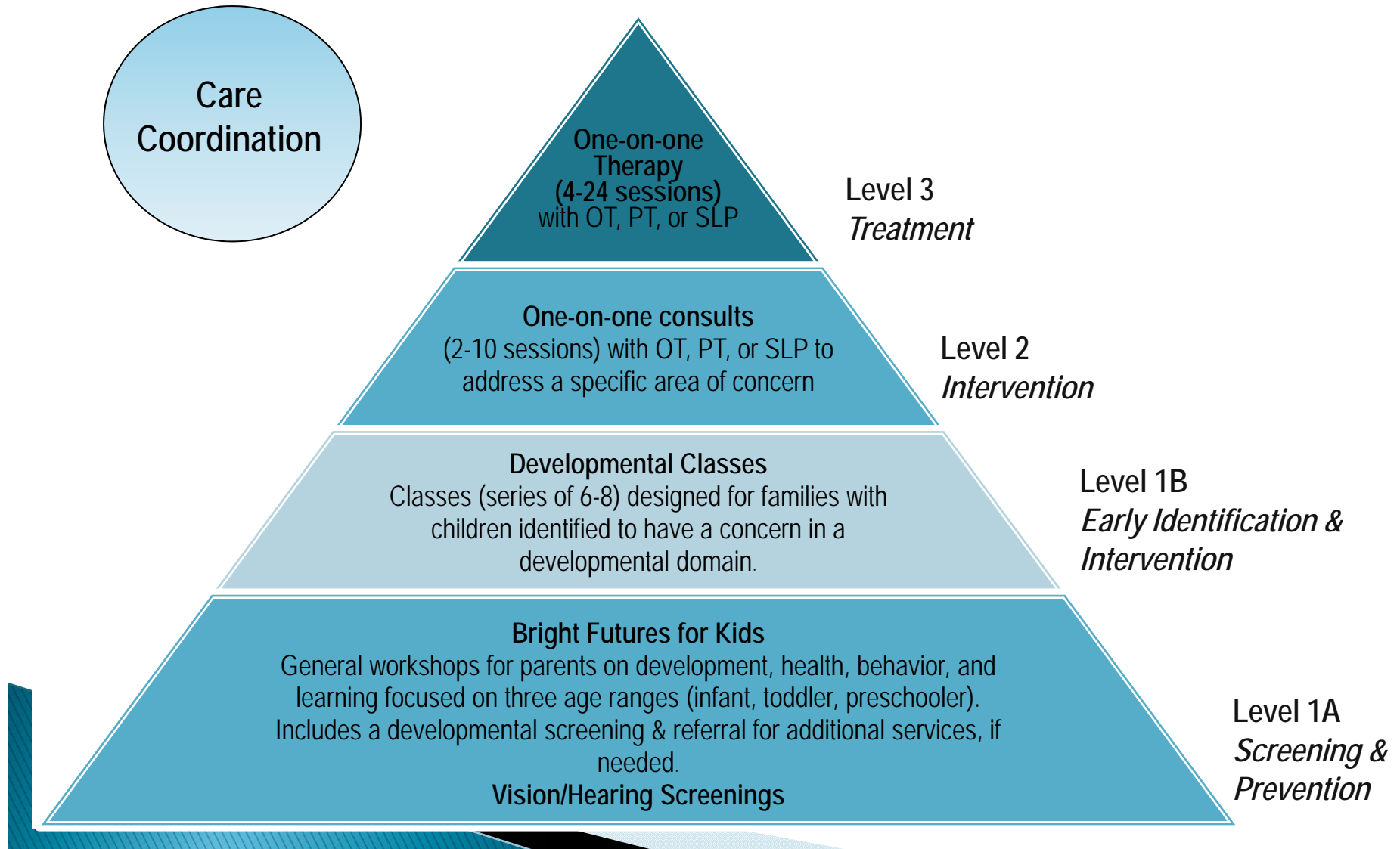# Healthy Development Services (HDS)
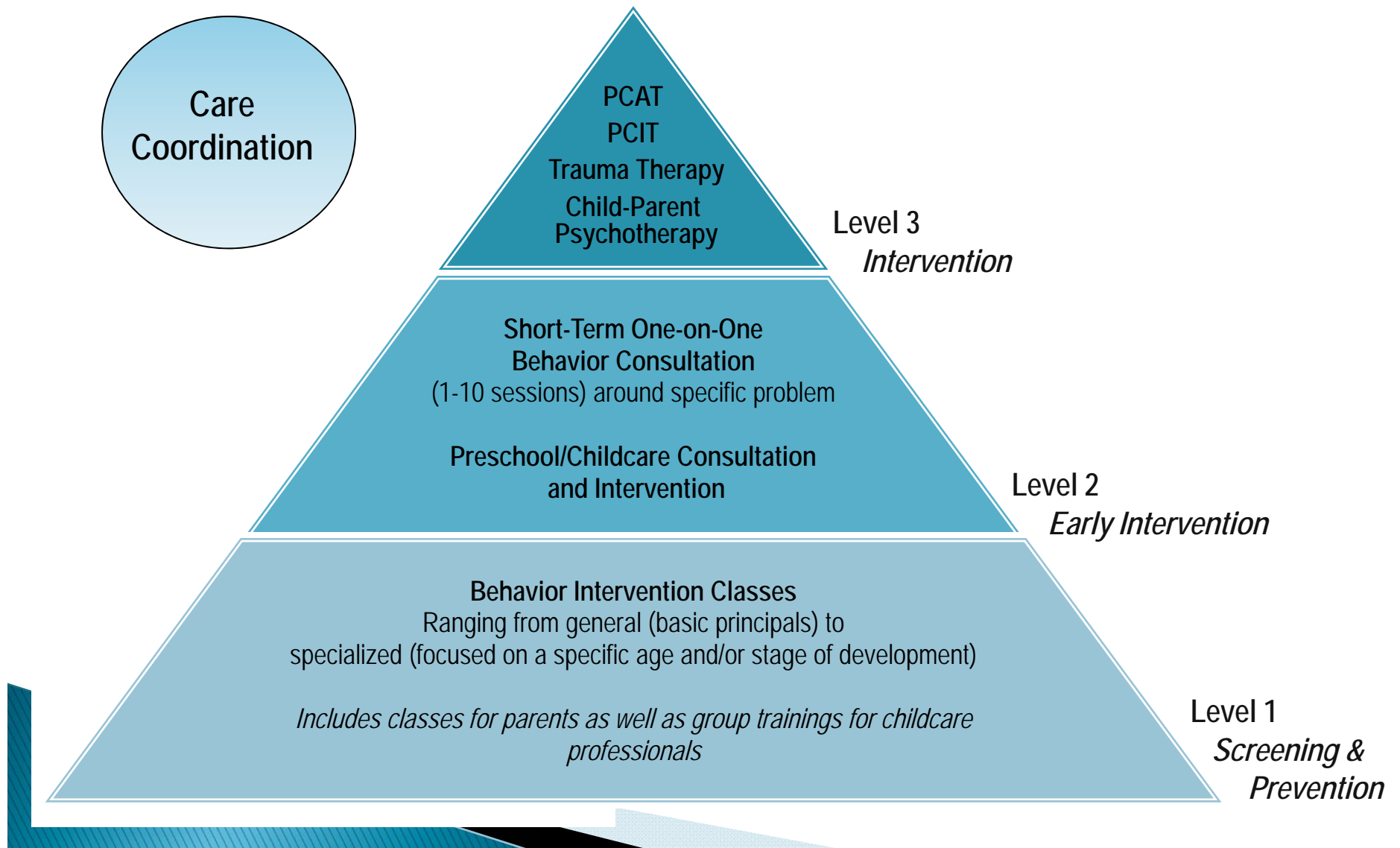
- **Target Population**: Children ages 0 through 5 with mild to moderate developmental and behavioral issues
- **Services**: Developmental and behavioral screening, assessment & tx; care coordination, caregiver and provider consults & training
- **Number served in FY 11/12:**
- 28,338 children; 13,668 parents
- **Current Budget**: $14.6M annually
- Funded since 2006

HDS Developmental Services

Care Coordination

One-on-one Therapy
(4-24 sessions)
with OT, PT, or SLP

Level 3
Treatment

One-on-one consults
(2-10 sessions) with OT, PT, or SLP to address a specific area of concern

Level 2
Intervention

Developmental Classes
Classes (series of 6-8) designed for families with children identified to have a concern in a developmental domain.

Level 1B
Early Identification & Intervention

Bright Futures for Kids
General workshops for parents on development, health, behavior, and learning focused on three age ranges (infant, toddler, preschooler). Includes a developmental screening & referral for additional services, if needed.
Vision/Hearing Screenings

Level 1A
Screening & Prevention

HDS Behavioral Health Services

Care Coordination

PCAT
PCIT
Trauma Therapy
Child-Parent Psychotherapy

Level 3
Intervention

Short-Term One-on-One Behavior Consultation
(1-10 sessions) around specific problem

Preschool/Childcare Consultation and Intervention

Level 2
Early Intervention

Behavior Intervention Classes
Ranging from general (basic principals) to
specialized (focused on a specific age and/or stage of development)

Includes classes for parents as well as group trainings for childcare professionals

Level 1
Screening & Prevention

Utilize Evidence-based Models & Assessment Tools

Models
- Parent-Child Interaction Therapy
- Parent-Child Attunement Therapy
- Trauma-Focused Cognitive Behavior Therapy
- Child Parent Psychotherapy
- Positive Behavior Support
- Trauma Assessment Pathway Model (TAP)

Assessment Tools
- ASQ-Social Emotional
- Child Behavior Checklist
- Parenting Stress Index-Short
- Eyberg Child Behavior Inventory
- DECA
- Arnett

Clients Served by HDS FY11-12

Child behavioral screenings	26,065
Child behavioral treatment	7,960
Parents: behavioral classes, consults, treatment	16,040
ECE Providers: behavioral training, consults	1718

Pilot – HDS at Recovery Sites

- **Target Population**: Children of mothers in drug/alcohol treatment
- **Services**: Developmental and behavioral services offered on site
- **Number served in FY 11/12**: 58
- **Current Budget**: $600K annually
- Funded since 2011
- Expanding to countywide in FY12-13 - will serve 170 children annually

First 5 Program: KidSTART

- **Target Population**: Children ages 0-5 with complex socio-emotional, developmental and physical problems – and complex family issues

- **Services**: EPSDT Clinic + Developmental Center screening, treatment, assessment, referral and treatment; family support & case management

- **Number served in FY 11/12**
  - 570 assessed; 172 treated

- **Current Budget**: $1.1M annually (includes EPSDT) Funded since 2010

Developmental Screening Enhancement Program (DSEP)

- **Target Population**: Children ages 0-5 in the child welfare system

- **Services**: Developmental screening, Individual Care Plan, developmental and behavioral services, caregiver coaching, referrals and case management

- **Number served in FY 11/12**: 1114 screened; 637 case management

- **Current Budget**: $3.4M annually

- Funded in different ways since 2003

Are These Strategies Successful?

HDS Behavioral Gains (CBCL)

Percentage of children with gains by domain

81.5% Emotionally Reactive	89.3% Sleep Problems
73.7% Anxious/Depressed	92.5% Attention Problems
83.9% Somatic Complaints	90.6% Aggressive Behavior
80.6% Withdrawn	

Percentage of children with gains by problem category

79.5% Internalizing Problems	83.5% Externalizing Problems	83.6% Total Problems

HDS Behavioral Gains (CBCL)

Mean CBCL Scores for Total Sub-Scales at Pre and Post for Children who were Borderline or Clinical at Pre (Matched)

| | 67.3 | 70.8 | 69.1 |
| | 57.7 | 58.9 | 57.8 |

Internalizing Problems* (n=88)   Externalizing Problems* (n=121)   Total Problems* (n=110)

■ Pre   ■ Post
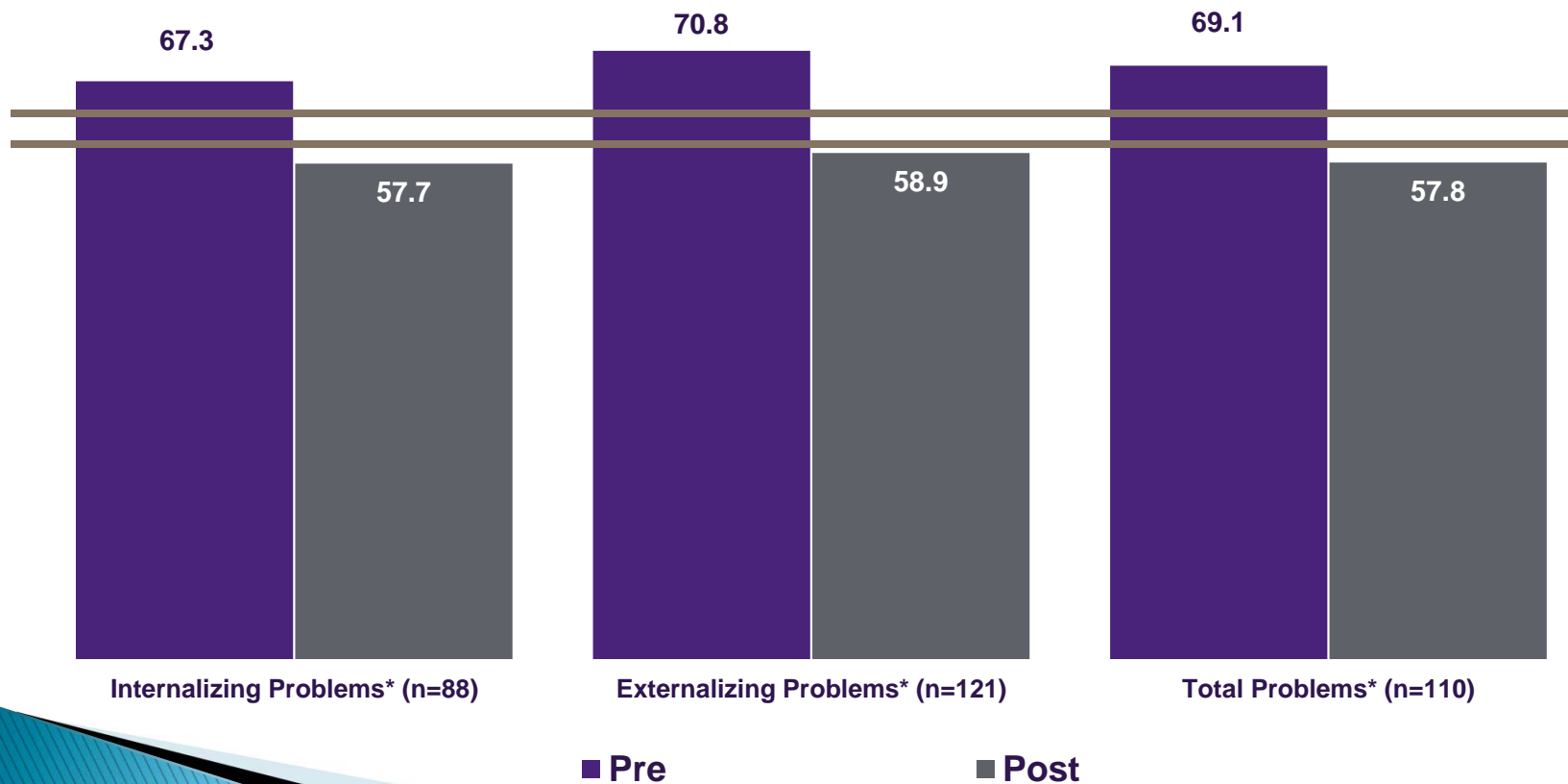
HDS: Substance Abuse Recovery Pilot

Child Behavior (CBCL)	Pre at Clinical	Post at Clinical	% Improved Post Treatment (all)
Externalizing Behavior	20%	10%	70%
Anxious/Depressed	20%	0%	70%
Internalizing Behavior	10%	0%	80%
Total Problems	20%	10%	
Parent-Child Relationship (PSI-SF)	Pre at Clinical	Post at Clinical	% Improved Post Treatment (all)
Parent-Child Dysfunction Interaction	36.4%	27.3%	45.5%
Total Stress	36.3%	18.2%	54.4%
Defensive Responding	45.5%	27.3%	

KIDSTART Clinic Results

Assessment	Number and Percent with Gains
Conduct or Oppositional Behavior–Intensity ECBI scale (n=25)	14 (56%)
Conduct or Oppositional Behavior–Problem ECBI scale (n=15)	12 (80%)
Episode lasted three weeks or more– CFARS (n=85)	84 (98%)
Improvement on CBCL (n=30)	20 (67%)
Improvement on TSC–YC (n=17)	7 (41%)

KIDSTART Results

Placement Stability	Number & Percent
Children who maintained placement in daycare / preschool (n=104)	102 (98.0%)
Children who maintained placement within out of home placement (n=130)	124 (95.4%)

DSEP Outcomes

Outcome	National Average	FY 08-09 Short term case mgmt	FY 11-12 Long-term case mgmt
Linkage to Part C services	53%	53%	81%
Linkage to MH services	44%	61%	80%
Outcome	Rating Scale	Baseline (FY 08-09)	Residential Care Coaching
Quality interactions at residential care facility	Scale of 0-4	2.23	3.37

What have we learned about this population?

» Opportunities to look deeper

Mental Health Needs of Children with Complex Disorders

% of Total	Therapy	Need
40.8%	**Parent Child Psychotherapy (CPP)**	Trauma exposed
8.7%	**Parent Child Attunement Therapy (PCAT)**	Children 12-36 with behavioral / emotional problems
4.9%	**Parent Child Interactional Therapy (PCIT)**	Children 3-5 with behavioral / emotional problems
1.1%	**Trauma Focused Cognitive Behavioral Therapy (TFCBT)**	Child & parent psychotherapy for children with significant emotional & behavioral difficulties related to traumatic life events
43.0%	**Trauma Assessment Therapy (TAP)**	Incorporates assessment, triage and trauma treatment into clinical pathways
1.5%	Other	

Other trends

Children of mothers in recovery for substance abuse (preliminary data)

Highest delays in cognitive, expressive and receptive language, fine motor and social-emotional

At least 50% of children show delays in each developmental domain

Highest clinical scores for children in Externalizing Behavior, especially anxious/depressed

Pediatric – Child Psychiatry Integration Initiative

▸ A part of San Diego County's effort to enhance Behavioral Health Integration

▸ Child Psychiatric Consultation Supports for Pediatricians

Screening	Evaluation
Consultation	Consultation
Referral	Case Management

The System Matters: Intensive Collaboration with Community Partners

- Referral pathways
- Community MDTs
- Advisory Boards
- Joint trainings and information sharing
- Support development of early childhood professionals
- F5 ECMH scholarships
- Training for ECE and CWS staff

Questions?