

# *Early Childhood Mental Health Consultation in Florida*



## Final Summary of Survey Results & Summit

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### Table of Contents

Final Summary of Survey Results & Summit.....	1
Background.....	1
Survey Findings .....	1
Summit Summary.....	3
Workgroup Recommendations & Strategies for Expansion of ECMHC in Florida.....	4
Evaluation .....	5



Florida State University  
Center for Prevention & Early Intervention Policy

## Final Summary of Survey Results & Summit

*This brief report summarizes the completion of work performed by Florida State University Center for Prevention and Early Intervention Policy (the FSU Center) for Contract DO# A7EDC9 ending June 30, 2013, with the Program Office of Substance Abuse and Mental Health in Florida's Department of Children and Families (DCF).*

### Background

Early Childhood Mental Health Consultation (ECMHC) is an effective prevention and early identification strategy to address challenging behaviors and avert mental health problems in young children. A goal was set in DCF's Project LAUNCH to bring ECMHC to scale throughout the state. This is complicated work, particularly, because ECMHC in Florida has no dedicated funding source. Knowing more about what is happening in communities and the diverse funding sources that can and are being used to fund ECMHC is critical to expanding ECMHC in Florida.

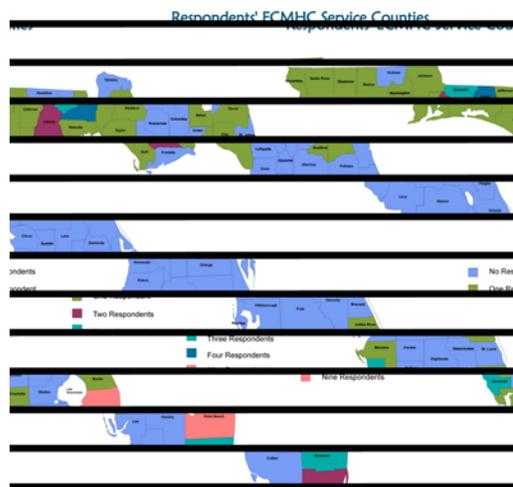
The FSU Center conducted a survey of licensed infant mental health consultants by using the list of 231 graduates from the FSU Harris Institute for Mental Health Training. This body of experts works independently, in private clinical practice, or directly with early childhood or mental health agencies. The survey had a 10% return rate and gathered information about the consultant's work experience and knowledge of issues surrounding the limited ECMHC services available in Florida. A Preliminary Draft Survey Report was delivered to DCF on June 21st and explained the survey methods and data results in detail. The FSU Center also held a one-day face-to-face summit with key stakeholders, current funders, and potential funders of ECMHC services on June 26 in the Tampa/St. Petersburg area. The packet of materials provided to Summit participants accompanies this five-page report.

### Survey Findings

**Provision of services.** The purpose of the ECMHC survey was to identify sites in the state of Florida that are currently using community based early childhood consultation services that meet the definition of early childhood mental health consultation and are financially sustainable.

Based on survey results, ECMHC services are available and funded to some extent in 28 counties, as illustrated on the map: Baker, Bay, Bradford, Broward, Calhoun, Charlotte, Clay, Duval, Escambia, Gadsden, Gulf, Indian River, Jackson, Jefferson, Leon, Liberty, Madison, Manatee, Martin, Miami-Dade, Okaloosa, Palm Beach, Santa Rosa, Sarasota, Taylor, Wakulla, Walton, and Washington. A lack of funding and disappearance of previous funding was cited as reasons ECMHC services were unavailable in communities.

Survey data included known providers of ECMHC services and vital community partners that provide ancillary services that support children and families needing intervention. Contact information of key agency people was also provided for possible follow-up.



Providers of ECMHC	Community Partners
<ul style="list-style-type: none"> <li>• Child Guidance Center</li> <li>• Children’s Services Councils</li> <li>• Chrysalis</li> <li>• Early Education &amp; Care</li> <li>• Early Learning Coalitions</li> <li>• Early Steps of Sarasota</li> <li>• Early Head Start/FSU</li> <li>• Episcopal Children’s Services</li> <li>• Evaluation Center</li> <li>• Families First</li> <li>• Family Central, Inc.</li> <li>• Generations Behavioral Health</li> <li>• KIDS, Inc.</li> <li>• Kids N Distress (listed without contact information)</li> <li>• Linda Ray Center</li> <li>• North Florida Child Development</li> <li>• Parent Child Center</li> <li>• System Solutions for Children (SSC)</li> <li>• Susan Boklaga, LMHC</li> <li>• The Florida Center for Early Childhood</li> </ul>	<ul style="list-style-type: none"> <li>• Early Steps</li> <li>• Florida’s Department of Children and Families, Child Protection</li> <li>• Head Start/Early Head Start</li> <li>• Home visiting programs</li> <li>• Community Based Care lead agencies</li> <li>• Local education agencies (LEAs) or programs for exceptional education, ages 3-5</li> <li>• Primary care providers</li> <li>• Public health departments</li> <li>• Early Learning Coalitions</li> <li>• Judicial /dependency courts</li> <li>• Substance abuse and mental health managing entities</li> <li>• Managed care programs; domestic violence court; Healthy Start; lawyers; and private pay</li> </ul>

**Populations served.** Consultation work is typically focused around four target groups: (1) individual children and families, (2) individual classrooms, (3) child care centers as a whole, and (4) large group activities for child care center families. The survey responses indicated that ECMHC services are available to preschoolers ages 3-5 and infants/toddlers up to age three. Children and families receiving ECMHC services may likely be involved in the child welfare system, have a mental health diagnosis, or be enrolled in Early Head Start or Head Start. Children and families may also come into an ECMHC program through parent, agency or school referrals or because they experienced domestic violence. Over 70% of the respondents provided ECMHC services to at least one child or family (ages 0-5) up to a range of 50-75 in the last 30 days. The individualized nature of ECMHC and the need for flexibility in the frequency and duration of ongoing services could require up to a year or more to ensure the needs of children, families, and programs are met; however, heavy caseloads or concerted attempts to reach more children per consultant could easily result in offering more minimal services.

**Consultant competency.** Most funders of ECMHC require infant mental health consultants to meet competencies or qualifications that include advanced degrees along with a strong knowledge of early childhood mental health consultation and knowledge of child development, especially including the social/emotional development of young children. A variety of job titles might be used for the infant mental health consultant.

**Funding sources.** Funding for ECMHC services has been found among 14 payers to include Applied Behavioral Health (ABH) through a Medicaid pre-paid mental health plan; the ARC for people with intellectual and development disabilities; Childnet, a local Community Based Care lead agency serving Broward and Palm Beach County; Children’s Services Councils, which supplies funding to community based care lead agencies and other providers; Episcopal Children’s Services through its Head Start or Early Head Start program(s); Family Support Services of North Florida by way of its support to community based care lead agencies; Florida FSU Center for Prevention & Early Intervention Policy

Family Network, a community based agency in Tallahassee offering substance abuse and mental health services; Generations Behavioral Healthcare in Tallahassee using Medicaid fee-for service monies; Kids, Incorporated of the Big Bend, a community organization serving children 0-3 years of age and pregnant women with Early Head Start; Manatee School Board, a local education agency (LEA) or program for exceptional education, ages 3-5; victim's compensation fund; and private insurance.

**Billing.** When children are eligible for Medicaid, the respondents said they have billed for ECMHC services using the billing codes H0031 HO; H2019 HR; H2010 HO; H0031; 90806; and 90807. Over half of the consultant's billing, however, is to private insurance or to families directly, as out-of-pocket expenses. Smaller sources of funding reportedly came from Community Based Care Lead Agencies, Head Start or Early Head Start, Children's Medical Services, Local Early Learning Coalitions, City/County Governments, Substance Abuse and Mental Health Managing Entities, Department of Children and Families, Department of Juvenile Justice, Local Education Agencies (LEA), Early Steps, Local School District, United Way, Children's Services Council, and the ARC.

**Challenges of implementation.** Funding ECMHC is the major challenge in providing services to communities. Other challenges mentioned include awareness of ECMHC, understanding the benefits of intervention, engaging parents and caregivers; having sufficiently trained providers; serving rural areas; negotiating through an uncoordinated referral system providers of ECMHC; low payment rates for providers of ECMHC; and too few providers committed to doing ECMHC.

## Summit Summary

The Early Childhood Mental Health Consultation Summit was held on June 26, 2013 from 9am to 4pm at Coordinated Child Care in Pinellas Park, Florida with 66 stakeholders including local representation from the Agency for Health Care Administration, Florida's Department of Health and Early Learning Coalitions.

**Summit materials.** Participants received the day's agenda and a packet of resources and information to review the necessary building blocks of an early childhood systems framework and best practices. This information supported discussion on the ECMHC model, the role of the ECMHC consultant, essential core components, and the system of care values:

- Zero to Three Journal (May 2013, Volume 33, No. 5) on ECMHC
- Georgetown University Center for Child and Human Development. (2013). Center for early childhood mental health consultation tutorials. Available at <http://www.ecmhc.org/tutorials/>
- Duran, F.B., Hepburn, K.S., Kaufmann, R.K., Le, L.T., Allen, M.D., Brennan, E.M., & Green, B.L. (2009). Research synthesis: Early childhood mental health consultation. Nashville, TN: The Center on the Social and Emotional Foundations for Early Learning at Vanderbilt
- Duran, F., Hepburn, K., Irvine, M., Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009, August). What works? A study of effective early childhood mental health consultation programs: Executive summary. Washington, DC: Center for Child and Human Development at Georgetown University
- Center on the Developing Child at Harvard University. (2010). In brief: The impact of early adversity on children's development. Available at [http://developingchild.harvard.edu/index.php/resources/briefs/inbrief\\_series/inbrief\\_the\\_impact\\_of\\_early\\_adversity/](http://developingchild.harvard.edu/index.php/resources/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/)
- Center on the Developing Child at Harvard University. (2012). Establishing a level foundation for life: Mental health begins in early childhood. Working paper #6, updated edition. Available at [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp6/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp6/)
- Center on the Developing Child at Harvard University. (2011). Building the brain's "air traffic control" system: How early experiences shape the development of executive function. Working paper #11. Available at [http://developingchild.harvard.edu/index.php/resources/reports\\_and\\_working\\_papers/working\\_papers/wp11/](http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp11/)

**Presentations.** After a warm welcome, Dr. Mimi Graham from the FSU Center presented *The Impact of Trauma & Toxic Stress on Infants, Toddlers, and Young Children* to lay the foundation for understanding trauma and toxic stress and why ECMHC is needed. Compelling evidence links adverse early childhood experiences with significant learning and behavioral challenges in school as well as a lifetime of serious health problems. For successful learning, children must focus their attention, manage feelings, control impulses, and follow rules. Dr. Graham explained how skills in executive functioning and self-regulation develop in the prefrontal cortex and are shaped by neural interconnections to the brain structures that control response to threat and stress. Repeated exposure to threatening situations can disrupt this development and lead to emotional problems and compromised working memory, attention, and inhibitory control. Using a comparison of a healthy child and a neglected child, each domain of development was analyzed with consideration to the effects of trauma on young children.

Dr. Kristie Skoglund from The Florida Center for Early Childhood Development further explained *Intervention Through Consultation: A Developmental Context of Trauma in Early Childhood*. Compelling video showed the impact of domestic violence and other adverse experiences that could impact the developing brain and how early childhood consultants could recognize the signs of trauma and effectively intervene. She specifically described the role of the consultant and consultation in detail. Building on the ECMHC model and core components of services provided, she gave insight into using best practice team meeting discussions as appropriate methods to engage teachers and parents.

Maria Hernandez, Director, Project Bridges, Family Central, talked about *Enhancing Child Care to Better Serve Vulnerable Children*. She discussed system of care values and three strategies for improving childcare: 1) Enhanced screening for social emotional development, (2) training in recognizing trauma and the importance of quality childcare for children in child welfare, and (3) the use of early childhood mental health consultation.

### **Workgroup Recommendations & Strategies for Expansion of ECMHC in Florida**

The group reviewed the survey results, including what survey respondents reported as challenges and recommendations. This final session of the Summit was a group discussion on the “next steps” for enhancing and expanding ECMHC in Florida. Discussion revolved around strategies to spread awareness, train and educate families and systems workers; to identify ECMHC funding; and to offer reflective supervision and support to infant mental health consultants.

**Strategy #1: Educate the public on the signs of trauma and importance of early intervention to overcome the effects of trauma or stress.** The group passionately agreed that the impact of trauma on the child’s developing brain drives an urgency to develop a statewide plan that increases awareness among families, caregivers, and systems workers. The hope is that people will learn to take note of unusual or problematic behavior – before reacting to it – and, instead, consider the possibility that exposure to trauma or stress may be a root cause for the behavior. Learning to recognize potential signs of trauma is a critical first step. Untrained professionals tend to label and separate children without considering what may have happened (or is happening) to them. Educating others to observe for trauma and stress will help families, caregivers, and systems workers keep what children and families are going through in mind. The long-term effects of adverse childhood experiences also explain the poor health outcomes for children and adults alike. Considering this will help others be less judgmental and more inclined to ask what has happened. This may open the door of understanding so that love and nurturance follows; helping young children form needed resilience.

To get the word out, the presentations and videos used in this Summit may be useful as powerful portrayals to communities statewide on the effects of healthy and unhealthy environments, including violent ones, to brain development. Establishing good relationships with other agencies and community stakeholders is important to sharing resources and working toward common goals. Resources that are already available to help teach parents, for example, about brain development and trauma, must be identified and shared with appropriate agencies for distribution. Intervention, such as ECMHC, must be better identified. The public must be educated on the benefits of ECMHC so everyone knows what is available and how or where it might be accessed. Some communities have a Sheriff's Services Fair or 2-1-1 information and referral system that may be a good way to help families access available services.

***Strategy #2: Identify ECMHC funding.*** Because moving ECMHC forward without dedicated funding is such an overwhelming task, the group determined to approach it in the same way they would a child's unusual behavior. In other words, once the problem (or, unusual behavior) is noted, the consultant should check his or her own reaction and try to figure out why the situation or behavior is a problem. This is "the Stop, Wait, and Wonder" method. Throughout all hard projects it is important to take a deep breath and limit the focus on what is feasible to do or most readily accomplished now, with limited resources. More information is needed about how to bill Medicaid for ECMHC with a clarification on the acceptable billing codes. Examples, such as what was presented today by Dr. Skoglund, can be showcased to show how an organization's struggle to find funding for its vision required determination and persistence to bring funders to the table to both initiate and expand ECMHC services.

***Strategy #3: Offer reflective supervision and support to infant mental health consultants.*** Working with children and families who have experienced trauma and toxic stress can be wearing over time to those doing the intervention. Infant mental health consultants need support to carry them through the emotional stress. The core of making a difference in the lives of children and families is relationship based, so focus on relationship building should be encouraged and supported in all programs. Early Steps needs practitioners with IMH experience. The capacity for increased infant mental health services in communities depends on training support, if these workers are to be effective and avoid suffering burnout that prompts them to leave the field. The best strategy for that is to offer ongoing reflective supervision to practitioners.

## **Evaluation**

Based on 60 evaluation forms collected, 98% of the attendees were satisfied with the Summit. On a scale of 1 to 5, with 5 being the highest and best, participants were asked to indicate their level of knowledge gained and the usefulness of the resource materials received. Results showed an average of 4.52 for extending knowledge on the topics and 4.6 regarding the resources provided and likeliness that the materials would be useful in their work. A total of 59 people completed the pre/post tests, which measured knowledge gained from the topics presented. T-tests across the five areas demonstrate that the pre and post scores are significantly different, meaning that the participants' knowledge of early childhood mental health consultation expanded because of the Summit. Comments were very favorable and indicated, "Everyone needs this knowledge, especially new mothers and fathers and caregivers." Several of the attendees said they would "definitely put (the) knowledge to use."