REPORT OF THE BUILD INFANT-TODDLER MENTAL HEALTH SYMPOSIUM: CURRENT TRENDS AND VISIONS FOR THE FUTURE

Pittsburgh, Pennsylvania

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Pennsylvania BUILD Initiative
Pennsylvania Department of Public Welfare
Harrisburg, PA

Overview of Pennsylvania BUILD

The Build Initiative is designed to help states build a coordinated system of programs, policies, and services that: responds to the needs of families, carefully uses public and private resources, and effectively prepares young children for a successful future.
Pennsylvania is one of five states selected to participate in this national initiative. Over the last five years, Pennsylvania has proven itself a national leader in its investments and system building in early learning. The creation and expansion of programs has been the focal point for the early learning systems work.

Pennsylvania built an E*arly Learning System* that ensures high quality early learning strategies are in place across all early learning settings. The focus of Pennsylvania BUILD is on infrastructure. Through the PA Build initiative, the Office of Child Development and Early Learning created a theory of change revolving around several elements of system to support effective outcomes for young children.

Chart 1 to demonstrate how the five elements of systems building ensure positive outcomes for children, families and communities.

Chart 1: Pennsylvania Early Learning System Building

Many changes have been stimulated to better serve Pennsylvania's young children since the creation of the Office of Child Development and Early Learning. For example, since that time, OCDEL has

- Established Early Learning Standards
- Moved Keystone STARS from a pilot to a statewide system
- Created the Early Learning Keys to Quality System
- Implemented PA PreK Counts
- Implemented Head Start Supplemental
- Developed an Early Childhood Education Career Lattice
- Created a coordinated management structure for the Early Intervention programs, both 0-3 and 3-5
- Tapped Medical Assistance funding to help support the Nurse Family Partnership
- Moved to an automated method for supporting child care certification

To learn more about the national Build initiative, visit http://www.buildinitiative.org.
To learn more about Pennsylvania Build, contact:

Office of Child Development and Early Learning
PA Departments of Education and Public Welfare
333 Market Street, 6th Floor
Harrisburg, PA 17126
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Or

Visit: http://www.pde.state.pa.us/early_childhood/cwp/view.asp?a=323&Q=123994&early_childhoodNav=|10707|

A BRIEFING REPORT

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Executive Summary

On Thursday and Friday, December 13 and 14, 2007, approximately 75 people gathered in Pittsburgh for an Infant-Toddler Mental Health Symposium, planned by the Department of Public Welfare's Offices of Child Development and Early Learning, Mental Health and Substance Abuse Services, Medical Assistance Programs, and Children, Youth and Families. Representatives of state program offices, private foundations, health care providers, mental health providers, Pennsylvania Regional Keys, family members and advocates, managed care organizations, and representatives from other states who are leading the way in infant/toddler mental health attended the event. Department of Public Welfare Secretary Estelle Richman facilitated the entire symposium and helped to frame the issues for successful supports for infant-toddler mental health. The goal of the symposium was to foster relationships and connections as Pennsylvania builds its policy leadership agenda for infants and toddlers. The expertise of invitees was enlisted in order identify existing strengths within state programs and to consider practical next steps for building and sustaining a coordinated system that serves the Commonwealth's youngest citizens.

The event featured a networking dinner on Thursday with welcoming remarks by Secretary Richman; she shared her hope that this event would result in the start of some great new relationships. "This symposium is not just about information sharing and hearing about some best practices; it's about building strong connections with your colleagues that can lead to innovative ideas and initiatives." The Opening Plenary was given by Dr. Jane Knitzer, Executive Director of the National Center for Children in Poverty and Clinical Professor of Population and Family Health at the Mailman School of Public Health at Columbia University in New York City. Dr. Knitzer challenged the symposium audience to strengthen the initiatives that are already in place, create and promote a strategic vision for Pennsylvania, build on the partnerships and leadership already established through CASSP, learn from other states' experience, and engage advocates and families.

The following day began with an opening by Secretary Richman which served to frame the issues for successful supports for Infant-Toddler Mental Health/Social-Emotional Well-Being, followed by three panel presentations on Early Childhood Mental Health, Maternal Depression, and Developmental Screenings. Afterward participants worked in groups to identify and report to the group practical next steps for moving the agenda forward. Secretary Richman facilitated the discussion with energy and commitment that encouraged the leaders' active participation in this initiative now and in the future. One outcome of the symposium is the decision to create an advisory group that will provide direction to the initiative and ensure that next steps are considered and implemented.

Summary of Opening Sessions

Investing Smart in Infant and Early Childhood Mental Health: Challenges and Opportunities, by Dr. Jane Knitzer

Dr. Jane Knitzer is known to the children's mental health world for her ground-breaking 1982 study, *Unclaimed Children*, which set the stage for the development of the Child and Adolescent Service System Program (CASSP). In her keynote address to the Infant-Toddler Mental Health Symposium on December 13, Dr. Knitzer initially defined healthy social and emotional development in young children as "age-appropriate social, emotional and behavioral capacity to manage emotions, relate to adults and peers, and feel good about themselves." After setting the demographic context for Pennsylvania, she named five reasons for investing in young children:

- Young children who lack social/emotional skills are more likely to experience early school failure;
- Mental health issues can be identified earlier and earlier;
- Adverse experiences in childhood have lifelong and high cost mental health consequences;
- Getting young children back on an age-appropriate developmental trajectory will save money;
- Growing knowledge of research-informed strategies is available to improve social-emotional outcomes for young children.

She went on to describe four goals for building an effective infant and early childhood mental health system: 1) promote early school success; 2) build capacity in the early childhood workforce, 3) promote effective parenting, particularly in high-risk families, and 4) deliver family-focused mental health services. To accomplish this, several challenges must be addressed: promoting positive development, identifying and addressing developmental and behavioral problems early, improving the quality of infant and toddler early learning, addressing parental/maternal depression, helping the highest risk families, implementing intentional strategies to help preschoolers, and putting it all together to create a sustainable community infrastructure. Dr. Knitzer also acknowledged that fiscal challenges are the hardest to overcome—that is, paying for services to children and families at risk of social and emotional problems, but gave examples from other states that are working at this.

According to Dr. Knitzer, strategies for creating a sustainable early childhood mental health system include paying for prevention and early intervention, building the workforce, implementing research-informed practices, engaging effectively with immigrant and ethnic groups, and tracking outcomes. She challenged the symposium audience to strengthen the initiatives that we already have, build and promote a strategic vision for Pennsylvania, build on the partnerships and leadership already established through CASSP, learn from other states' experience, and engage advocates and families. To

do this, the system should be guided by the following principles: grounded in developmental knowledge, relationship-based and family-centered, infused into existing early childhood services, attentive to community norms and culture, responsive to the level of need, continuous, and evaluated with measures that are both developmentally and policy relevant.

***Framing the Issues for Successful Supports for Infant-Toddler Mental Health/Social-Emotional Well-Being,* by Estelle Richman**

Secretary Richman provided an overview of the day's events, to highlight the progress that Pennsylvania has made in promoting the social/emotional health of our infants and toddlers and to get input to develop the next steps we all need to take to make Pennsylvania a leader in the nation. She addressed the audience by saying, "You are stewards for infant/toddler policies that promote the social emotional development of our youngest citizens. You need to help lead the way." She also went on to thank colleagues from states that are leading the way in infant/toddler mental health policy such as New York, Ohio, Illinois, and Washington D.C. for making the trip to Pennsylvania and sharing with us what they've learned.

Secretary Richman described the current status of young children in Pennsylvania: According to the 2007 Kids Count Data Book, prepared by the Annie E. Casey Foundation, the state ranks 21st on the key indicators of child health and well-being. Pennsylvania has one of the highest populations of infants and toddlers in the nation. Young children are often the most vulnerable, are the most likely to live in families who are financially burdened, and are disproportionately at risk for maltreatment, accounting for about 81 percent of child maltreatment fatalities.

Promoting positive social and emotional growth in young children leads to greater success in school and in life. Research tells us that children who are emotionally healthy have a significantly greater chance of achieving success in school compared with those who have emotional difficulties. If we want our children to succeed we need to ensure a safe and stable environment for them to be able to thrive.

Promoting social and emotional health saves future costs. When a child is given the opportunity to develop to his or her fullest potential cognitively, physically and emotionally, he or she has a greater chances of entering school ready to learn and succeed, is less likely to require special education services or be retained, and is less likely to drop out of school, commit crimes, or require public assistance as adults.

Promoting social and emotional health requires the efforts and collaboration of many. We must address the needs of the child, parents, teachers, and other caregivers in the child's life. Pennsylvania has taken steps to promote healthy social and emotional development, and within the Department of Public

Welfare we are intentionally working together to create policies that support young children, build partnerships, and make it easier for families and caregivers to get the supports they need.

Summary of Panel Presentations

The topic areas included an Overview of the Early Childhood Mental Health Program, Maternal Depression and Developmental Screenings. The presentations are briefly summarized below.

Early Childhood Mental Health

Joan Erney, Deputy Secretary for the Office of Mental Health and Substance Abuse Services (OMHSAS)

Joan provided an overview of the partnership between OCDEL and OMHSAS and the work that has been done to develop a consultative model that promotes healthy social-emotional development in young children, while preventing challenging behaviors. She described the model, based on the "Teaching Pyramid," which was created by the Center for the Social Emotional Foundations in Early Learning at Vanderbilt University. Pennsylvania is beginning to provide a continuum of service options in early care and education programs that include promotion, prevention and intervention. She described the ways in which this collaboration between offices has enabled the successful coordination of services to young children through: greater connection between CASSP Coordinators and ECMH Consultants to assist with accessing services for young children, clinical consultation offered through a child psychiatrist, help with program design, professional development and funding.

Harriet Dichter, Deputy Secretary for the Office of Child Development and Early Learning (OCDEL)

Harriet began by sharing the results of the first year of this pilot ECMH consultation program: 60 programs and 100 children were served with an average length of service of two months. Approximately 60% of children were referred for other services. The concerns for which consultation services were most often sought included self-regulation, aggression, and communication.

Tammy L. Mann, Deputy Executive Director, ZERO TO THREE, Washington, DC

Dr. Mann highlighted four area of lessons learned in her work with states engaged in creating an early childhood mental health system: 1) healthy respect for the role that relationships play in development; 2) knowledge and skills-marriage between mental health and early care and education; 3) support for consultants-network of support, clinical supervision, regular and consistent case consultation; and 4) screening—early identification to intervene early. According to Dr. Mann, more work must be done on the financing side, to consider creative ways to pay for the services that children need.

John A. Biever, Clinical Psychiatrist, Office of Mental Health & Substance Abuse Services, Pennsylvania

Dr. Biever began by sharing his strong belief in the importance of relationships, contending that the single most critical determinant of future mental health is the security of the person's primary attachments during the first three years of life. He talked about attachment through a story about Adam and Eve and their raising of Cain. Through this he illustrated that the most powerful predictor of an infant's attachment security is the attachment style of the parents. Early intervention programs designed to enhance the maternal-infant bond by way of providing practical and emotional support of the mother, such as the Nurse-Family Partnership program, clearly demonstrate the cost-effectiveness of such efforts. Therefore, the hallmark of successful infant-toddler mental health programs will be their focus on fostering attachment security between parent and infant, between parent and parent, and between parent and the extended support network. He described his role as consultant to the ECMH consultants and to OMHSAS as providing those in the front lines with additional perspectives so that they remain grounded.

Benjamin W. Kearney, Vice President & Chief Clinical Officer, Berea Children's Home and Family Services, Ohio

Ben Kearney shared his experiences from Ohio as he is attempting to create an early childhood mental health system of care. He described evaluations of programs that were focused on outcomes related to efficacy and effectiveness. Some of his findings were that 1) program models should be reproducible, 2) outcomes should be measured in different ways, 3) follow-up is necessary as outcomes decay, 4) engagement and dosage (how much does it take?) are important factors to track.

Discussion:

A) BHRS has three specific services. It is suggested that relationships among systems be solidified and that services that would be more appropriate for young children and their families are created.
B) To the deputy secretaries: Do you see opportunities for braided funding? Harriet expressed her willingness to review proposals that describe how this may happen, as there is strong interest to create a funding stream that can be sustained. She welcomed ideas for creative funding.
C) As the DSM-V is developed, the question was raised as to whether there could be more focus on infants and toddlers, and the possibility of funding services for children who are at-risk but who do not meet diagnostic criteria. Response: While the diagnostic frameworks are out there, they have not been incorporated into the funding streams. It is recognized that the state Medicaid plan has been built on programs rather than clinicians, and the state is trying to change this.

Maternal Depression

Maternal depression is a health care issue before, during and after childbirth. The screening of women for depression during and after pregnancy results in earlier identification and treatment. The outcome of treatment is the improved well-being of the child. The panel members discussed identification and treatment of depression and ensuing positive impact on the children.

Michael Nardone, Deputy Secretary for the Office of Medical Assistance Programs (OMAP)

Michael Nardone shared the current activities of the Office of Medical Assistance Programs' that are related to Maternal Depression. Many MCOs are focusing on high-risk pregnancies, and are using a tool to identify mothers at risk and having a case management team available to help with linking the mother to appropriate services. This occurs through collaboration with behavioral health. There are incentives in the form of pay-for-performance indicators. He reported that OMAP is researching ways to provide screenings for a mother who is no longer eligible for MA and are considering expanding three-month eligibility to six months so that services can be obtained. OMAP currently provides payment via MA for Nurse-Family Partnership providers; they continue to work to receive federal funding for the program.

David Kelley, Chief Medical Officer, Office of Medical Assistance Programs, Pennsylvania

David Kelley described the current focus on encouraging mothers to be screened at pediatric and family practices, not just obstetricians' offices, through ACCESS Plus. Through the Office of Medical Assistance Programs, case management services develop linkages between women who have been identified as being at high risk for maternal depression with behavioral health services. By providing financial incentives through pay-for-performance indicators related to rates of depression screening and treatment, OMAP encourages managed care organizations to increase access to both screening and services. In addition, new efforts to promote telemedicine and telepsychiatry will provide busy obstetricians and pediatricians with a way to address the needs they identify during post-partum and well-baby visits. The state will be monitoring the implementation of these programs through PA performance measures which will evaluate who was screened for depression, who screened positive and who had treatment or was referred during the prenatal and post partum visits.

Katherine L. Wisner, Professor of Psychiatry, Obstetrics, Gynecology and Reproductive Sciences and Epidemiology, University of Pittsburgh School of Medicine, Pennsylvania

Katherine Wisner began with statistics related to postpartum depression (PPD). Perinatal depression is very common - one in seven women during the nine months of pregnancy and one in seven women in the first three months after they deliver their babies experience it. Dr. Wisner believes that we

have a major opportunity to advance the health of mothers and infants with the recent increase in political attention to this problem. She believes that screening is feasible and has begun to do so through an NIMH funded grant and a grant from the Heinz Foundation to screen adolescent mothers. Additionally, the program is offering screening to every woman at Magee Hospital and if the woman is identified as experiencing depression, she receives home visits from the program. She shared with participants current legislation related to perinatal depression, namely "The Mother's Act" ("The Mom's Opportunity to Access Help, Education, Research and Support for Postpartum Depression").

Dr. Wisner shared that effective system interventions must address issues at each of the 6 P's- patients, providers, practices, plans (health), purchasers (of health plans) and policy in order to scaffold lasting change. She named a major need in the Commonwealth for the development of new models of health services for perinatal depression. The majority of women with depression identified in primary care and other settings do not choose or have access to mental health care. In her current research project, 14.5% have a concerning score and 80% accept treatment. A large number of women have depression, anxiety, organic syndromes or are abusing substances. Dr. Wisner is partnering with Healthy Start of Pittsburgh to create a new project that will allow for co-location of mental health services in order to combine forces on behalf of the health of new mothers. She considers there to be a gap between identifying a need for services and the accessibility of services that should include options beyond psychotherapy and medication, such as light therapy, nutrition and exercise. Sustainability of this work is another concern. According to Dr. Wisner, it is important to identify ways to capture the outcomes of novel programs, and remind everyone that what you call the service matters.

Melita J. Jordan, Director of the Bureau of Family Health, Department of Health, Pennsylvania

Melita Jordan shared information on the Pennsylvania Perinatal Partnership (PPP) and other initiatives of the Department of Health that are addressing maternal depression. Through a grant from the Centers for Disease Control to implement the Pregnancy Risk Assessment Monitoring System (PRAMS), the Department is able to collect data from the women they survey regarding their experience with post-partum depression, which in turn will help them build better programs to serve these women. More Women, Infants and Children (WIC) sites are providing screening. DOH is developing educational programs for obstetricians and pediatricians to help them be more knowledgeable about and comfortable talking with women about mental health issues. Some of the trainings that have been offered by PPP include:

1) Regional Cross-Systems Trainings on Perinatal Depression which provide an overview of Perinatal Depression as well as effective training tools that can be utilized in a variety of settings

2) Audio Conference for Providers, aimed at increasing knowledge about perinatal depression. Over 250 mental health providers participated in this training opportunity that provided information on the signs and symptoms of perinatal depression.
3) Dialectical Behavioral Therapy (DBT) Training
4) Perinatal Depression Summit: In June 2007, the PPP conducted the first Perinatal Depression Summit with approximately 200 attendees. The event was aimed at developing of plan of action to guide future perinatal depression activities in Pennsylvania; an outcome document is currently being prepared which will form the "Road Map" for PPP's efforts.
5) Services for Fathers and Partners: to understand the implications of perinatal depression on male partners and adult family members, the PPP is conducting a qualitative study aimed at determining interventions that will support fathers and family members affected by perinatal depression and related anxiety disorders.
6) Perinatal Depression Brochures: Pennsylvania recently adapted a brochure developed by the Indiana Perinatal Network. Brochures are also available through the Heath and Human Services Call Center for women and families who use the call center.
7) Public Awareness Campaign: The PPP is currently exploring options around the development of a public awareness campaign. Discussions are underway to determine the feasibility of this initiative.
8) Mental Health Services Integration Pilots: The PPP received a two-year grant from the Health Resources and Services Administration (HRSA). As a result, the PPP was able to award grants to two MCH agencies, HealthyStart, Inc. of Pittsburgh and The Philadelphia Health Department, to pilot a service intervention that combines MCH care and screening for depression and anxiety with on-site mental health services.

Discussion:

A) A participant shared that there should be more resources available to OB/GYN offices as most have no idea where to refer women if there are mental health concerns such as perinatal depression. Primary care and pediatricians only focus on the child and not the mother. The participant suggested stronger outreach to physicians. Can OBs and physicians have access to phone numbers they can call for consultation? Still a great need around educating ob's and peds on perinatal depression and mothers. The participant suggested the need for a stronger partnership between the two specialties.

B) Question regarding formalized screening versus observation to determine whether or not it is PPD or simply stress. Currently, there is not a mechanism for collecting data about the information that mothers receive during their visits to the ob and physician.

C) Considerations related to outcome measures and whether there is a cost savings for PPD interventions. Children from this high-risk group will require extensive intervention to enter school ready to learn.

D) Need to ensure that children are safe while screening/treatment is taking place for the mother

Developmental Screenings

Statistics show a strong correlation between developmental delays and child abuse and neglect. Developmental screenings are able to provide early detection of delays thereby reducing the number of children who become victims of child abuse and neglect. Developmental screenings are most productive when done in partnership with other key stakeholders. The panel members described the uniqueness of developmental screenings within their respective states while reinforcing their significance when working effectively with children and families.

Richard Gold, Deputy Secretary for the Office of Children, Youth, and Families (OCYF)

Richard stated that Pennsylvania became compliant with the Child Abuse Prevention and Treatment Act (CAPTA) in May 2006. Part of being CAPTA-compliant requires that children under the age of three who are victims of substantiated child abuse be screened for developmental delays. As Pennsylvania embarked on this journey, 15 developmental tools were reviewed using standard criteria and narrowed down to six potential tools. A workgroup of approximately 15 individuals was convened from various offices and agencies to review the six potential tools based on specific criteria.

The chosen tool was Ages and Stages Questionnaire (ASQ) and Ages and Stages, Social and Emotional (ASQ-SE). The tool has been purchased and will be distributed to public and private children and youth agencies. The Office of Children, Youth and Families is also working with the Pennsylvania Child Welfare Training Program to revise their current Ages and Stages training to include the Social and Emotional Tool. OCYF intends for agencies to work collaboratively to perform developmental screens on all children under the age of 5 and not just abuse victims under 3 as required by CAPTA, in order to better serve the children and families within this system.

Chelsea Quattrone, Coordinator of Special Projects, Allegheny County Department of Human Services, Pennsylvania

Chelsea described the screening and intervention program that is being implemented within Allegheny County's CYF program. She reported that the program established provisions and procedures as directed in CAPTA and IDEA part C with a goal of screening all young children who become involved with the system. The program implements and funds a systematic assessment and referral procedure for infants and toddlers involved in the child welfare system. Children aged 0-5 years in subsidized foster

care including kinship and contracted providers receive age appropriate, consecutive screenings (quarterly) using the Ages & Stages Questionnaires system. The program is built on existing funding and operational structures and allows for shared funding around a common goal of promoting the health and well-being of young children. Work is shared and in-kind resources provided through Early Intervention, Mental Health, Child Welfare and Medical Assistance.

She described the original project which began in 2004 to support placement stability by supporting and enhancing the caregiver-child relationship through the active participation of families in the assessment of the child's developmental and social emotional health, using a structured and child-focused protocol for family visits. Foster care caseworkers and child welfare caseworkers participated in enhanced early childhood development (including the use the Ages & Stages interview process) and trauma-informed care trainings. They were provided with developmental activities and resources to engage surrogate parents. The outcomes included: 1) expedited access to Early Intervention services for children in foster care homes; 2) enhanced understanding of the developmental, social-emotional, and behavioral health of the child; and 3) quarterly screening and tracking and supported transition to appropriate early learning environments.

The Allegheny County Department of Human Services now uses a uniform screening tool across county sponsored programs including Head Start and Family Support Centers. According to Chelsea, a systems liaison and the tangible sharing of work between systems have helped the partnerships to become "real" rather than being based on policy and protocol, which is indicative of true integration. There is renewed emphasis on quality assurance, data collection and appropriate information sharing. Outcome data over the past three years is analogous to national statistics with a significant number of children in substantiated cases of abuse and neglect experiencing developmental and social emotional delays.

Lynn R. Liston, Early Childhood Mental Health Consultant, Janet Wattles Community Mental Health Center, Rockford, Illinois

According to the US Surgeon General's report, nearly 20% of all children and adolescents suffer from some mental health problem. Of those, 10% suffer from mental illnesses severe enough to cause some level of impairment. More than 80% of all children and youth with mental health problems do not receive any treatment. Left undiagnosed or untreated, they will suffer tremendous quality of life impairments and they are at increased risk of dropping out of school or ending up in the juvenile justice system. These impairments are likely to follow them into adulthood. Lynn described the concerns that Linda Gilkerson's "Unmet Needs Study" addressed. There were many parents in the early intervention system who had mental health needs that went unaddressed. They considered ways for children to become eligible based on the mental health disorders of their parents. A task force was convened, and the Children's Mental Health Act was passed in Illinois in order to form a partnership to focus on designing

prevention programs that would look at the whole family and the whole child, to consider development in relationship to the whole context. In order to sustain this work, money from Medicaid PART C was used to embed MH into the EI system.

Additionally, Lynn reported on ways that Illinois has advanced the use of standardized screening tools through a variety of projects, including EDOPC (a training program for physicians), Caring Connections (mental health consultation to child care), Early Intervention Social-Emotional Consultation Component, Early Childhood Mental Health (ECMH) Consultation to Community Mental Health, ECMH Consultation to Birth-to-Three and Pre-K At Risk Programs, and the Nurse Consultant to Child Care Program. Lynn emphasized that 1) screening programs are most effective when they are part of comprehensive services within a community; 2) screening can be accomplished in a number of ways, including direct observation, parent report, standardized testing; and 3) the use of a standardized screening tool increases accuracy and can create opportunities for interaction with child and parent that results in increased parent knowledge of child development.

Discussion:

A) Purpose of screening is to sort children who may be at risk—what about children who are gifted? They are still at risk for mental health problems.
B) Opportunities to screen for autism, also helpful for other disorders. How can we be sure to get funding for other services besides autism?
C) Partnership in IL has helped to build capacity, ability to look at the system
D) Screening is a way to invoke common language (Ages & Stages)
E) If the purpose of screening is to identify something you can do something about (e.g. cholesterol, colon), how do you figure out what you can do as a result of a developmental screening?
F) Importance of including emotional safety of child in all conversations

Feedback from the Leadership Audience

This section summarizes participant feedback related to current successes to date in addressing infant-toddler mental health in the Commonwealth and the practical next steps to move the infant/toddler agenda forward. Several themes emerged around the topic areas of screening, the early childhood mental health initiative, increased access to resources, family and contextual considerations, and the adoption of a cross-disciplinary approach to service delivery. A collaborative approach across state systems was seen as a necessary next step, with state leadership providing a model for such partnerships. Furthermore, this need for integration was described in recommendations that emphasized the importance of embedding innovative approaches into existing systems. Finally, many recommendations included broadening the scope and outreach of current state programs that have been successful. These recommendations are summarized below:

Screening:

Broadening the use of a formalized screening tool with young children will "assist with identifying and addressing developmental and behavioral problems early". This, according to Dr. Knitzer, is necessary for building an effective infant and early childhood mental health system.

Successes: Various state programs are already using a formalized screening tool, most often the Ages & Stages Questionnaires and Ages & Stages Questionnaires: Social Emotional.

Next steps: It is recommended that pediatricians, EPSDT providers, and all providers of services to young children be encouraged to use a formalized screening tool. The creation and delivery of an EPIC module for physicians, delivered by a physician and child development expert was one suggestion toward this end. Further, the state must consider and make available those resources that children need once identified. Questions around capacity arose as participants shared concerns about the lack of adequately trained personnel to deliver infant mental health services to young children. Participants recommended the use of consultative support across systems as a means to building the capacity of practitioners and resources.

Systems supportive of early childhood mental health:

Dr. Knitzer reminded participants that the system should be guided by the following principles: grounded in developmental knowledge, relationship-based and family-centered, infused into existing early childhood services, attentive to community norms and culture, responsive to the level of need, continuous, and evaluated with measures that are both developmentally and policy relevant.

Successes: Early Childhood Mental Health Consultation is now available to children in early care and education settings across the Commonwealth. OMHSAS is supporting the ECMH Consultation program with consultative services through a child psychiatrist and the overall ECMH Initiative by providing a resource person to assist with communications, social marketing tools, and planning networking and professional development events. A System of Care grant in Allegheny County, focused on children 0-6 years of age is providing information about engaging multiple systems to support young children and their families. Philadelphia has prepared resource information on behavioral health services available for children and has created an association for infant mental health. Chatham University in Pittsburgh has created a post-graduate level Infant Mental Health certification program. With regard to family-centered principles, successes have included the implementation of Family Group Decision Making in various programs. Family participation is encouraged through family group conferences and an annual conference sponsored by OCYF. Participants shared the recognition that early intervention and early childhood programs are a safe place for families.

Next steps: While participants expressed pride in the success of the ECMH consultation model, they would like to see the program broadened in scope and capacity, so that services can be available to all ECE facilities. Other suggestions for expansion include a consultation hotline, consultation to pediatric offices, and increased professional development opportunities in ECMH that include forums for meaningful support, and cross-disciplinary work and participation. Participants would like to see a deeper, systemic evaluation of the ECMH model. To continue to move this agenda forward, it was recommended that an advisory group be convened to provide direction and to consider financing strategies and incentives, and the creation of funding streams for prevention services. Participants expressed that stronger political presence will be necessary, coining the phrase that "if it is written is it done." It is felt that Medicaid should embrace the DC0-3R as provide funding for services for young children based on these criteria.

Cross-system approaches to service delivery and professional development

According to Secretary Richman, "Promoting social and emotional health requires the efforts and collaboration of many."

Successes: This symposium provided the opportunity for various offices and disciplines to come together around a single issue. Model programs have been created through cross-department partnerships: the Infant/Toddler Mental Health consultation program (OCDEL and OMHSAS), and a program aimed at decreasing the use of poly-pharmacy in children under age 5 (OMAP and OMHSAS). And the unification of early childhood services delivered from two departments, Public Welfare and Education, is

innovative even on a national level. The co-location of services, cross-disciplinary training, consultation services and team-based cross-disciplinary panels (developmental pediatrician, early intervention provider, medical provider) have been successful ways for programs to support each other and to integrate the services that are offered to children and their families, i.e. embedding mental health services into Healthy Start visits, teaching maternal/child health caseworkers to work with depressed mothers, and providing high risk OB consultation services to family practices. At the county level, partnerships between child welfare, behavioral health, early intervention and managed care organizations enable children to access services more smoothly. These are only the highlights of the various successes shared.

Next steps: Next steps include a continuation of the efforts toward partnership and an integration of services; integration of early childhood mental health, early intervention and in-home services such as Nurse Family Partnership were specifically mentioned. It was also recommended that cross-systems training be offered with providers of services through the various offices coming together for professional development. The state departments provide a model for partnership that sets the stage for counties and systems; this emphasis on collaboration at the state level should continue with improvement in the collaboration between the Departments of Health and Public Welfare, especially related to child welfare. The recommendation is for the system to be designed to allow for a single point of contact and the formation of forums that allow for meaningful support across departments. Examples mentioned include closer ties with substance abuse programs and embedding information about infant/toddler development, health and behavioral health into child welfare training. As the system is designed, it is imperative to garner the feedback of families and direct service practitioners in this process.

Capacity-building and access to resources

According to Dr. Knitzer, it is important to deliver services in settings that families trust and to support research-informed, effective practices. She also contends that the best way to help young children is to help parents and other adults closest to them. We are proud that Pennsylvania offers several evidence-based programs such as early intervention and Nurse Family Partnership. The resounding suggestion throughout the symposium is to expand on the things that are working and bring them to scale, while also conducting evaluations of other programs to determine whether outcomes are being achieved. There is a need to increase capacity to ensure that our systems are providing quality services that support healthy development of children and their families, with particular emphasis on infant mental health approaches.

Successes: A program is being piloted that provides child psychiatry services to areas with limited access. OMAP allows out-of-home screening. Early learning standards that include social-emotional

development have been created and disseminated to early care and education programs. There are monitoring tools that assist providers to focus on quality within plans (P4P and HEDIS measures). Services for pregnant women are becoming more available with an increase in care options for maternal depression screening and intervention; PRAMS and incentives and grants encourage provision of these services.

Next steps While the participants were pleased with the myriad of resources that are available for families, they realize that accessing these services is often difficult; therefore, it is recommended that various steps be taken to ease the process for identifying and accessing services. Suggestions included creating a central repository of information that will lead families to the right place with one phone call, offering an internet-based resource, and broadening access with a no-wrong-door policy. Participants also recommend considering ways to allow for parent-to-parent referral support, with those who have found value in the services being available to newly referred parents. Finally, while some progress is being made with embedding services within existing family-friendly programs, participants would like to see more services being brought to families rather than their having to come to the service. Programs where health and mental health services could be delivered included early learning programs, family support centers, and community centers where physicians may see families and offer consultation services to those in the role of providing extended support. Other next step considerations include the identification of funding streams for non-traditional services and braided funding that will allow for smoother transitions and coordination of services to families.

Other next steps that were mentioned include increased efforts around social marketing:

- Using common language and simpler terms, like “Help Me Grow” in CT
- Creating a public awareness campaign—about mental health issues of young children, including childcare
- Sharing with county agencies what happened at the symposium to enlist their buy-in
- Sharing with families what plans may be and gaining their input (example of PFI e-network)

For More Information: Terms, Acronyms and Web Sites

Alliance for Infants and Toddlers, a model early intervention program in Allegheny Co
http://www.afit.org/index.cfm

CASSP= Child and Adolescent Service System Program

Chatham University- Infant Mental Health Certification program
http://www.chatham.edu/ccps/imh.cfm

Early Childhood Mental Health (ECMH)

Early Intervention (EI)

Early Learning Standards for Infants/Toddlers:
http://www.pde.state.pa.us/early_childhood/lib/early_childhood/Infant_Toddler_Standards_4_07.pdf

Educating Physicians in their Communities, a program of the PA Chapter of the American Academy of Pediatrics (EPIC)
http://www.paaap.org/mod.php?mod=userpage&menu=808&page_id=17

Family Group Decision Making
http://www.pacwcbt.pitt.edu/FGDM.htm

"First Signs" – program to educate about the importance of screening and early identification
http://www.firstsigns.org/press/PA_FS_release.htm
http://www.firstsigns.org/press/PA_fact_sheet.htm

Nurse Family Partnership
http://www.ppv.org/ppv/pdf_uploads/306_publication.pdf

OCDEL – Office of Child Development and Early Learning- integration between the Department of Public Welfare (DPW) and Pennsylvania Department of Education (PDE)
http://www.papromiseforchildren.com/PA/ocdel.htm

Philadelphia Compact- Model Cross-disciplinary screening with early intervention and pediatricians
http://www.philadelphiacompact.org/home/

Postpartum depression (PPD)
www.mededPPD.org

Pennsylvania Perinatal Partnership (PPP) - state grants
http://www.citymatch.org/07conf/presentations/PromisingPractices/MH%20-%20Planning%20Pennsylvania's%20Perinatal%20Depression%20Public%20Awareness%20Campaign%20-%20Gibbons.ppt

Pregnancy risk assessment monitoring system (PRAMS)
http://www.cdc.gov/prams/

"Reach Out and Read"- evidenced based program
http://www.chop.edu/about_chop/ch_ror.shtml

ZERO TO THREE- Court Teams Project
http://www.zerotothree.org/site/PageServer?pagename=ter_pub_courtteams