

# Opportunities to Expand Early Childhood Mental Health Services

**Presentation at the NYS Coalition for Children's Behavioral Health  
Annual Staff Development Training Forum**

**November 29, 2016: Pre-Conference Session**

**10:00 – 11:30 AM**





# Presented By:

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# Presentation Objectives

- Define early childhood mental health
- Review what the science tells us
- Introduce New York opportunities and initiatives to advance Infant and Early Childhood Mental Health
- Describe a New York City partnership (TTAC) to build capacity through training and technical assistance and what we are learning



# Who We Are

- The New York Center for Child Development (NYCCD) is a preschool special education, early intervention, and early childhood mental health agency.
- The McSilver Institute for Poverty Policy and Research at New York University Silver School of Social Work is committed to creating new knowledge about the root causes of poverty, developing evidence-based interventions to address its consequences, and rapidly translating research findings into action.



# Poverty and Early Childhood/MH

- While mental health affects everyone, children and families living in poverty are especially affected and challenged by mental health (access to services, cost, stigma)
- Poverty and trauma
- Early childhood a critical time in development



# Early Care and Education

## Preschool Expulsions and Suspensions

- Gilliam documented that there are high rates of expulsion for preschoolers (6.7 children out of every 1000 nationally)
- Also findings of implicit racial bias: while black children make up 19% of enrollment, they make up 47% of suspensions.



# Technical Assistance and Training

- The McSilver Institute houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers.
- NYCCD has a long history of lending its clinical, program, and system-level expertise to informing policy and supporting the field of Early Childhood Mental Health.





# NYCCD/McSilver Partnership

- Formally initiated around an NYC-funded project to support early childhood mental health providers
- The NYCCD/McSilver partnership provides a unique opportunity to address:
  - clinical training needs
  - business and system transformation technical assistance to ensure the fiscal viability and success of the network.
- The partnership draws on complementary core strengths and competencies





Defining Early Childhood Mental Health

# What the science tells us



# What is Early Childhood Mental Health?

- The capacity of the child from birth to age five to:
  - experience, regulate, and express emotions
  - form close and secure interpersonal relationships
  - explore the environment and learn

*(Zero to Three Policy Center Fact Sheet, May 18, 2004)*



# Prevalence of ECMH Problems

- Between 9.5 and 14 percent of U.S. children ages 0-5 experience social-emotional problems that negatively affect their functioning, development, and school readiness (Brauner & Stephens, 2006)





# Maternal Depression

- 10 to 20% of mothers experience postpartum depression
- Compromises parenting practices including:
  - mother's judgment on supervising health and safety
  - less likely to be affectionate, talk, play, or interact with their children which impacts on the development of a positive mother-infant attachment
- Can lead to developmental difficulties and delays and impaired social development
- Maternal Depression is treatable



# The Importance of Early Intervention

- 85% of brain development occurs before age 3
- Offers a critical window to intervene at a time of maximum impact
- Opportunities for interventions and supports in coordination with other services and programs



# Economic Incentives for Early Intervention

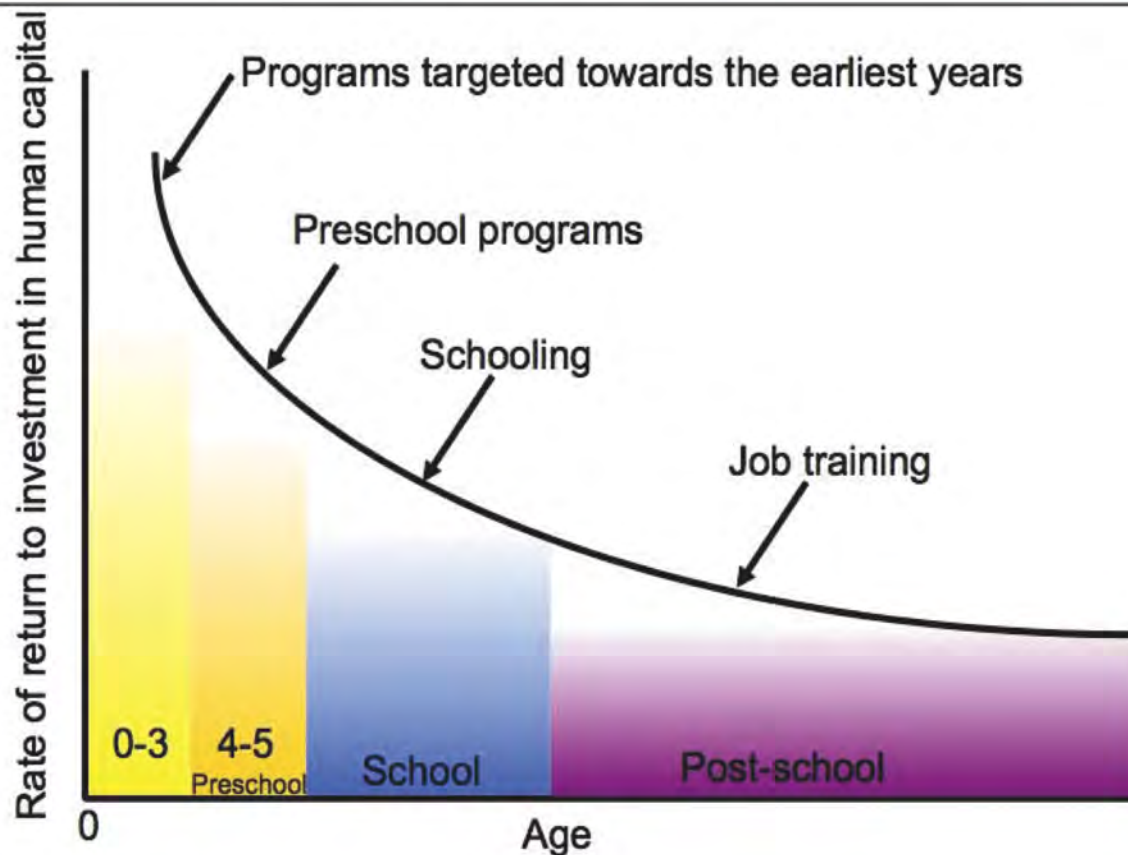
Nobel prize winning economist James Heckman has analyzed the return on governmental and other social investment in human capital at various stages in individuals lives. Findings include:

- Interventions early in the life cycle of disadvantaged children have much higher economic returns than later interventions
- Highest returns are in birth to three years



# Economic Incentives (cont.)

Figure 9: Rates of Return to Human Capital Investment at Different Ages: Return to an Extra Dollar at Various Ages







# Brain Research

Neuroscientists have discovered that the quality of early childhood relationships affect brain architecture. Brain scans of very young children with strong nurturing primary relationships were very different from the brain scans of children with disorganized attachments to primary caregivers or of children with trauma or toxic stress.

The quality and consistency of early relationships impact young children's:

- » Learning
- » sensory processing
- » ability to regulate themselves and form relationships



# Toxic Stress

- Chronic stressful conditions such as extreme poverty, abuse, severe maternal depression or other trauma can disrupt the architecture of the brain and lead to lifelong difficulties without the buffering protection of a nurturing adult
- Children exposed to serious early stress develop an exaggerated stress response with long-term physical consequences ranging from heart disease to depression



# Impact of Cumulative Risk Factors

- Numerous studies of children show that the accumulation of exposure to multiple adversities over time intensifies their harm and can overwhelm existing protective factors
- Brain development, from evolving circuitry to capacity for empathy, is affected by cumulative experiences beginning in prenatal period



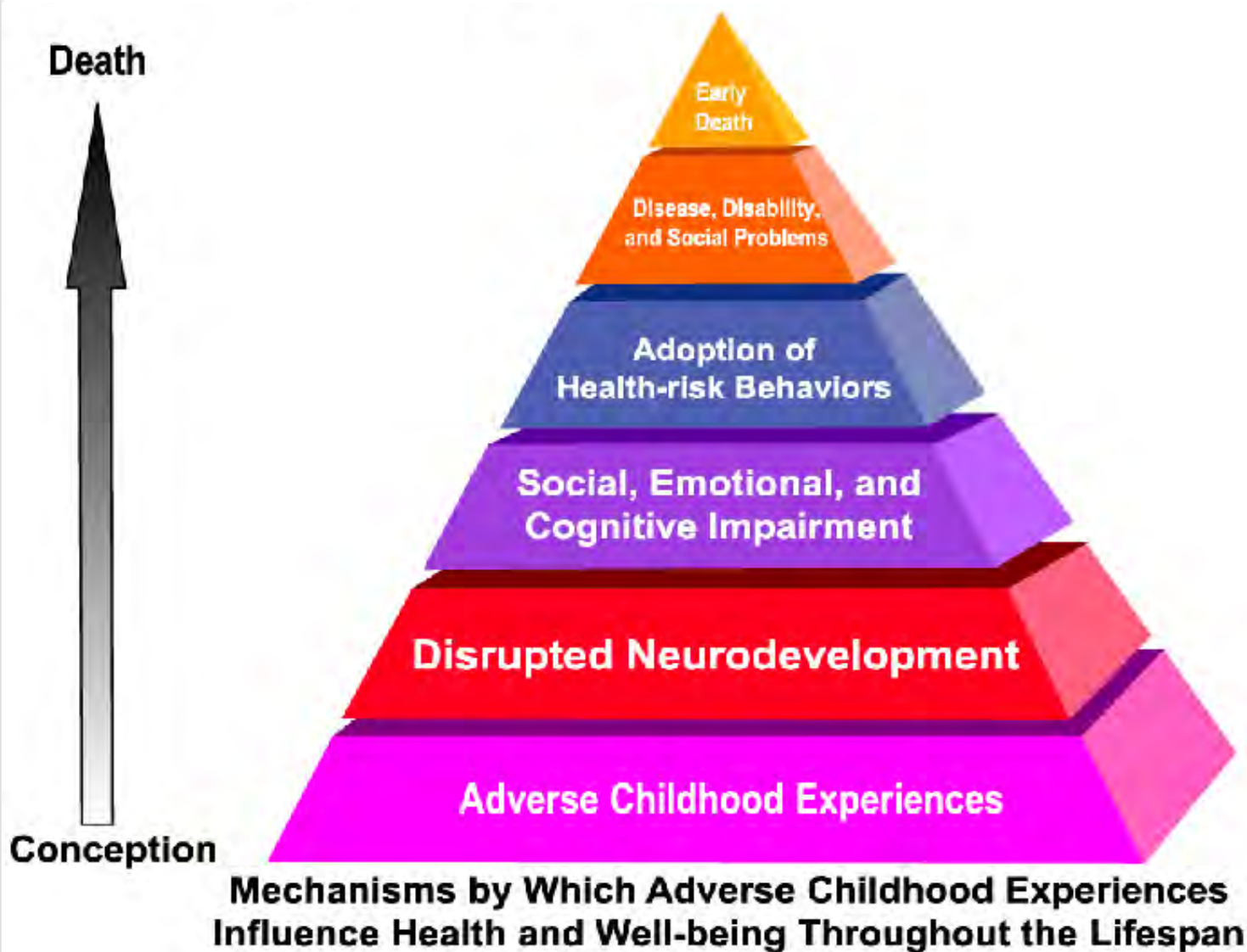


# Adverse Childhood Experiences (ACES)

- Study of 17,000 Kaiser patients who were asked about the number of adverse childhood experiences (ACES) they had experienced.
- The higher the number of adverse experiences in childhood the increased risk of developmental delays. A high ACE score correlated positively with a range of lifelong physical and mental-health problems.



# ACES (cont.)





# Relationships are Key

- Infants and young children develop in the context of relationships:  
“We know that what happens in the early years either sets the stage for sturdy or fragile existence.”
- Children’s development depends on the quality and reliability of their relationships (*Shonkoff, Harvard Center on the Developing Child*)
- In order to treat young children, you must treat the relationship.





# Interrelated Domain Development

- Children from birth to age 5 rapidly develop foundational capabilities in areas such as cognition, social emotional, communication and regulation all of which are intertwined and upon which later subsequent development builds. (*Shonkoff and Phillips, 2000* )
- Particularly for young children, we can no longer think of mental health and development as separate but rather intertwined. The co-morbidity between mental health and child development is well established.





# Advancing Infant & Early Childhood Mental Health

Key strategies and opportunities to address infant and early childhood mental health

- **Medicaid Redesign**
  - Developmental and Social Emotional Screening across child serving systems
- **Cross Child Serving Service Strategies**
  - Early Intervention
  - Primary Care
  - Child Welfare
  - Early Care and Education
- **Work Force Development**
  - New York State Endorsement
- **Provider training and technical assistance**



# ECMH Benefits in NYS Medicaid Plan

Offers an unprecedented opportunity to ensure that the state's youngest children and their parents have access to mental health services that are key to children's overall health and development and to the reduction of serious, long-term mental health conditions in the state's school-age population



## Two Overarching Strategies in Medicaid Redesign

- Benefits must be tailored to the unique needs of children birth to age 5 years ( Not simply age down)
  - Young children receive their primary health and developmental supports from parents and caregivers in home and community settings
  - regularly seen in pediatric care for well-child visits.
- Benefits must aim to strengthen key adult-child relationships, ensure the well-being of parents and other caregivers and their ability to provide critical supports for young children's social-emotional well-being and growth.



# Specific MRT Plan Recommendations

- Support screening for social-emotional problems with a standardized tool.
- Support screening for parent/caregiver depression during a pediatric care visit using a standardized tool.
- Allow pediatric practices to bill for maternal/caregiver depression screening under the child's Medicaid number (Achieved)
- Support home-visits by a clinician for relationship-based treatment



# Specific Plan Recommendations

- Support dyadic treatment with evidence-based or research informed models
- Support evidence-based parenting programs that promote parenting skills needed to strengthen the parent-child relationship and the child's social-emotional functioning.
- Support evaluation, brief treatment and care management in primary care settings
- Ensure that the MRT allows a crosswalk of the DC 0-5 to the DSM 5 and ICD 10. DC 0-5 is a diagnostic classification system to address the birth to age 5 population.



# DC 0-5 Crosswalk Examples

**ADHD and Overactivity Disorder of Toddlerhood:** ADHD is now considered a well validated disorder in preschool age children.

- ADHD is a common reason that families seek assessment and services; causes significant impairment in some cases.
- Diagnosis applicable starting at 36 months and child has to have shown these symptoms for a duration of at least 6 months.
- New category of Overactivity Disorder of Toddlerhood included so children between 24-36 months can access clinical services or supportive interventions without needing the definitive diagnosis of ADHD at this young age.



# DC 0-5 Cross Walk Examples

**Early Atypical Autism Spectrum Disorder:** This category is now included to permit children under three years of age to have a diagnosis that will lead to clinical services and interventions as early as possible.

- Clinicians are often uncomfortable providing a definitive diagnosis of autism prior to age 3 but early intervention for this problem is critical for improving outcomes.
- Symptom criteria are modified from DSM 5 to reflect how they present in very young children (e.g., limited ability to initiate joint attention and atypical response to sensory input)





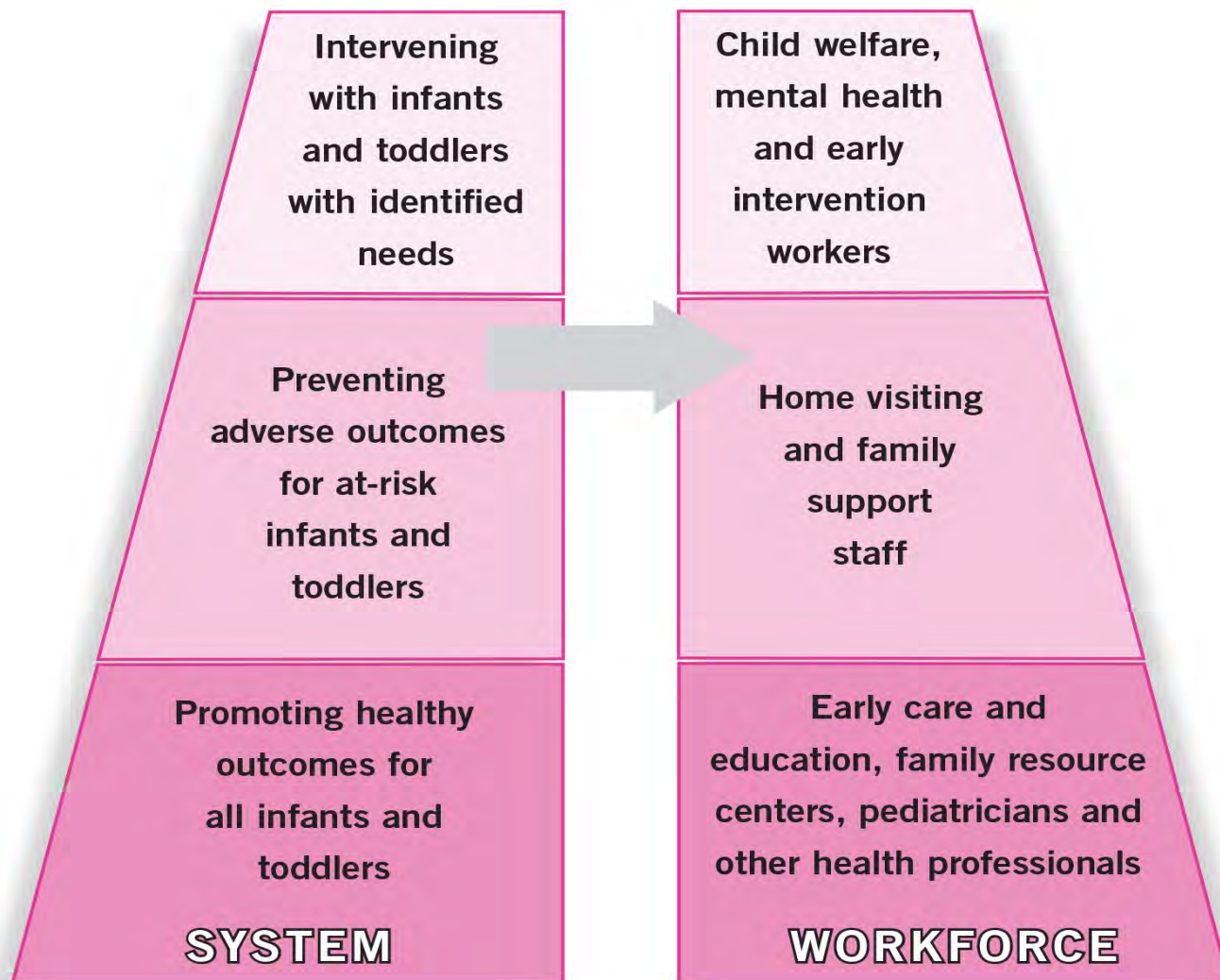
# A Systems Wide Approach

Should adapt a **public health framework** for a continuum of care that encompasses:

- **Promotion** of mental health for the entire population of infants, toddlers and preschoolers
- **Prevention** of problems in a narrower segment of the population at high risk
- **Interventions** with young children already suffering from symptoms of mental health disorders.



## Comprehensive Early Childhood Mental Health System





# Opportunities Across all Child Serving Systems

- Recommendations for the major child serving systems to address the potential and challenges of each in promoting the mental health of young children
- Systems targeted:
  - **Primary Care**
  - **New York State Early Intervention Program**
  - **Early Care and Education Programs**
  - **Child Welfare**



# Early Screening and Identification Across Systems

Need to improve the chances of **early identification of social-emotional problems** among infants and toddlers;

- Protocols for health screenings of infants and toddlers should include social-emotional domains and trauma
- Pediatric providers, residents, and medical students should be trained to recognize signs of social-emotional problems in the infants and toddlers who are patients
- The NYS Early Intervention (EI) system should use screening tools and procedures that specifically probe for social-emotional delays
- Screening and assessment of very young children in child welfare system should use standardized screening and assessment measures
- Physicians caring for newborns and their mothers should routinely screen for maternal trauma and depression



# Primary Care

- Early childhood mental health specialists should be co-located in primary health care practices to ensure that social-emotional domains of development are identified and addressed
- Primary care is a critical venue to identify and treat children in a non-stigmatizing venue and the potential impact



# Early Intervention

- The EI system is authorized to provide services to infants and toddlers with disabilities and their families on the basis of norm referenced assessment of development in all five domains
  - However, the system often falls short and fails to fully recognize and give priority to the foundational importance of the social emotional domain, the co-occurrence of mental health and developmental disorders and to address challenges in the context of their relationships.
- Eligibility standards, (which is typically percentage of delay for determining EI eligibility) is not an appropriate metric for social emotional challenges but should be based on the extent of social emotional impairment rather than extent of delay
- Professionals working within the EI system are often not trained in identifying and treating social emotional concerns or trauma.



# The EICC and ECAC Joint Task Force

- The joint task force was formed to develop guidance for the field to ensure that practitioners have the necessary tools available to identify and treat young children in need of social emotional supports and interventions
- Scheduled to release in 2017 the guidance document;  
***Meeting the Social-Emotional Development Needs of Infants and Toddlers: Guidance for Early Intervention and Other Early Childhood Professionals***





## Meeting the Social-Emotional Development Needs of Infants and Toddlers

- Ensure the general population of young children receive routine and ongoing screening of children's development, including social-emotional development
- Identify children at-risk of experiencing or who are already experiencing a social-emotional delay or disability and ensure that their families receive the assistance they need from the wide array of early childhood programs and services
- Ensure that evaluations and assessments for all children in the Early Intervention Program adequately address the area of social-emotional development, and service coordinators, evaluators, and providers who are delivering Early Intervention services understand the importance of and pay attention to this area of development



# Early Care and Education

- Revisiting expulsions and suspensions, implicit racial bias
- Early childhood programs should be encouraged to make more use of evidence-based mental health prevention and treatment models and resources
- Programs that can be taken include using preschool curricula such as Incredible Years, Pyramid model which aim:
  - to promote social competence and
  - to prevent and treat aggression, and
  - To refer children with chronic behavioral difficulties to intensive, evidence-based treatment programs
- Interventions are most effective when curricula are coupled with on site coaching and mental health consultation



# New York State Pyramid Model Partnership

- The **New York State Pyramid Model Partnership** will promote the statewide use of the **Pyramid Model**, an evidence-based framework proven to be an effective approach to building social and emotional competence and reduce challenging behaviors in early care and education programs.

Have trained 15 master cadres teachers and are rolling out to demonstration sites



# Child Welfare

- Child welfare training and supervision should place more emphasis on the nature and importance of child caregiver attachment relationships and the implications of trauma for young children
  - Prevent placement moves
  - Trauma training for all levels of ACS
  - Provide all needed background information to foster parents
  - Encourage cross-system collaboration



# New York State Infant Mental Health Endorsement

- NYS is adopting the Michigan Endorsement - a nationally recognized set of competencies that ensures that professionals working with children 0-5 provide relationship-based, family-centered, developmentally appropriate, culturally competent services that are consistent and evidence based
- Fosters the creation of an integrated cross-disciplinary system focusing on prevention, building resilience, early identification of social-emotional problems and trauma related behaviors, and treatment
- Verifies that a professional has attained a level of education, participated in specialized in-service training, worked with guidance from mentors or supervisors and acquired knowledge to promote delivery of high quality relationship focused services



# Barriers to Service across All Child Serving Systems

- Lack of funding or need to tailor reimbursement for the services offered: discuss strategies under Medicaid Redesign Team
- Funding restrictions with each system reimbursing only what is within their categorical mandate rather than designing a plan that addresses the needs of the whole child
- Lack of a trained qualified workforce knowledgeable in early childhood mental health



Supporting Early Childhood Mental Health Providers

# **NYC Early Childhood Mental Health Network and Training & Technical Assistance Center**



# The TTAC Team

## New York Center for Child Development (NYCCD)

- Evelyn Blanck, Director
- Dr. Gilbert Foley, Co-Clinical Director
- Dr. Susan Chinitz, Co-Clinical Director
- Katie Lingras, Psychologist
- Shruthi Deivasigamani, Program Assistant

## McSilver Institute for Poverty Policy and Research

- Dr. Andrew Cleek, Executive Officer
- Dan Ferris, Assistant Director, Policy and External Affairs
- Dr. Mary Acri, Senior Research Scientist
- Morgan McGuire, Policy Analyst





# Early Childhood Mental Health Network

NYC DOHMH funded initiative through the Mayor's Thrive Initiative established 7 early childhood programs covering all five boroughs and one Training and Technical Assistance Center

- Expand the availability and accessibility of high-quality, specialized mental health services and supports for high-need children birth to 5 and their families
- Build the capacity and competencies of mental health and early care and education professionals to identify and address the social-emotional needs of young children
- Improve the mental health & functioning of children birth to 5



# Training and Technical Assistance Center

1. Trainings in EBPs and learning forums on early childhood mental health for:
  - Tier 1: ECTC staff from seven identified agencies
  - Tier 2: Mental health clinicians in other NYC MH clinics
  - Tier 3: Allied early childhood professionals (preference given to EarlyLearn , UPK, Early Intervention staff)
2. Consultation to Clinic Administrators (DC: 0-5; billing, etc.)
3. Evaluation of ECMH Network
4. Consultation and training by Early Childhood Psychiatrist



# NYCCD Role

- NYCCD will work collaboratively with McSilver to build new treatment capacities and improve staff capabilities to address and serve young children and their families.
  - Conducted a needs assessment with ECTCs to identify their priorities
  - Provide or coordinate trainings in evidence based, or evidence informed, trauma in early childhood mental health (ECMH) and mental health consultation models (ECMHC)
- Provide technical assistance, quality improvement activities and learning forums for other professionals working in early childhood settings
  - This will include training to Early Intervention service coordinators, providers and evaluators in connection with the upcoming release of the EICC/ECAC guidance document on identifying, addressing and treating social emotional challenges in Early Intervention.



# McSilver Role

Working with NYCCD, the McSilver Institute will provide T.A., Q.I. activities, and evaluation support including:

- Providing training and technical assistance as needed around topic areas including Billing & Staffing Issues and Family Peer Advocates
- Supporting TTAC communications and training logistics including coordination of supplemental office hours with content experts
- Facilitating feedback loops including needs assessments and brief questionnaires
- Project and public information dissemination and education
- Assisting DOHMH with project evaluation



# Meeting kids where they are (literally!)

- Pre-K and EarlyLearn
  - Universal Pre-K in NYC reaching 70,000 3 and 4 year olds across nearly 2,000 sites
- Children's System Transformation
  - Emphasizes through planned new services and consolidation of waivers to reach more kids and to reduce and prevent some higher intensity interventions



# NYS Children's System Transformation

- Children's Health Homes: Statewide 12/5/16
- SPA OLP: Statewide FFS 3/1/2017
- Certain Behavioral Health, Children's HCBS, and 5 remaining (Rehab) SPA Services Transition to Managed Care\*
  - NYC/LI/Westchester: 10/1/2017 and Rest-of-State: 1/1/2018



# System Transformation (cont.)

- State Plan Amendment (SPA) & Home and Community Based Services (HCBS)
  - OLP and Family Peer Support Services (SPA)
  - ECMH-interested providers should pay close attention to designation process (upcoming) and how requirements may or may not make services a good fit for children 0-5



# TTAC Training Examples

- Developmental Pathways to Social-Emotional Competence in the Early Years: A Practitioner Perspective
- The Architecture of Early Childhood Mental Health Consultation (ECMHC): The Bricks and Mortar of Conducting a Consultation
- Child-Parent Psychotherapy (CPP)
- The Georgetown Model





# Survey and Assessment Goals and Purposes

- Design and conduct Needs Assessments to increase knowledge and understanding of the aggregate capacity and training needs of ECTCs and other NYC Mental Health clinics.
- McSilver will conduct one annual ECTC assessment in partnership with NYCCD and DOHMH and additional surveys of the field as needed/useful



## Number of Children Five and Under Served in the Past 12 Months

Answer	%	Count
1-25	12.50%	1
26-50	37.50%	3
51-100	0.00%	0
100+	50.00%	4
Total	100%	8



# What We Heard

“Our agency has extensive experience working with 0-5 as well as elementary school aged children in various community based settings. However, we do not have as much experience working with many of the evidence based practices listed on this survey specific to the 0-5 population...”

“The survey reflects that we have a varying range of staff. Supervisors are trained in many of the models, but they are not the providers of the services.”



# What evidence-based or promising practices are you most interested in?

## Top three choices for supervisors and clinicians were

1. Child Parent Psychotherapy
2. Trauma Focused CBT
3. Georgetown's Early Childhood Mental Health Consultation *Attachment Bio-behavioral Feedback (ABC) was tied for 3<sup>rd</sup> place for supervisors*

\*Also interested in training in reflective supervision (70%), staff self care (80%), and billing (80%)

## Top three choices for Family Peer Advocates\* were:

1. Circle of Security
2. Child Parent Psychotherapy
3. Incredible Years Parenting Program

\*Four of six ECMH agencies currently employ family peer advocates



# Early Childhood Mental Health Consultation

- All sites have provided early childhood mental health consultation to early care and education sites.
- 90% do not use a specific consultation model or framework.
- Skill profile to conduct ECMH Consultation
  - Lowest staff skill/knowledge on Assessing ECMHC outcomes, highest on communicating with families.
  - High ability working in a strength-based, developmental-relational manner, less competence understanding Early Intervention and Committee on Pre School Special Education systems
- Areas with least need for training were on skills most consistent with traditional MH practice. Training needs more specific to early care and education practice such as assessing ECMHC outcomes, readiness for ECMHC, and making appropriate classroom/curriculum recommendations



# Child Parent Psychotherapy Training (CPP)

- An evidence based intervention for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder (PTSD)
  - **Primary goal:** to support and strengthen the relationship between a child and caregiver as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect, and improving cognitive, behavioral, and social functioning.
- Based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver.
- Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors).



# CPP Technical Assistance Survey - July 2016

**To gauge provider interest in CPP training, this survey was specifically geared toward NYC mental health clinics that serve children under age 5**

- **219** individuals submitted a survey response; **166** of these represent NYC agencies and/or programs
- **74** of the NYC-based providers (**45%**) currently serve children under age 5
- **30%** of respondents have staff trained in CPP
- Nearly all respondents from NYC child-serving mental health clinics (**93%**) were interested in participating in future CPP training offerings



# The Role of Psychiatrists in ECMH

- TTAC will work closely with Dr. Rebecca Weis, Consulting Psychiatrist for Early Childhood Mental Health from ThriveNYC
  - Conducting a needs assessment around psychiatry training needs in early childhood mental health for clinicians and psychiatrists
  - Will design trainings aimed to address these needs





# Additional Opportunities

For providers outside New York City, stay tuned for updates and future information on:

- TTAC project website launching
- Opening up live attendance for some online offerings



# Special Thanks

- NYCCD team (Michael, Gil, Susan, Katie, Shruthi)
- McSilver team (Andy, Mary, Morgan)
- NYC DOHMH and Public Health Solutions
- Providers, advocates, and policymakers whose commitment to early childhood development has led to immense progress



# Questions? Thank you!

- For more information regarding TTAC or Early Childhood Mental Health:
  - General info/inquiries: [ttac.info@nyu.edu](mailto:ttac.info@nyu.edu)
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