

## A Vision of Early Mental Health Services in Child Care and Development Settings for Los Angeles County

On July 18, 2007 a few dozen individuals representing child development, early intervention, mental health, and social services met to initiate a discussion that would lead to a vision for creating a bridge between child care and development and mental health. The two hour discussion resulted in a framework that would be the foundation for development of a concept linking the two service systems: mental health and child care and development.

At the July 18th meeting the participants heard from three groups who successfully integrated mental health services into the child development environment. While size and scope differed, the common thread was that mental health expertise was brought to the child care and development site and that the focus of those services extended beyond a few individual children.

There was consensus that building capacity within child care and development was critical. A few weeks later, a smaller group met to flesh out the concept and vision. At this meeting, the group agreed on the ultimate outcome of an improved system: ***healthy social and emotional development of children***. This group built upon the previous discussion by looking at what capacity development means through three different lenses.

<b>CAPACITY DEVELOPMENT</b>		
<b>Within Child Care and Development</b>	<b>For Parents/Families</b>	<b>Within the Mental Health System</b>
Staff have core competencies.	Facilitating parental resilience*	Appropriate training to work with very young children
Use of reflective practice and supervision.	Facilitating an array of social connections and reducing isolation*	Reflective Supervision
Development of an environment that is supportive of children, parents, staff.	Adequate knowledge of parenting and child development *	Support, mentoring for consultants in the field
Training and support to enable early identification of special needs.	Concrete and accessible support in times of need*	Training to do parenting training
Services are available on site, including mental health consultation.		Ability to work with all populations at child development sites: children, teachers, parents, admin.
Stable funding for services.		Stable funding to support new/expanded services
	<i>* Protective factors approach from Strengthening Families through Early Care and Education.</i>	Workforce development: Building a cadre of early mental health consultants

In looking at the above table, it should be clear that both the child care and development system and the mental health system must contribute to the capacity development described in the center column under Parents/Families.

### The Basic Concept

A cadre of well trained early mental health/child development consultants who work on a consistent basis, over time, within centers/programs and family child care homes in a variety of ways including:

- ❖ Helping to create supportive environments for children, staff, and parents
- ❖ Assisting with group/classroom management issues
- ❖ Providing child screenings, assessments and referrals
- ❖ Conducting intervention activities with individual children in the context of typical child development activities and processes
- ❖ Providing child development/parenting training
- ❖ Providing parent consultation
- ❖ Providing staff support related to work with particular children
- ❖ Assist with linking to other services such as Regional Centers, etc.

Key to making this systemic field approach work is:

- 1) Stable funding to support the consultation and adjunct activities;
- 2) Ability of the consultants to build healthy relationships , **over time**, with the staff and families of the program/home;
- 3) Reflective supervision, support, and mentoring for the early mental health/child development consultants in the field; and
- 4) New models of training, and possibly tiers of certification for early mental health/child development consultants.

The only capacity building factors within child care and development not addressed in some way through this model is that all staff have core competencies related to child development and early education. However, this model, if competently implemented can have a tremendous positive impact on the child care environment and the degree to which staff have the supports they need to work with all children. The outcome for the child development system would be the increased capacity to serve children with a variety of social/emotional needs within typical child development settings instead of referring the children out to services or requesting the children be placed elsewhere. The outcome for families would be support for development of the protective factors listed above and promoted through the Strengthening Families program.

### Guidelines for Mental Health Services Act, Prevention and Early Intervention (PEI)

Both of the work groups were mindful of the need to address the guidelines of the Mental Health Services Act. The guidelines state that county plans must address prevention and early intervention. *“An objective of PEI is to increase capacity for mental health prevention and early intervention programs led or supervised by behavioral health professionals or other appropriately qualified individuals in organizations and systems where people in the community currently go for purposes other than mental health treatment services.”* Page 5, Prevention and Early Intervention Program and Expenditure Plan Draft Proposed Guidelines

Prevention is defined as:

- ❖ Reducing risk factors
- ❖ Building protective factors and skills
- ❖ Increasing support

Early intervention is defined as:

- ❖ Addresses condition early
- ❖ Is of relatively low intensity
- ❖ Is of relatively short duration
- ❖ Avoids the need for more extensive services

PEI Priority Populations:

- ❖ Trauma-Exposed individuals
- ❖ Individuals Experiencing the Onset of Serious Psychiatric Illness
- ❖ Children and Youth in Stresses Families
- ❖ Children and Youth at Risk of School Failure
- ❖ Children and Youth at Risk of Juvenile Justice Involvement

The concept of early mental health/child development field consultants in early childhood settings addresses all aspects of both prevention and early intervention (PEI) and addresses at least 3 of the priority populations.

### Workforce Development and Support

Ideas related to workforce development were discussed. It may be necessary to develop a new model of training which includes core competencies related to typical child development, and which allows for different levels of proficiency/certification. The concept described above may not require fully licensed therapists to do all the work envisioned.

Who provides reflective supervision, support, and mentoring to the early mental health/child development consultants working in the field at various centers and FCCs? Should there be a Support Central (aka DMH) or hubs/ regional centers that can do this? One idea was to identify centers of expertise that exist now and build on these.

In terms of where the early mental health/child development consultants are employed, various community agencies (i.e. R&Rs) as well as community agencies/clinics may serve as home base, providing there is the capacity for reflective supervision in house or through a regional center of expertise.

There was also discussion of learning communities, like networks that would serve as support to the early mental health/child development consultants. (Role for DMH and 0-5 work groups in each SPA Council?) It was pointed out that consultants will be at various levels in both their training and expertise. More experienced consultants may only need peer contact and support through a network; newer consultants may require and more formal connection which includes the reflective supervision.

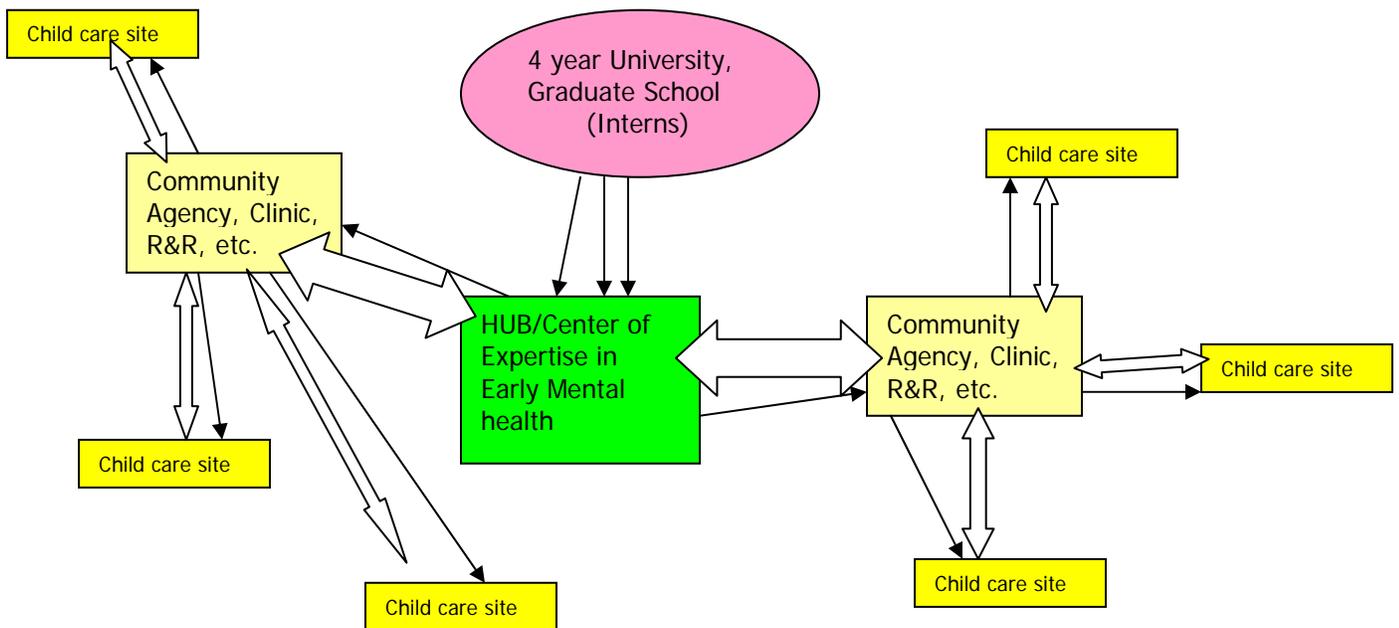
## Next Steps

At a subsequent meeting (August 21, 2007) there was further discussion related to the development and training of an increased early mental health workforce; the administration, management, and support of large numbers of early mental health consultants; the numbers of programs and family child care homes that could feasibly be assisted within a year, and over time; and how to best target limited resources and the costs for implementation of this concept.

The following structure emerged as the discussion took shape:

Field consultants could be either certified mental health professionals with child development training, or child development specialist with early mental health training. These consultants are coordinated through a community agency/entity that provides administrative support and has linkages with the child care and development system within a specific community/service area. Our system concept also includes linkage/collaboration with Center of Expertise in Early Mental Health. The role of this center or hub is to be the source of reflective supervision for the field consultants and, perhaps, a center of training for graduate students, interns etc. who can be placed at the field sites working with the certified/trained professionals. It is very possible that the Center of Expertise and the coordinating agency could be one and the same.

Diagrammed, it might look something like this.



Essentially this system implies a consortia of collaborating agencies working within communities and linking the institutions of higher education and training, with the centers of expertise and therapy, with community-based clinics, etc. who build relationships with the child care and development provider/program system within that community.

Because the child care and development provider pool is so large and the current sources of expertise and support so few, an initial implementation of this system would have to carefully target the numbers and types of providers to be served. It was suggested certain service sectors be targeted including: 1) programs offering care for infants and toddlers, 2) programs and providers serving low-income communities; 3) programs and providers serving families with one or more stress factors such as single parents, child protective services cases, and/or domestic violence and homelessness issues.

While centers and family child care homes can self-select to be part of this service system, it was recommended that certain characteristics within the center or home be evidenced prior to engaging these services: 1) stable provider or program administrator willing to commit to the effort and support the work of the on-site consultant; and 2) centers and homes that have demonstrated or encouraged inclusive practice.

Still to be determined are the costs of such services and the number of programs and providers who may be involved.

*For more information on the MHSA/PEI and the benefits of reaching young children and their families with mental health services through child care and development programs, visit [www.childcare.lacounty.gov](http://www.childcare.lacounty.gov) and click on Mental Health Services Act/Prevention and Early Intervention Updates.*