

MENTAL HEALTH NEEDS ASSESSMENT

What is being done to ensure that ensure that public health nurses, early intervention specialists, home visitors, child care providers and early child care educators are trained in promoting mental health and positive social and emotional development?

What are we doing in this area?

- Healthy Families and Early Head Start have strong professional training components.
- Head Start Performance Standards and guidelines require that programs have a written mental health plan. There is a referral process for children with behavior management issues.
- Head Start programs normally have a relationship with a mental health professional. Sometimes these individuals work with the programs to train staff. In past years programs had funding which enabled them to send staff for training.
- Cross system initiative to begin statewide screening of children entering the child welfare system to determine need for subsequent assessment and intervention. Initial 7 sites to begin July 1 and be statewide by 2005.
- Licensed child care providers by 2005 will have requirement for lead teachers to have minimum CDA credential. (Michelle will get details).
- IAITMH (Indiana Association for Infant and Toddler Mental Health) has sponsored a few training sessions.
- LENDlinks (training program at RCDC – Riley Child Development Center) focused on infant mental health.
- DYSON (community pediatrics grant) has small component on social-emotional and child development as part of training with medical residents in IU School of Medicine.
- Child Care Health Consultant program (Pat Cole, Indiana Institute on Disability and Community) training offered several times per year which includes brief overview of infant mental health. Includes homework assignment to find resources in local community.
- ENRICH (Early Intervention Resources and Information Curriculum Handbook) training program is available through a partnership with IACCRR (Indiana Association for Child Care Resource and Referral) and RCDC.
- Success by Six (collaborative planning initiative focused on how to get kids “ready” for school); Allen County Step Ahead Council is looking at system of services and is including childhood mental health as a focus area.
- First Steps – Training on Infant Mental Health scheduled for fall 2004 regional Service Coordination meetings.
- Institute for Building Strong Families collaborative training effort for Head Start/Early Head Start, First Steps, and child care providers conference scheduled for September 13-14, 2004 to include topics on infant and toddler mental health.

- Institute on Disability and Community (IIDC); Early Childhood Center (ECC) annual Summer Institute: Enhancing the Social/Emotional/Behavioral Growth of Young Children; scheduled for June 21-25, 2004 – to include sessions related to infant and toddler mental health. Institute offers contact hours, CEU's, undergraduate and graduate credit.
- All Licensed child care providers (both child care centers and homes) are being required to obtain Child Development Associate (CDA) certification. This is a national credentialing program. Of the six competency goals of the curriculum, Competency Goal III is listed as follows: "To support social and emotional development and to provide positive guidance." Three functional areas are listed under the more global goal. Note: Competency Goal IV of the curriculum is listed as, "To establish positive and productive relationships with families."

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- See mental health provider survey analysis (Hadadian/Tomlin) which indicates improvement in awareness and desire for training in early childhood mental health techniques.
- Healthy Families and Early Head Start have consumer satisfaction surveys and databases that attempt to measure a myriad of outcomes.
- First Steps is collecting data on a variety of outcome measures in concert with the IFSP process at initial IFSP development, one time during the IFSP and at exit from the system.

What are the challenges?

- Physicians (pediatricians and family practice) do not seem to have training on mental health issues and do not screen/ask questions about these issues with parents. If they do have training it is not part of their licensure and requirements. Challenge is that parents feel frustration when doctors miss mental health issues in kids – some families leave the office sharing information about their children's behaviors and when "ignored" may feel "crazy" themselves. Note that physicians are the gatekeepers for access to other services.
- Preservice programs face multiple demands for accreditation requirements.
- Professional licensure requirements do not include infant mental health/social-emotional development training.
- Patchwork is the current mode – available training regarding mental health issues for young children is not coordinated.
- Indiana ranks near the bottom of states' access of federal dollars.
- EPSDT is not uniformly used.
- Medicaid is the only existing full insurance coverage offered – covers case management and mental health services.
- Traditional insurance coverage has limitations including life-time caps, limitations on mental health services, etc.

- Finding needed service providers.
- Resistance of parents to mental health diagnoses.
- Focus on problem children who are acting out; need to focus on the environment and information for positive reinforcement of behaviors.
- Cultural differences in child rearing practices.
- Reduced training funds and more federal control over the type of training programs required/offered.

What is being done to ensure that parents understand how to promote mental health and positive social and emotional development?

What are we doing in this area?

- Hamilton Center (Vigo County) and Madison Center (St. Joseph county) offer therapeutic day care, pre-school treatment groups.
- Early Head Start and Head Start programs have strong parent training components.
- Indiana Migrant Head Start programs have “Platica” parent support group meeting where social-emotional topics are discussed.
- Parenting classes offered throughout the state.
- NAMI (National Alliance for the Mentally Ill) and the MHAI (Mental Health Association in Indiana) offers parent support (however, may not reach under age 5 population).
- PAT (Parents as Teachers) is now available in Allen County and has curriculum topics on brain development and social-emotional development. This program is available to all families with young children and does not focus on disabilities.
- Parent support groups throughout the state may address these issues.
- Head Start programs conduct parent education activities, some send out newsletters, most of the program materials speak of ensuring parent understanding of social and emotional development
- Head Start programs work with parents when children are to be referred for emotional concerns.
- Many programs send out newsletters of various topics about development.

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- First Steps has a Combined Enrollment Form/process to access several different programs and services with one application. Includes access to First Steps early intervention system, Children’s Special Health Care Services (CSHCS), Hoosier Healthwise (Medicaid), and Maternal and Child Health (MCH) programs.

What are the challenges?

- Social stigma in accessing mental health services.
- Parents who need services the most may be the least likely to feel ready to access services.
- Parents have to go to many different places to access services.
- Parents who experience stress and other life factors keeping the information mentally available.

- Learned parenting styles.
- Parents understanding that watching negative television and games can be detrimental for children (i.e., using TV as a baby sitter).
- Maintaining a focus on wellness rather than children with emotional problems.

What is being done to ensure that parents with mental health and/or substance abuse issues receive the supports they need to address their own health issues along with parenting issues?

What are we doing in this area?

- Various CMHC's (Community Mental Health Centers) offer substance abuse treatment for parenting persons. These programs often incorporate case management and after care services. State currently submitting a federal grant for Access to Recovery funds to support such programs.
- Every family in Head Start develops a family action plan. As these parents get to know the program, many problems are exposed. The program family service staff assists parents in securing needed supports.
- Head Start staff receives training in detecting abuse situations.

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback?)?

- Data is not collected as far as this group knows.

What are the challenges?

- Need to invite Family Planning representatives to this discussion – many children born to substance abusing women were not planning on having a child; these children and families face many issues.
- Finding services.
- Parent cooperation.
- The growing use of meth amphetamine.

What is being done to ensure that early intervention specialists, home visitors, child care providers, and others know how to suggest appropriate referrals when they identify potential mental health or substance abuse issues among family members of the children they serve?

What are we doing in this area?

- The ENRICH curriculum includes a section on how to make successful referrals.
- IPIC grant (Lann Thompson) – collaborative effort between RCDC and IACCRR to address child care issues and child with special needs.
- IPIN and IN*SOURCE work hard to help families get appropriate referrals.
- First Steps service coordinators will get training in infant mental health in the fall, 2004 at their Regional SC meetings.
- Healthy Families and Early Head Start providers receive training on family dynamics and mental health resources.
- State and county-based “Help Lines”.
- Federal mandate (IDEA) includes social-emotional domain.
- Some CMHC’s are identifying substance abuse and mental health issues through case managers during home visits.
- Indiana Perinatal Network gives guidance on post-partum, maternal depression issues.
- Maternal and Child Health Clinics also give guidance on these issues to pregnant women.
- Pre-Natal Substance Use and Prevention Program (PSUPP) – serves pregnant women and promotes non-use of tobacco and alcohol during pregnancy; Bowen Center; serves some Indiana counties.
- A fall institute is being planned for home visitors and early interventionists who are experienced in the field. This will be the first of a number of such institutes. The intent is to heighten the skills of the individuals.
- The Indiana Community Action Association provides family management training for its case workers and those Head Start programs wishing to participate.
- Local Head Start programs provide inservice training on numerous topics.

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback?)?

- There seems to be interest among providers to serve children under 5 (Hadadian/Tomlin research article).
- PSUPP has data to show success of program’s prevention efforts.

What are the challenges?

- Limited available providers who can serve children under the age of five.
- Lack of social work and psychology providers.
- First Steps social work reimbursement rate is too low to attract providers (particularly social workers).
- First Steps service coordinators are generally not making referrals to mental health services.
- Some mental health providers believe the First Steps enrollment and credential requirements are too cumbersome, especially with low referral rates and reimbursement rates.
- Stigma of going to a local mental health center.
- Difficult to assess social-emotional domain.
- Pre-school teachers are hesitant to suggest need for mental health services as they are fearful of how those services will be paid for (will school be required to cover?) and how the family will receive this suggestion.
- HIPAA requirements hamper referral process – need consent/permission to obtain and release information.
- There is a need for certification or degree programs for persons in the mental health field who work where children typically live, learn, and play (such as home, child care, etc.).

What is being done to ensure that early intervention specialists, home visitors, child care providers, early childhood educators and others have access to support when dealing with a child with developmental, behavioral, or family crisis issues?

What are we doing in this area?

- At community level it largely depends upon relationship between early childhood providers and the local CMHCs.
- Head Start has contracted consultants to work with Head Start teachers regarding mental health issues.
- Public school systems provide functional behavioral assessment and modification programs.
- Child Care Health Consultant (Pat Cole, IIDC) – consultants available by region to provide supports and access to information and resources.
- Head Start provides training and internal support for staff. The Head Start performance standards provide one source of support.

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- This group is not aware of any current measures.

What are the challenges?

- Not adequate mental health consultation available to child care programs.
- Not enough providers trained in working with young children.
- Not enough resources to support mentorship and supervision.
- Available services often have long waiting lists; discouraging to families.
- Some kids have needs that can not be addressed in the community – where do they go? Who can serve them? (Lesa Paddack’s example of family who has seen many different providers and can’t find any supports for a child with very difficult challenges).
- Gathering data.
- Reductions in funding for many programs.

What is being done to encourage care coordination among providers (early intervention specialists, home visitors, child care providers, and others) who are working to ensure the social emotional health of the child?

What are we doing in this area?

- See above response re: the ATR grant proposal.
- Private mental health resources including faith based initiatives exist in various communities.
- Wrap around services are in place for some children – growing resource; usually covers children age 5 and over.
- Part C mandate includes EI system is to include all available community supports and services.
- First Steps, Early Head Start and Healthy Families all promote collaboration and inclusion in each other’s planning process and documents.
- Head Start programs are very much into partnership building in their communities. Many programs are or have established a variety of Memos of Agreement with various organizations in the communities.
- The state has had a state Transition Team working to help communities establish local transition teams with the focus in assisting children with disabilities and their families experience smoother transitions.
- A small group has been currently meeting to discuss the alignment of the state’s early childhood foundations with Head Start outcomes and various other early childhood services.

What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback)?

- Very slowly there has been an increase in the number of counties with a transition team. The State Transition Coordinator maintains a record of these teams.

What are the challenges?

- Specialty care physicians do not routinely coordinate with others – service coordination is critical for families.
- CSHCS has eliminated care coordination services.
- Sharing of information and services does not routinely happen.
- Lack of knowledge and information about available community resources, what is covered under each program and how to access that information.
- Time.
- Policies.
- Territory.