Social Emotional Health and Early Childhood Programs

Michigan Department of Education
Office of Great Start
July 27, 2015

Welcome

- Amanda Menzies, Senior Consultant
  Public Sector Consultants Inc.

Presenters

- **Donna Lackie**: Coordinator, Oakland County Great Start Collaborative; Early Childhood Consultant, Oakland Schools
- **Ayana Knox Potts**: Parent Representative, Great Start Oakland; Children's Advocate
- **Lisa Sturges**: Director, Macomb County Great Start Collaborative
- **Kelly Sheppard**: Coordinator, Jackson County Great Start Collaborative
- **Julie Kozan**: Director, Saginaw County Great Start Collaborative
- **Jennifer Stanuszek**: Infant Mental Health Specialist & Early Childhood Mental Health Consultant, Saginaw County Community Mental Health Authority

MICHIGAN Department of Education

Oakland Healthy Beginnings Social - Emotional

- Promotion, Prevention and Intervention
- Evidence based models
- Braided Funding
- Parent Reflections
  - Ayana Knox-Potts

Promotion

- ASQ SE: 4,419 screens to date
- Social Emotional Health Guides and Tip Sheets
- Supported 8 staff to attend Mi-AIMH conference and 2 staff to attend Zero to Three Conference
- Local Trauma/Toxic Stress team - Resource project

Prevention

- Positive Solutions Groups – CSEFEL model
- Incredible Years –
  Attentive Parenting Groups
- Early On Family Support Series
- ASQ SE feedback and Care Coordination
- Trauma Smart Conference 9-9-15

www.traumasmart.org

Intervention Supports

- Infant Mental Health Services – Easter Seals
- Maternal Depression and Adult Mental Health
- Reflective Consultation monthly support for home visitors – Easter Seals

Braided Funding

- Great Start – 32P – SE groups; Reflective Consultation
- MIECHV – Professional Development
- United Way for Southeastern Michigan – ASQ SE, Early On Family Support, Professional Development
- ISD – Oakland Schools – Social Emotional Consultant

Parent Voice & Reflections

- Ayana Knox-Potts, Assistant Parent Liaison
- Birth, Foster & Adoptive Parent of 6 children
- Experiences and Reflections on Importance of Social Emotional Development

Great Start Macomb

Using Data to Support Social Emotional Development

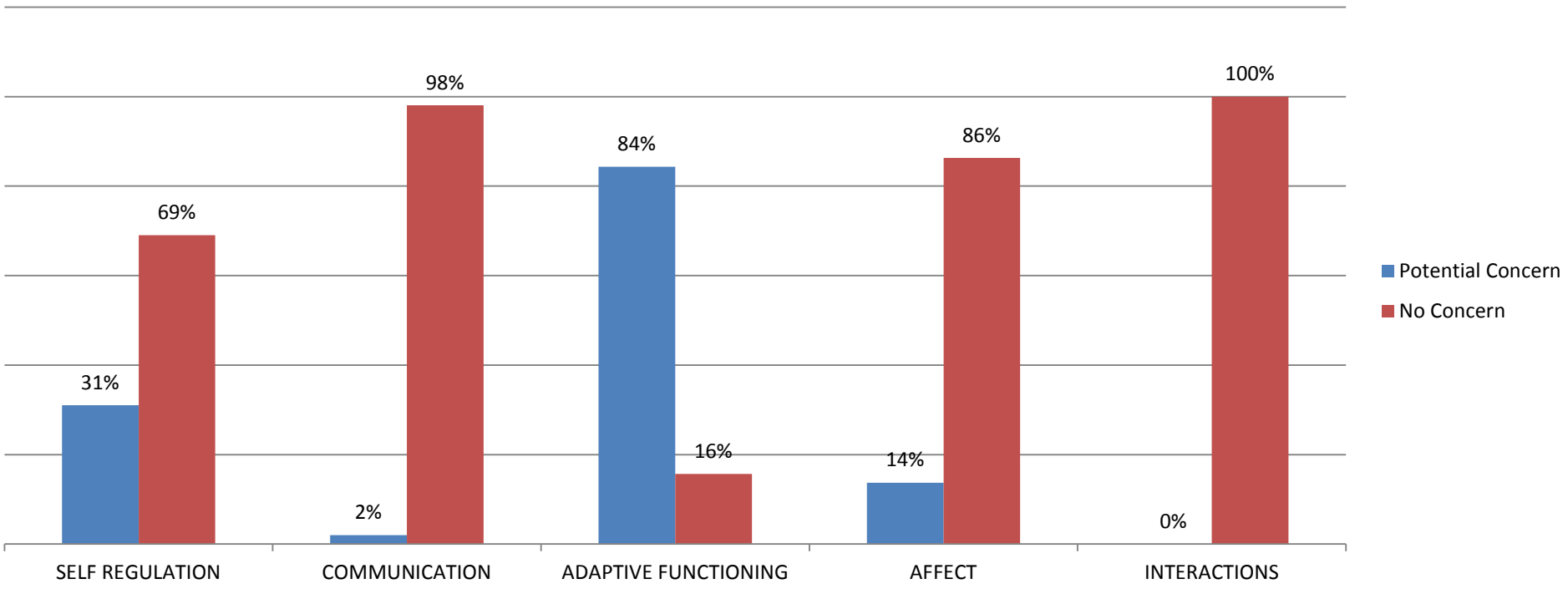
Assessment Tools

- ASQ:SE
- DECA
- MCHAT
- Sensory Screening
- Observation

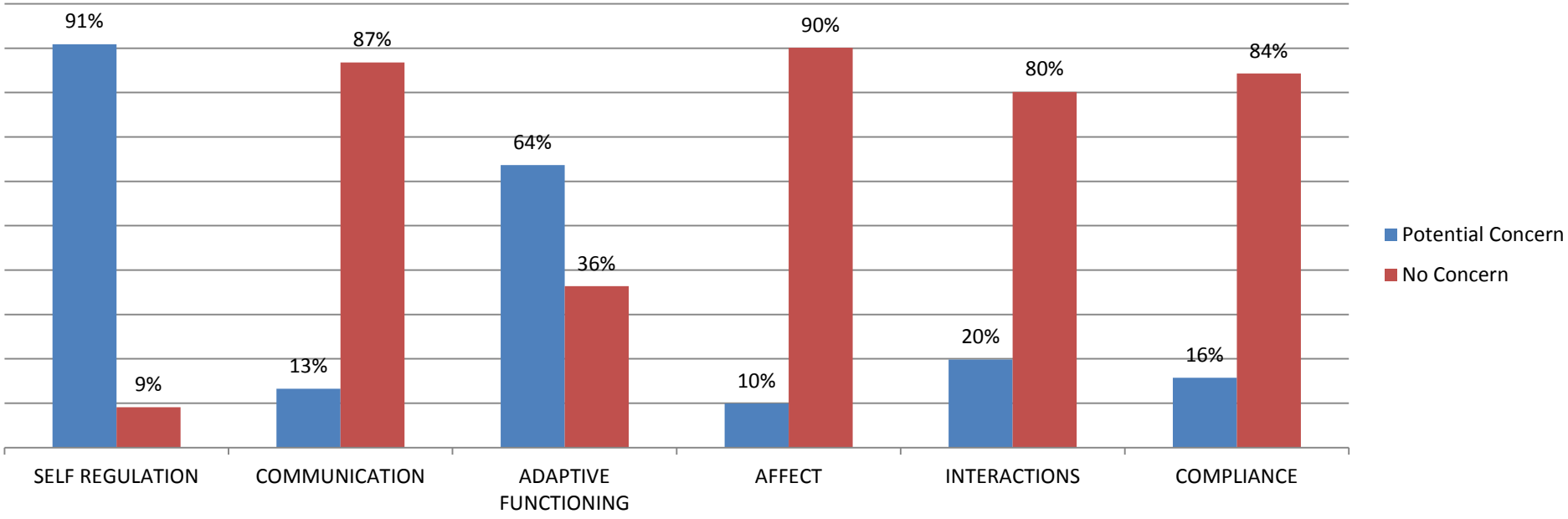
Prevention

- ASQ:SE is completed along with ASQ-3 in early care and education programs as well as home visiting/parent support programs
- Individual support provided for all children through:
  - Activities to support social emotional growth (stress reducing activities, labeling feelings)
  - Books that promote social emotional development

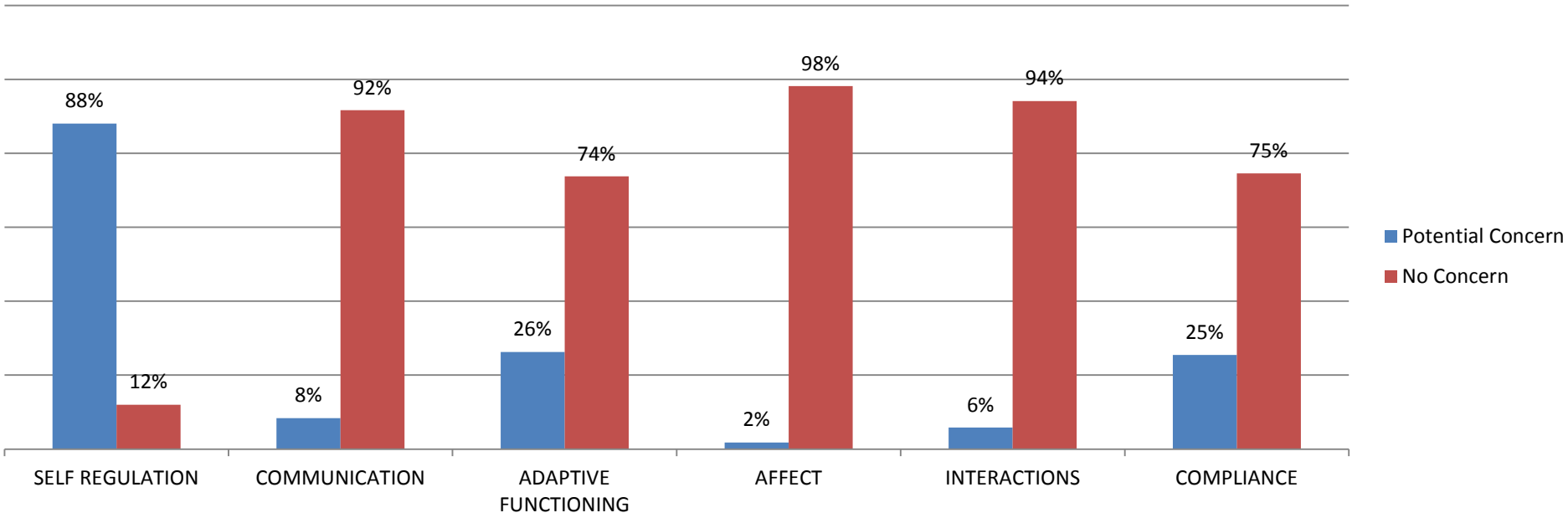
Infant (6 and 12 Month) ASQ:SE/Social Emotional Sub-Category Results (N=51)



Toddler (18, 24 and 30 Month) ASQ:SE/Social Emotional Sub-Category Results (N=121)



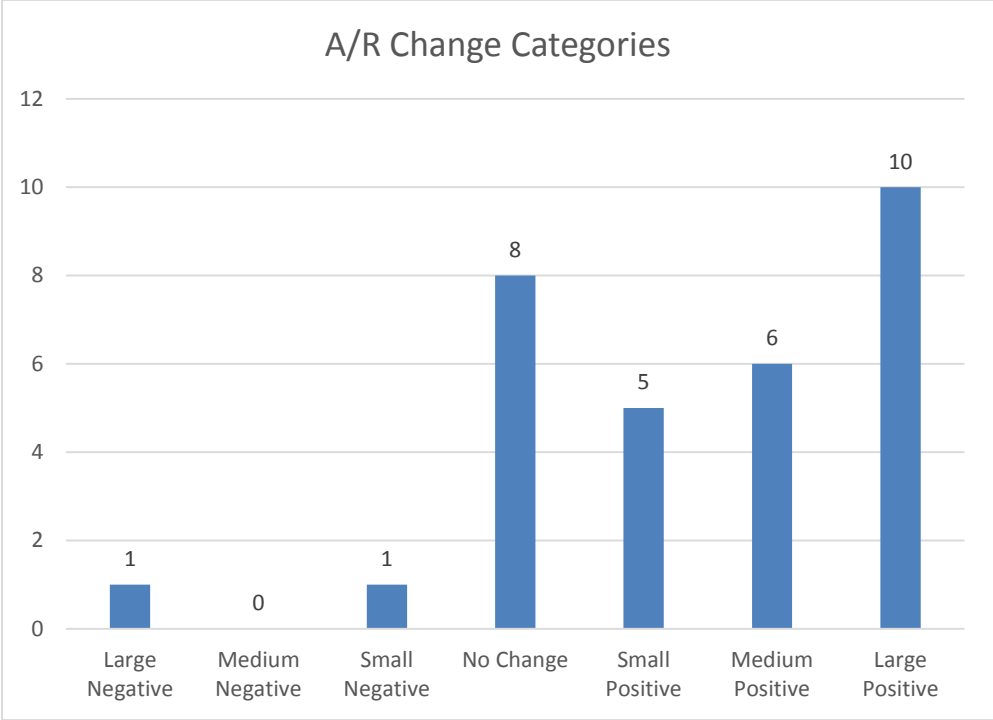
Preschool (36, 48 and 60 Month) ASQ:SE Social Emotional Sub-Category Results (N=1387)



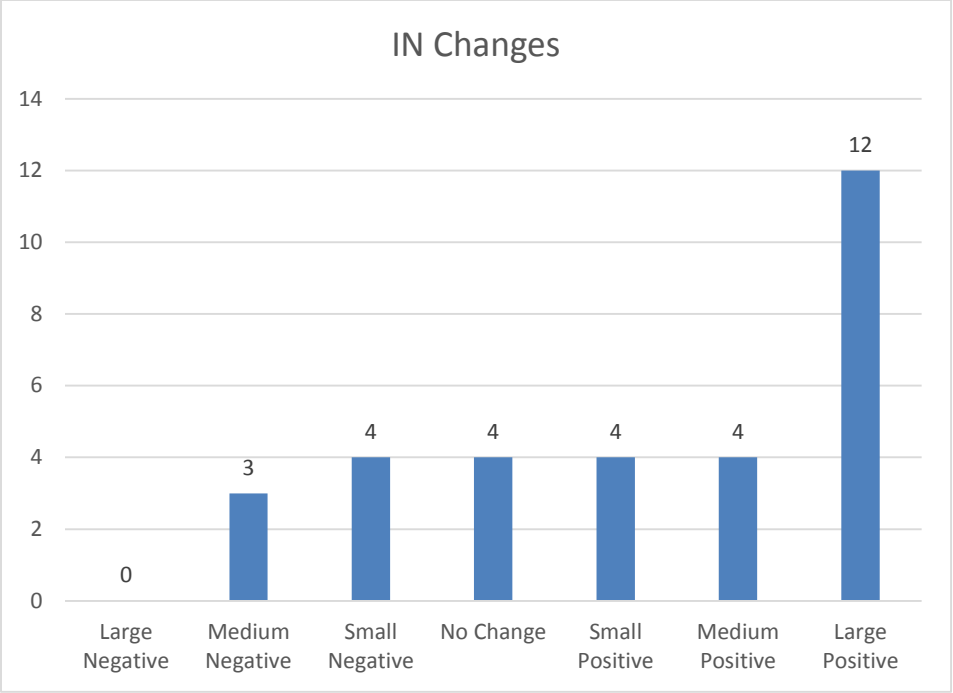
Intervention

- Multi-tiered approach to support parents and teachers
  - Dosage
  - Who/Flexibility
  - CSEFEL groups for parents
  - Support for teachers inspired by CCEP

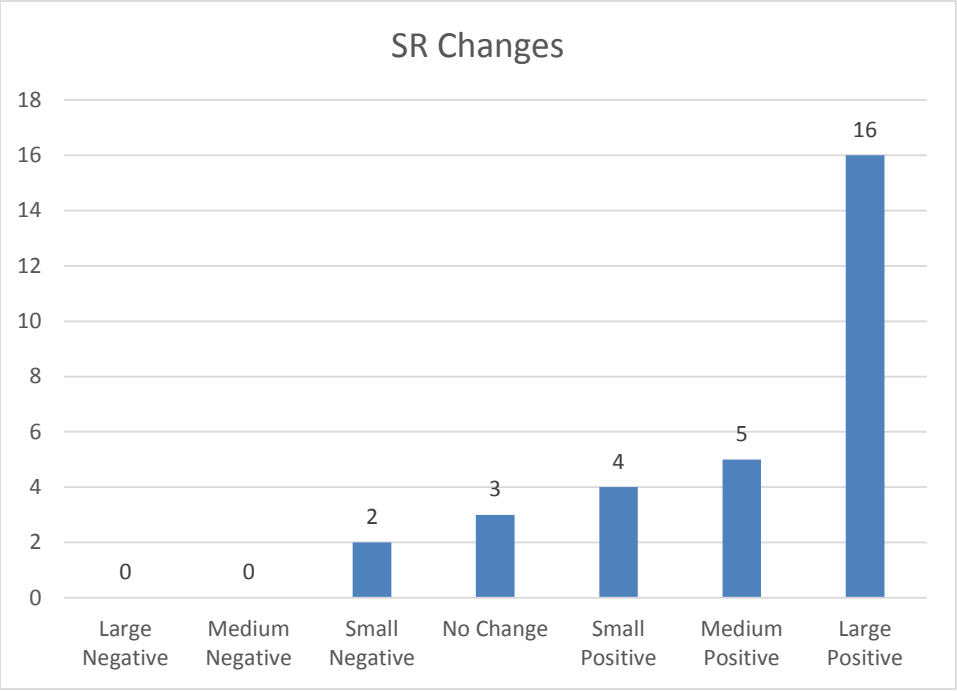
A/R Changes Across the Program/Agency		
	# of Students	% of Students
Large Negative	1	3.2%
Medium Negative	0	0.0%
Small Negative	1	3.2%
No Change	8	25.8%
Small Positive	5	16.1%
Medium Positive	6	19.4%
Large Positive	10	32.3%
Total	31	100.0%



IN Changes Across the Program/Agency		
	# of Students	% of Students
Large Negative	0	0.0%
Medium Negative	3	9.7%
Small Negative	4	12.9%
No Change	4	12.9%
Small Positive	4	12.9%
Medium Positive	4	12.9%
Large Positive	12	38.7%
Total	31	100.0%



SR Changes Across the Program/Agency		
	# of Students	% of Students
Large Negative	0	0.0%
Medium Negative	0	0.0%
Small Negative	2	6.7%
No Change	3	10.0%
Small Positive	4	13.3%
Medium Positive	5	16.7%
Large Positive	16	53.3%
Total	30	100.0%



Continuation/Growth

- Partnerships with resources already in place
  - Regional Resource Center
  - GSRP/ECS and Head Start/Ed Specialists
  - ECE vs SW

trauma informed community collaborative

Jackson county

Planning team

- Great Start Collaborative of Jackson County (C2C)
- Department of Health and Human Services
- LifeWays Community Mental Health
- Community Action Agency – Head Start
- Project Aware – Intermediate School District
- Family Service and Children's Aid

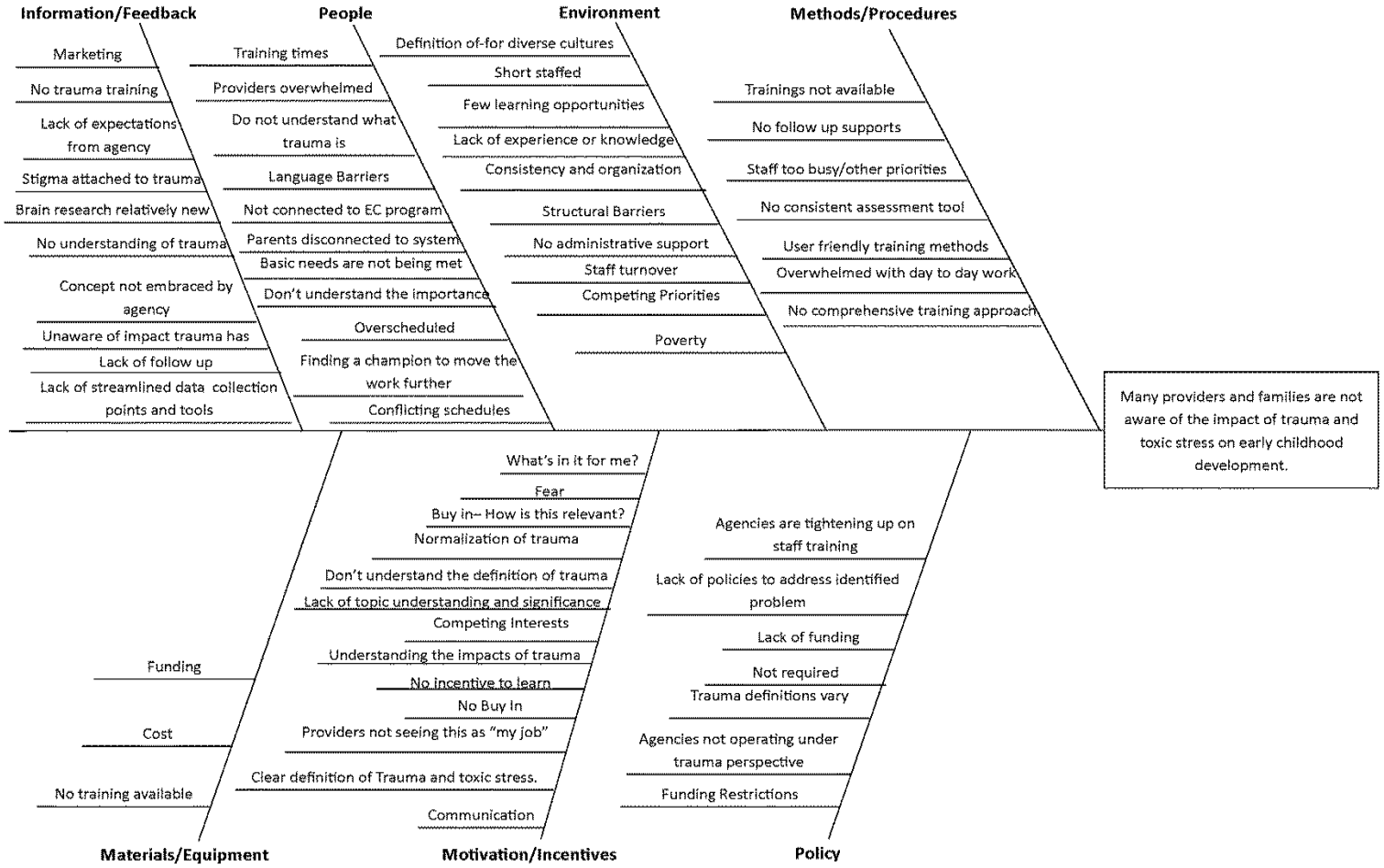
Community mobilization

- Began to meet summer of 2014
- Attended September conference on *The Effects of Toxic Stress and Trauma on Young Children: A Community Wide Prevention Approach*
- Energized the Team to move forward in planning Community strategies
- January 2015 began planning for Community Collaborative
- Survey and Data Gathering
- Summit planned for 5/27/15

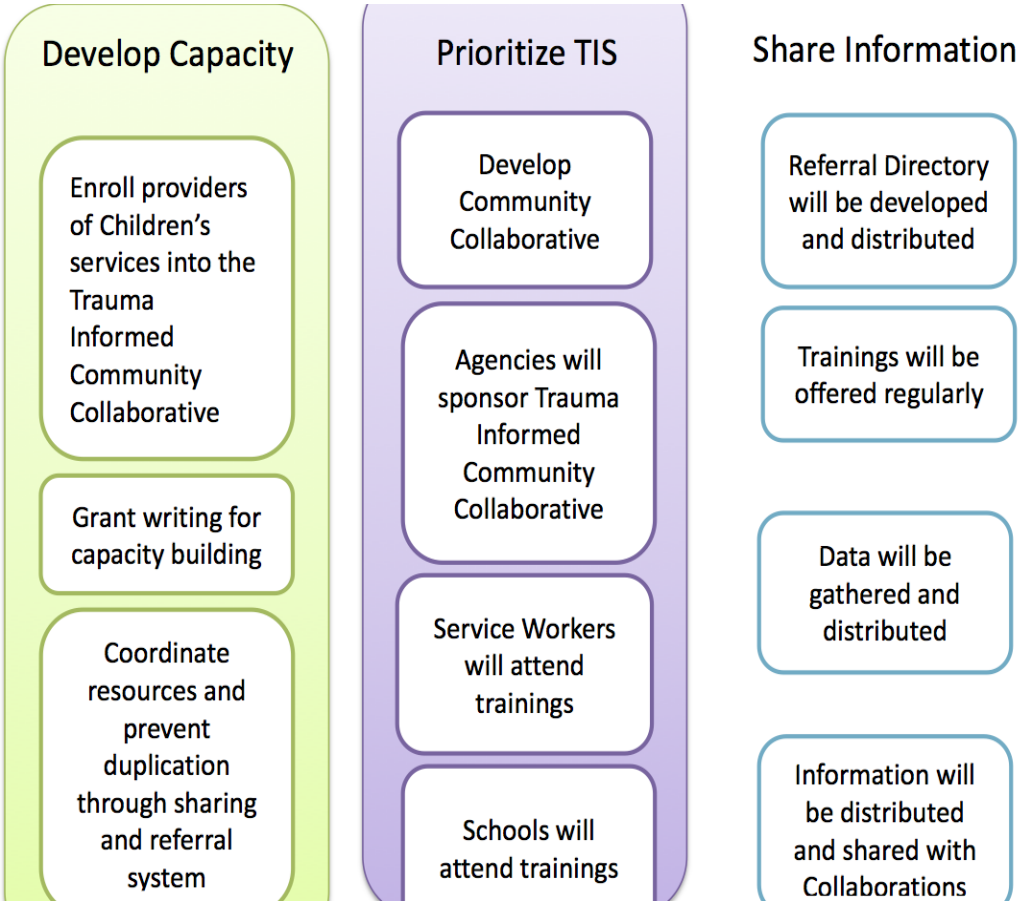
Developing a TICC in Stages

- Stage 1
  - To complete a baseline targeting gaps and needs in children's services
  - To begin promoting community awareness
  - To plan a rollout
  - Begin a Community Collaborative
  - Identify common definitions of trauma, toxic stress and secondary trauma
- Stage 2
  - To target additional populations (older youth, adults, specific populations and service providers)
  - Continue developing a Trauma Informed Community Collaborative
  - To provide ongoing community trainings
  - Continue data gathering
- Stage 3
  - Secure additional funding to build capacity for training and services
  - Continue data gathering
  - Develop a first response card
  - Develop a resource directory

Fishbone Diagram – Root Causes



Affinity Diagram



What's next

- Continue to participate in ECIC Strengthening Families early learning community
- Schedule Trauma Informed Collaborative Meetings
- First Responder Cards
- Expand into more populations (schools, etc…)
- Ongoing Workshops
- Continue Data Gathering
- 211 and Site Visits
- Continued Community Promotion – websites, events
- Resource Directory

Questions?

Kelly Sheppard
Great Start Collaborative of Jackson County

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Integration of Mental Health within the Primary Care System:

Developmental Screens & Mental Health Consultation

Jennifer Stanuszek
Early Childhood Mental Health Consultant, SCCMHA

Julie Kozan
Great Start Collaborative Director-- Saginaw

What we will be covering

1. Introduction to Project LAUNCH
2. Why Focus on Children's Mental (Social Emotional) Health
3. Benefits of Integrated Mental (SE) & Physical Healthcare
4. Developmental Screening
5. Mental Health Consultation
6. Positive Outcomes
7. Lessons Learned

What we will be covering…

Introduction to

Project LAUNCH

Project LAUNCH

- 5 year SAMHSA grant (2009 – 2014)
- Long-term goal: To foster the healthy development and wellness of all young children birth through age 8 – preparing them to thrive in school and beyond

1. Access to developmental screening
2. Use of evidence-based services
3. Educated & informed services providers
4. Improved service delivery system
5. Improved school readiness

What we will be covering…

Why Focus on Children's Mental (Social Emotional) Health

Why Focus on Children's Mental (SE) Health?

- Current approaches in Children's Mental Health are neither comprehensive nor coordinated
- Childhood MH challenges can impair education & social development, resulting in diminished competence and productivity in later life
- Mental, Emotional & Behavioral disorders cost the U.S. $247 billion in 2007

More about Why….

- 1 in 5 children have a mental health problem
  - 1 in 5 get the help they need
- Child care expulsion rates are 3 times those of K-12 grades
  - 3-5 times for children of color (Gilliam, 2005)

Still More About Why…

- 9.5% to 14.2% of children age 0 to 5 yrs experience social emotional problems that negatively impact their functioning, development and school readiness (MDCH, Mackrain 2010)

- One in five children enter kindergarten with poor social development skills:
  - it's difficult for them to join others in play;
  - they don't have the ability to make and keep friends;
  - and they do not positively interact with their peers (Raver and Knitzer 2002)

Why Invest in Early Childhood?

- Every $1 spent gives a return of $3 to $16
- Results in a 50% decrease in low birth weight, saving $28,000-$40,000 per child
- Cutting child abuse and neglect up to 80% can save $33 billion annual hospital and legal costs
- Every child deserves a great start!

What we will be covering…

Benefits of Integrated

Mental (Social Emotional) &

Physical Healthcare

Benefits of Integrated Mental (SE)and Physical HealthCare

- Comprehensive services in one site
  - Decreases barriers & increases accessibility
- Established, trusted source
  - Reduces stigma of mental health
- Strong connection between physical & mental health
- Enhances provider's skills across domains

What we will be covering…

Developmental Screening

Why Screen?

<u>Without Screening:</u>

- 70% of children with developmental disabilities not identified
  (Palfrey et al. J Pediatrics. 1944;111:651-655)

- 80% of children with mental health problems not identified
  (Lavigne et al. Pediatrics. 1933;91:649-655)

Why Screen?

<u>With Screening:</u>

- 70% to 80% of children with developmental disabilities are correctly identified
  (Squires et al. 1996; JDBP, 17:420-427)

- 80% to 90% of children with mental health problems are correctly identified
  (Sturner, 1991, JDBP;12:51-64)

Detectable Delays

Early Childhood National Survey 2000

When parents are asked about their child's development, they are more likely to express concerns about social and emotional well being than physical abilities.

*Only 30 to 40% of parents volunteer concerns without prompting (Galscoe & Dworkin, 1995)

Most Common Concerns:

- Behavior (48%)
  - (ADHD is most common)
- Speech/Language (45%)
  - (most common **and** least detected)
- Emotional well-being (42%)

Developmental Screening Intervals: AAP & LAUNCH

Universal screening (**ALL** children)

- **American Academy of Pediatrics (AAP)**
  - 9, 18, and 30 month well child visits
- **Project LAUNCH**
  - 2 week to 8 year well child visits
  - a more aggressive/comprehensive approach
  - a focus on social and emotional development

LAUNCH Recommended Screens & Intervals

- **ASQ (Ages and Stages Questionnaire)**: 0 to 60 months
  - 9, 18 & 30 month well child visits, & as needed

- **ASQ:SE (Ages and Stages Questionnaire: Social Emotional)**: 0 to 60 months
  - 6 & 12 month well child visits, & one additional time between 24 and 36 month well child visit, & as needed
  - all children entering foster care placement

- **PSC (Pediatric Symptom Checklist)**: 4 to16 years
  - 4, 5, 6, 7 & 8 year well child visits, & as needed
  - all children entering foster care placement

- **M-CHAT-R/F (The Modified Checklist for Autism in Toddlers, Revised, with Follow-Up)**: 16 to 30 months
  - 18 and 24 month well child visit, & as needed

- **Edinburgh Postnatal Depression Scale**
  - 2 week and 2 month well child visit, & as needed

What we will be covering…

Mental Health Consultation

Mental Health Consultation

- Meet with family in primary care setting
- Complete additional screens and/or assessment(s)
- Provide anticipatory guidance and/or brief therapy intervention
- Connect family with appropriate community agency
- Follow up to ensure contact/link to community agency and/or progress with suggested strategies
- Coordinate with provider
- Document in patient chart
- Coordinate with community agency

Mental Health Assessments

**Age ranges used for LAUNCH:

- DECA/DECA-C (Devereux Early Childhood Assessment/Clinical Form)
  - Ages 0 to 4 yrs
- PECFAS (Preschool and Early Childhood Functional Assessment Scale)
  - Ages 4 to 7 yrs
- CAFAS (Child and Adolescent Functional Assessment Scale)
  - Ages 7 to 8 yrs

What we will be covering…

Positive Outcomes

Positive Outcomes

- Provided both developmental screening training AND Mental Health Consultation to 5 pediatric/primary care practices
- Provided training in developmental screening implementation to 8 additional practices
- Improved referral process from doctor’s offices to Early On and Project Find
- Quarterly Pediatric Learning Community meetings of interested medical practices and community agencies
- Planned expansion to include 5 total mental health consultants including placement in 1 OB-GYN office
- Committed physician champions who support efforts in the community

What we will be covering…

Lessons Learned

Lessons Learned

- Buy-in from all levels of medical practice
- Private practice vs federal or school affiliated
- Physician champion
- Multiple days in each site
- Face to face follow up
- Education & skills of consultant
- “Sell” screening & consultation to doctors
  - engaged in best practice, improved standard of care, improved workflow (avoids “by the way” parent questions), billing for screens