







# 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-ALMH 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](http://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

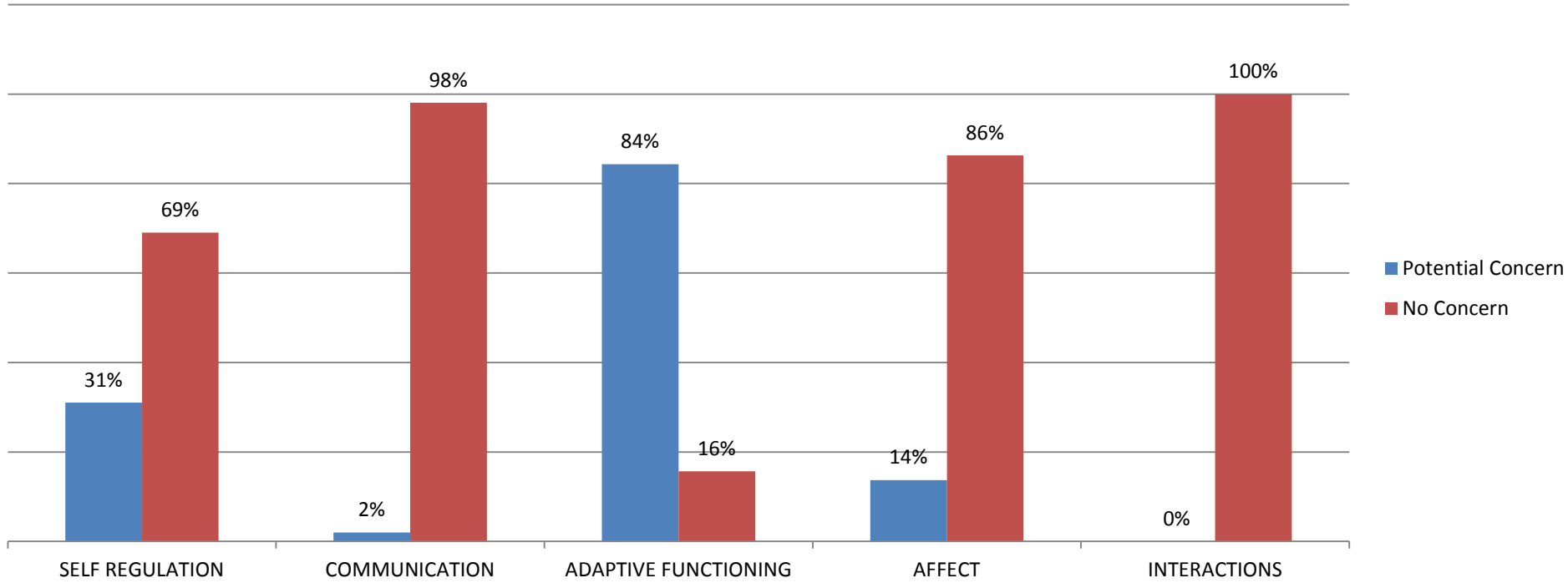
# Assessment Tools

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

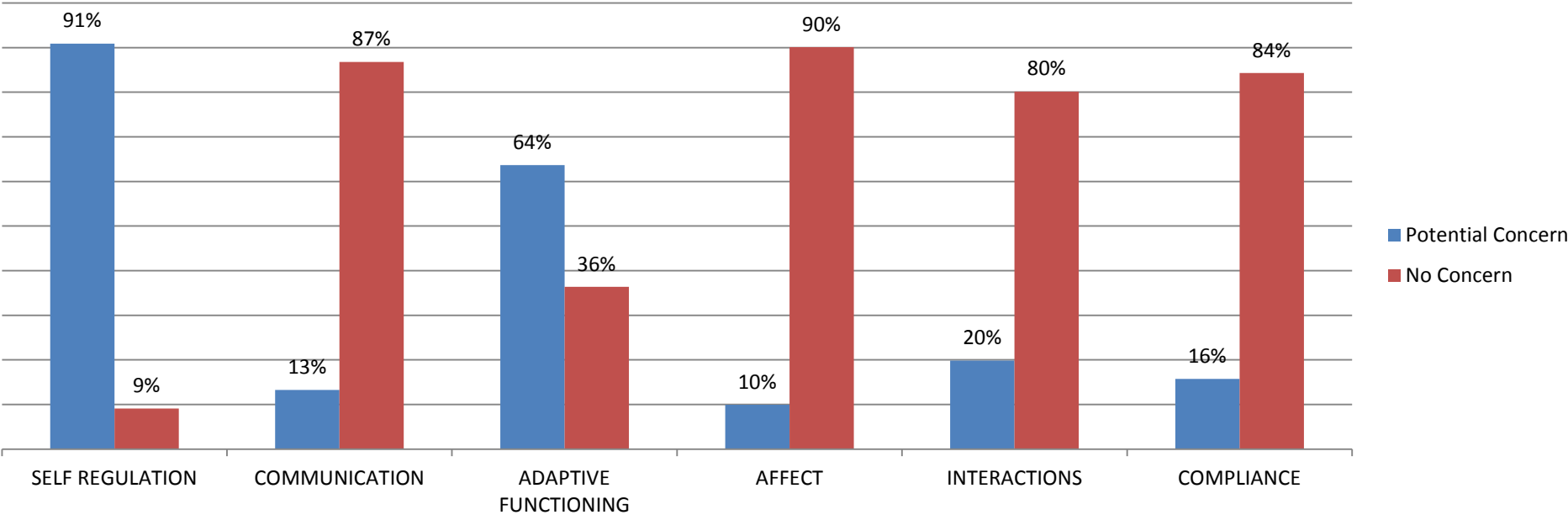
# Prevention

- 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

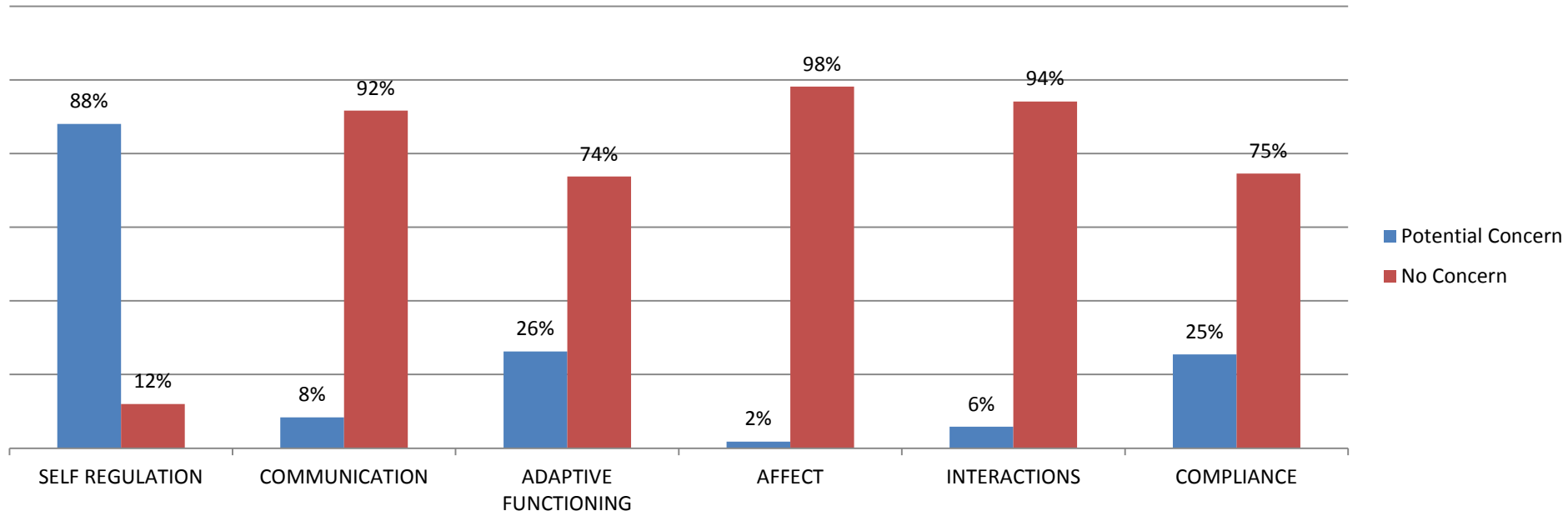
# Infant (6 and 12 Month) ASQ:SE/Social Emotional Sub-Category Results (N=51)



# 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

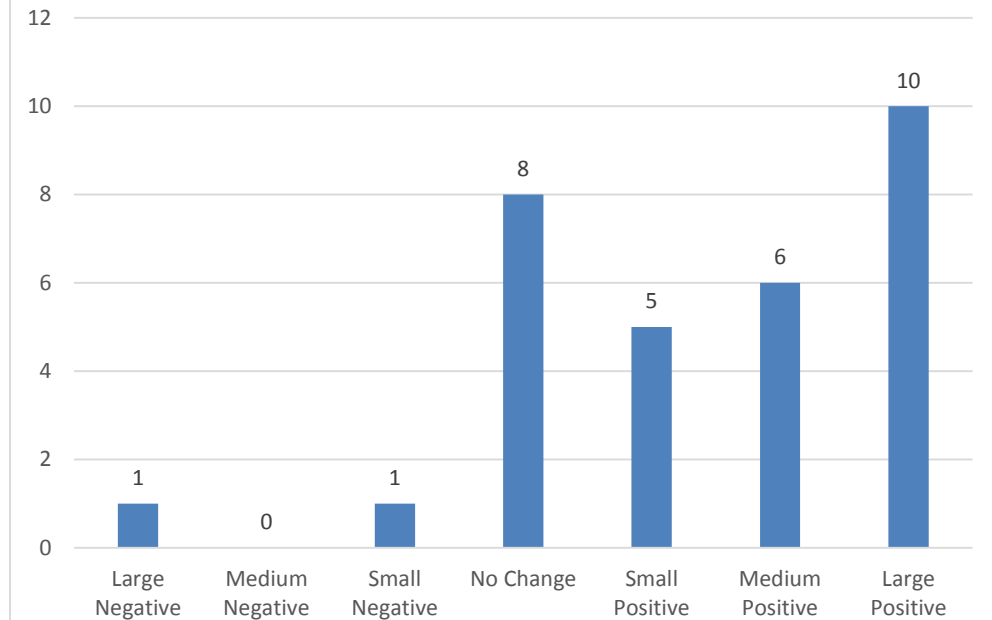
- Multi-tiered approach to support parents and teachers
  - Dosage
  - Who/Flexibility
  - CSEFEL groups for parents
  - Support for teachers inspired by CCEP



### A/R Changes Across the Program/Agency

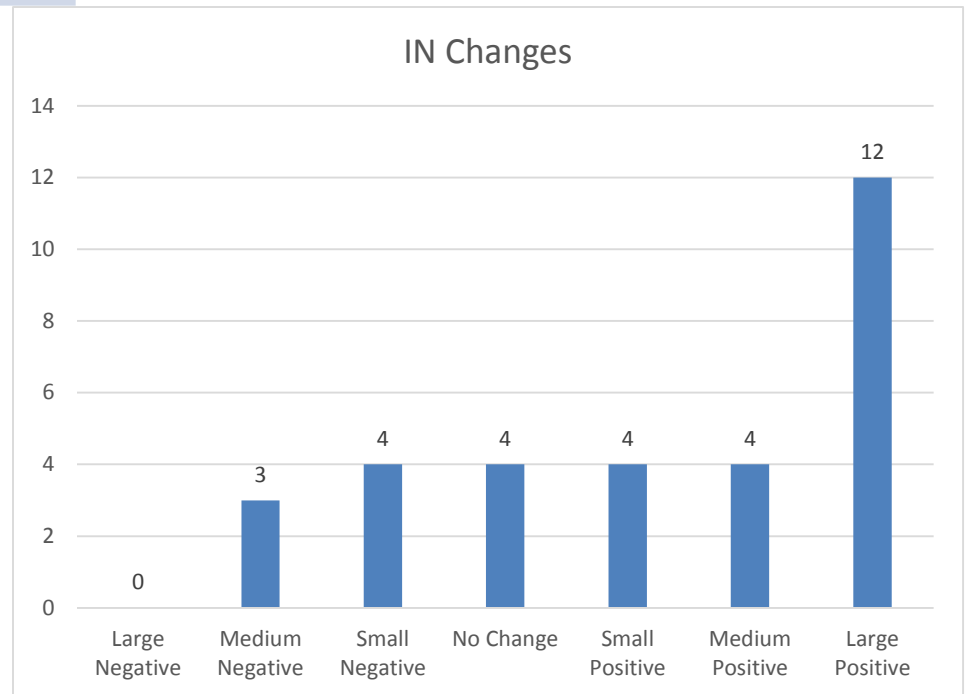
	# of Students	% of Students
Large Negative	1	3.2%
Medium Negative	0	0.0%
Small Negative	1	3.2%
No Change	8	25.8%
Small Positive	5	16.1%
Medium Positive	6	19.4%
Large Positive	10	32.3%
<b>Total</b>	<b>31</b>	<b>100.0%</b>

### A/R Change Categories



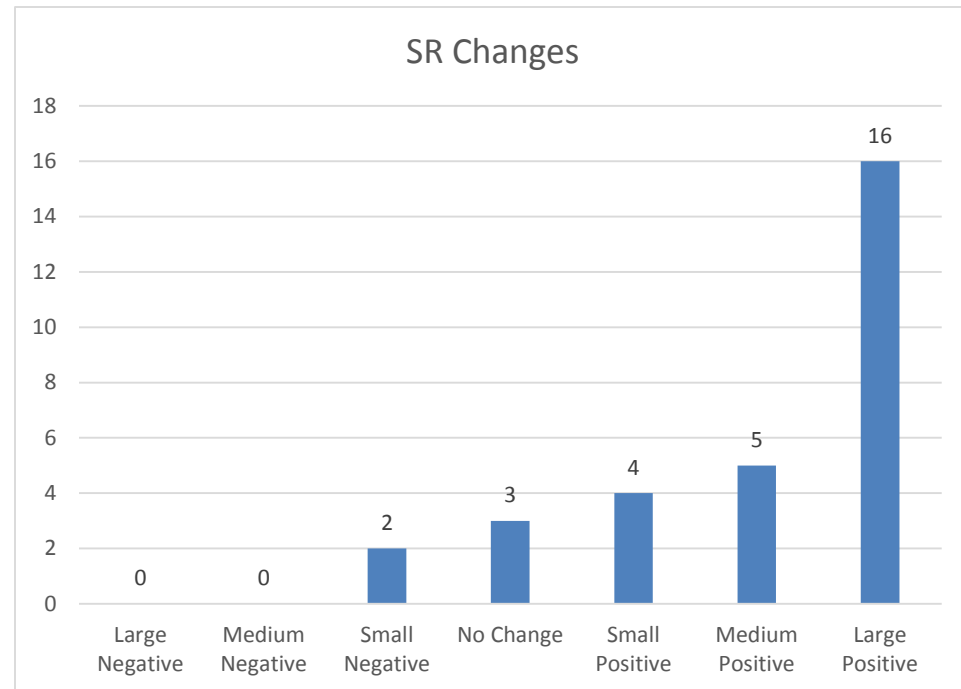
### IN Changes Across the Program/Agency

	# 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%
<b>Total</b>	<b>31</b>	<b>100.0%</b>



## 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%
<b>Total</b>	<b>30</b>	<b>100.0%</b>



# 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

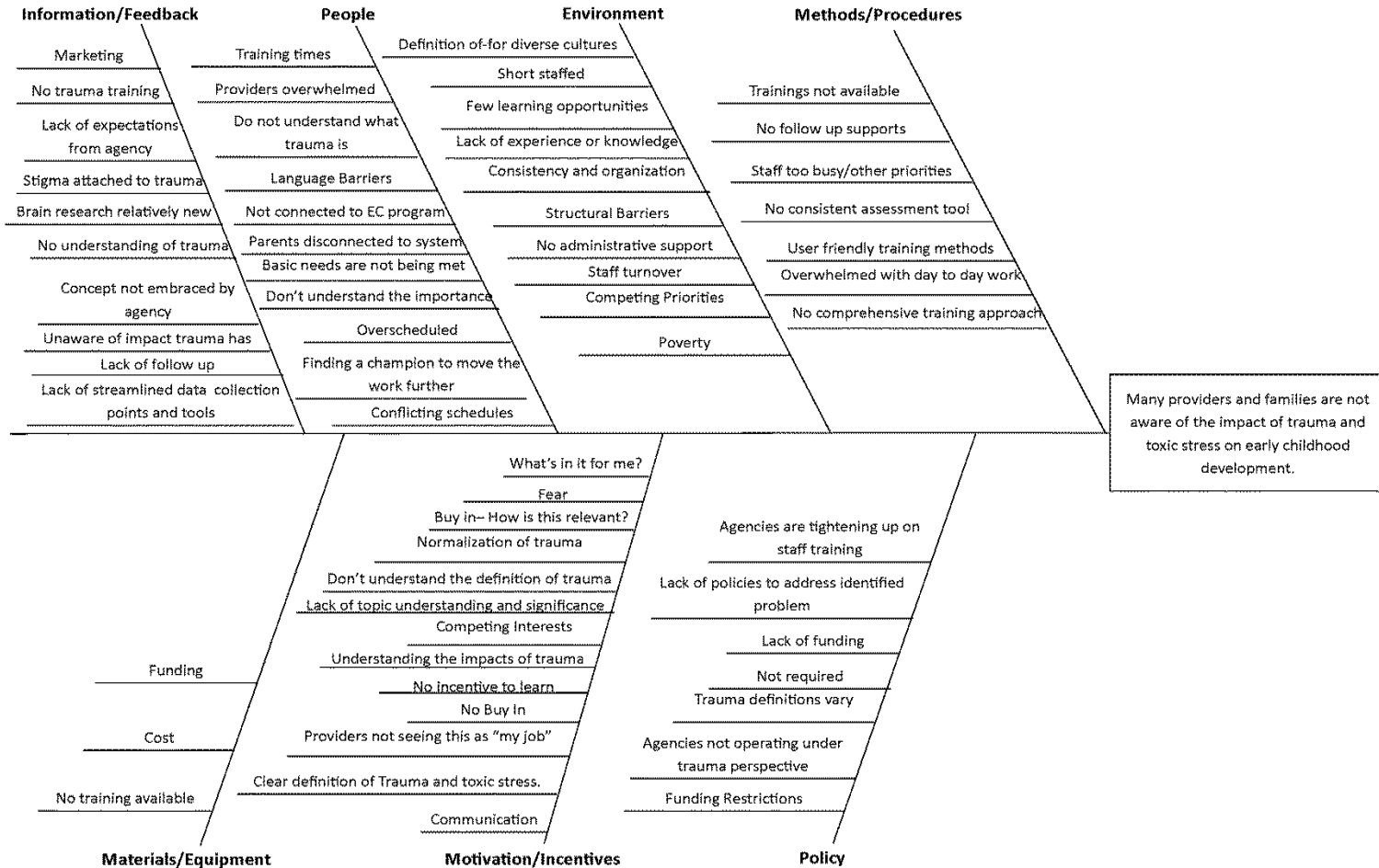
- To target additional populations (older youth, adults, specific populations and service providers)
- Continue developing a Trauma Informed Community Collaborative
- To provide ongoing community trainings
- Continue data gathering

## ◆ 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

## Develop Capacity

Enroll providers of Children's services into the Trauma Informed Community Collaborative

Grant writing for capacity building

Coordinate resources and prevent duplication through sharing and referral system

## Prioritize TIS

Develop Community Collaborative

Agencies will sponsor Trauma Informed Community Collaborative

Service Workers will attend trainings

Schools will attend trainings

## Share Information

Referral Directory will be developed and distributed

Trainings will be offered regularly

Data will be gathered and distributed

Information will be distributed and shared with Collaborations

# 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?

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# Integration of Mental Health within the Primary Care System: Developmental Screens & Mental Health Consultation

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Jennifer Stanuszek

Early Childhood Mental Health Consultant, SCCMHA


Julie Kozan

Great Start Collaborative Director-- Saginaw

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# What we will be covering

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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
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What we will be covering...

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Introduction to  
Project LAUNCH

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# 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...

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

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# 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....

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- ❑ 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...

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**Benefits of Integrated  
Mental (Social Emotional) &  
Physical Healthcare**

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# Benefits of Integrated Mental (SE) and Physical HealthCare

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- ❑ 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
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What we will be covering...

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Developmental Screening

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# Why Screen?

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## Without Screening:

- 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)
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# Why Screen?

## With Screening:

- 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

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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
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# 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 to 16 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...

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**Mental Health Consultation**

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# Mental Health Consultation

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- 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
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# Mental Health Assessments

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\*\*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...

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## Positive Outcomes

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# 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...

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## Lessons Learned

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# 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