TECHNICAL ASSISTANCE TOOL

FEBRUARY 2016

Considerations in System of Care Expansion: Expanding Early Childhood Systems of Care

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This document was prepared for the National Technical Assistance Network for Children's Behavioral Health under contract with the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Contract #HHSS280201500007C. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has provided grants to support the development of systems of care (SOCs) for children, youth and young adults with, or at risk for serious emotional disturbances (SEDs) and their families since 1993. Extensive data on positive outcomes for children and families, coupled with compelling evidence of a strong return on investment, has led to SAMHSA's current initiative to bring SOCs to scale (Stroul, Goldman, Pires, & Manteuffel, 2012; Stroul et al, 2014). Nowhere is there evidence of a stronger return on investment than in early childhood. Findings have documented that interventions early in the life cycle produce significantly higher economic returns than interventions later in life, and that the longer society waits to intervene in the life cycle of children, the more costly it is to remediate disadvantage (Heckman, 2008; Heckman, LaLonde, & Smith, 1999; Martin & Grubb, 2001). It has become clear that interventions in the first three years of a child's life have the biggest impact. Children who are involved in multiple systems, e.g., mental health and child welfare, are at particularly high risk. Consequently, early intervention for these children and their families represents a critical opportunity to prevent additional difficulties later in life. SAMHSA's SOC Expansion and Sustainability Cooperative Agreements offer funding and technical assistance (TA) to states, tribes, territories, and communities for widespread adoption of the SOC approach (SAMHSA, 2016). These grants can be used strategically to expand SOCs to meet the needs of young children and their families.

Evolution of Early Childhood SOCs

Efforts to develop SOCs through SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program (known as the Children's Mental Health Initiative – CMHI) have evolved over time. Initially, the focus was primarily on school-age and older children. The language of the authorizing legislation for this program does not preclude serving young children and their families. However, there were perceived barriers, such as the requirement of a diagnosis to be eligible for services when the early childhood field hadn't yet universally accepted the practice of diagnosing young children. Further, the individualized, Wraparound approach to service/care planning and delivery was not seen as applicable to young children and their families.

A shift in thinking occurred based on the work of the Children's UPstream Services (CUPS) Program in Vermont, which was the first federally funded early childhood SOC development effort launched in 1997.This work emphasized an "upstream", or preventive, approach and remained the only early childhood SOC for nearly 5 years. In 2002, Project BLOOM (Building Leveraged Opportunities and Opportunity Mechanisms) in Colorado was funded, followed by a number of additional six-year SOC development grants funded from 2005 through 2010 focusing on children ages 0-8 and their families.

Early Childhood System of Care Grants	
1997	■ VERMONT
2002	■ DENVER, CO
2005	■ ALLEGHENY COUNTY, PA ■ LOS ANGELES COUNTY, CA (1) ■ MULTNOMAH COUNTY, OR ■ RHOLDE ISLAND ■ SARASOTA, FL ■ SOUTHEASTERN CT
2008	■ ALAMANCE COUNTY, NC ■ DELAWARE ■ FORT WORTH, TX ■ KENTUCKY
2009	■ ALAMEDA COUNTY, CA ■ GUAM ■ BOSTON, MA
2010	■ TENNESSEE ■ LOS ANGELES COUNTY, CA (2)

These initiatives focused on different aspects of SOC implementation and included young children in the child welfare system (Los Angeles County); workforce development to serve a specific population (Guam); integrating behavioral health into primary care (Boston and Alamance County); and building new community partnerships to enhance the early childhood SOC (Allegheny County) (National TA Center for Children's Mental Health, 2011a).

The experiences of these sites, shared in an early childhood learning collaborative, led to significant changes to the CMHI to create a better fit for early childhood SOCs. One such change allows children who are at risk for a diagnosis of SED to be eligible for services, and another allows the use of a more appropriate diagnostic system for young children, the DC:0-3R. Both changes allow jurisdictions to identify and serve young children at risk rather than waiting until the child's problems become worse and require more significant interventions. The work of these grantees helped to identify the critical system changes necessary to serve the early childhood population and laid the groundwork for current efforts to expand early childhood SOCs (National TA Center for Children's Mental Health, 2011b).

Strategies for Expanding Early Childhood SOCs

Five core strategies have been identified as essential to making the systemic changes necessary for expanding the SOC approach: 1) Implementing policy and partnership changes, 2) Developing or expanding an array of services and supports based on SOC philosophy, 3) Creating or improving financing strategies, 4) Implementing workforce development and training strategies, and 5) Generating support among key stakeholders through strategic communications. Lessons learned from early childhood SOCs have demonstrated that each area requires a somewhat different approach when applied to early childhood (National Technical Assistance Center for Children's Mental Health (2011a; 2011b).

Policy and Partnerships

Partners in the early childhood world are different from partners that work with older children and their families. For example, Head Start, Early Intervention, child care, and primary health care systems are key partners to consider in expanding early childhood SOCs, as they are the natural settings in which young children and their families are served. Project BLOOM in Colorado worked with the Early Intervention/Part C system to embed early childhood social and emotional development into the system. Outcomes included the inclusion of social-emotional intervention as an approved early intervention service; requiring early childhood specialists throughout the state; integrating mental

health into early intervention system processes including referral processes; and using DC:0-3R diagnoses as established conditions. The primary role of other service settings adds complexity to the changes in policies and procedures that must be implemented across systems to implement and sustain early childhood SOCs.

Services and Support

The service array for early childhood SOCs differs from that in SOCs serving older youth and young adults. The array includes promotion and prevention, in addition to treatment services, and most of the services are infused into natural settings for young children and their families. For example, the evidence-informed practice, Early Childhood Mental Health Consultation, is provided to individuals who interact with young children, such as early care and education providers and primary care physicians. A range of additional evidence-based interventions for early childhood are also frequently provided in early childhood SOCs, such as Attachment Bio-Behavioral Catch-Up (ABC), Incredible Years, and Parent-Child Interaction Therapy (PCIT). Project ABC in Los Angeles implemented an array of infant-family services; the Wraparound approach was adapted to support families with young children in Sarasota; and Early Childhood Mental Health Consultation was implemented in Delaware to provide child-specific and classroom consultation, as well as Teacher-Child Interaction Training to early education and child care programs. The need for cultural and linguistic competence in services and support is also critical for early childhood SOCs, as culture plays a major role in child-rearing practices and behavioral expectations.

Critical Components of the Service Array in Early Childhood SOCs
■ Social-Emotional Screening
■ Developmentally Appropriate Diagnoses
■ Preventative Services (e.g. Parental Screening for High-Risk Mothers)
■ Home Visits
■ Early Childhood Mental Health Consultation
■ Evidence-based Early Childhood Interventions
■ Family Support Partners/Mentors
■ Respite Care
■ Crisis Intervention
■ Play Therapy
■ Dyadic Treatment
■ Parent Skill-Building Training and Coaching

Financing

Funding streams for early childhood services are different from those for older children, and, historically, it has been challenging to access some of the more mainstream funding sources used in SOCs. For example, Mental Health Block Grants have generally only been used to cover services for adults and older children, while services that are critical for young children — such as home visits, Early Childhood Mental Health Consultation and dyadic therapies — are often not covered by Medicaid or private insurance. In building early childhood SOCs, it is essential to work with Medicaid, private insurance and other partner agencies to include these types of services in their benefits. In addition, other potential funding sources should be considered, including Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Maternal, Infant and Early Childhood Home Visiting (MIECHV), Child Care and Development Fund (CCDF), Child Care Development Block Grants

(CCCDBG), and Temporary Assistance for Needy Families (TANF). These funds can be braided to create long-term, sustainable financing for early childhood SOCs.

SOC Expansion Grants provide strategic opportunities to explore and adapt existing federal, state and local financing streams to cover early childhood and to identify other funding sources that are useful for early childhood SOCs. "Making Dollars Follow Sense" (Johnson, Knitzer, & Kaufmann, 2002) provides detailed information about where to look for funding sources. A financing approach used by Colorado's Project BLOOM involved participating in creating a searchable database that can be used by state and local agencies to identify potential funding for early childhood services. In Sarasota, a crosswalk between the DC:0-3R and the ICD:9-CM was developed to facilitate billing when using the DC:0-3R assessment tool for young children. This strategy has increased Sarasota's ability to obtain Medicaid reimbursement, while providing a way for billing requirements to be met when using a more developmentally appropriate diagnostic system.

Workforce Development

The workforce for early childhood SOCs is broad and may include child care providers, teachers, primary care staff, mental health providers, child welfare workers and others. However, these providers may not be trained in social-emotional development and early identification of mental health problems, which has led to a significant shortage of mental health professionals with the training and skills to effectively serve infants and young children. SOC expansion efforts typically include strategies for developing a workforce that understands the unique needs of young children, as well as the SOC approach. One core component of Project ABC in Los Angeles was interdisciplinary professional development in infant-family and early childhood mental health, including providing direction to the state for training guidelines and competencies in this area. Southeastern Connecticut developed a logic model for workforce development and provided training in DC:0-3R, Positive Behavior Supports for Young Children, Wraparound, and the Ages and Stages Questionnaires as screening tools. Lastly, a learning collaborative in Alamance County was used to provide cross-agency workforce development opportunities, including an early childhood mental health training series.

Strategic Communications

One way to build support for SOC expansion with key constituencies is the use of communications or social marketing strategies. A critical audience for these communications includes high-level policy makers who make decisions about service delivery approaches and resource investment. Information and communication strategies are essential in making the case for early childhood SOCs to this audience, which differs from policy makers for older children or who may not understand the benefits of early intervention. The SOC in Colorado recognized that emotional and behavioral problems in early childhood were associated with later childhood, adolescent, and adult problems, and undertook studies on the "cost of failure" by not providing early childhood mental health services. These results provided information to policy makers, which demonstrated that the potential for savings was sufficiently significant to warrant further investment in expanding the SOC approach for young children (Gould, 2000; Heilbrunn, 2010). Digital storytelling is a communications technique used by Wraparound Oregon: Early Childhood in Multnomah County to provide information about Wraparound for education and training purposes to multiple audiences, including potential funders.

Aligning Family-Driven, Youth-Guided Care with Early Childhood

The system of care approach is based on a set of core values and principles that are now widely accepted (Stroul, Blau, & Friedman, 2010). Some of the hallmarks of this approach have required adaptation to be relevant and useful for early childhood SOCs. In particular, the core value of family-driven and youth-guided systems, which is a fundamental element of SOCs, has been tailored to address the unique characteristics and needs of young children and their families (National Technical Assistance Center for Children's Mental Health, 2011a).

Youth-Guided Care

Historically, early childhood SOCs have struggled with the concept of youth engagement and youth-guided care. Although this was a requirement of SAMHSA's SOC development grants, it was challenging to apply the concept to young children in a meaningful way — i.e., including an infant or toddler in a child and family Wraparound team meeting or hiring a youth coordinator. In 2009, SAMHSA revised its requirements to allow communities to channel funds for youth coordinators to either support family involvement or to support a youth coordinator with a redefined role, such as working closely with family partners or providing peer support and mentoring to youth and young adults with young children. Southeastern Connecticut used a young adult peer mentor to support teen parents with young children and to empower them to advocate for themselves and their children and to advocate at the system level to bring youth voice to decision making tables.

Family-Driven Care

A family-driven approach means that families have a primary decision-making role in the care of their own children, as well as at the system level in shaping the policies that govern children's behavioral health care in their communities, states, tribes, territories and nation (Federation of Families for Children's Mental Health). Engaging, involving, and supporting parents of young children in both services and systems poses some particular challenges in early childhood SOCs. These challenges include the demands and unpredictable schedules of caring for young children; the lack of a central place to identify families (such as public schools); the fact that families are typically new to services and systems; and the distress and stigma felt by the parents related to a diagnosis or label for their child so early in life. Further, family organizations often have not had experience working with the parents of young children. Early childhood SOCs must develop different strategies for engaging families and supporting their involvement in services and in systems. Providing family peer support services or mentoring and creating partnerships with family organizations focusing on early childhood have been effective strategies for early childhood SOCs. Alameda and Alamance Counties integrated family partners into early childhood mental health programs. Allegheny County created a new local family organization, and Kentucky expanded the scope of an existing family organization to include families with young children.

Current Efforts

Currently, there are three SOC expansion grantees working on expanding early childhood SOCs:

- *The Massachusetts Multi-City Young Children's Mental Health SOC Project*, funded in 2015, brings together the state's three largest cities (Boston, Worcester and Springfield) to expand the SOC serving children up to age 6 and their families. Strategies include providing services through a clinician/family partner team at each site, training and social marketing. In each city, partnerships are being established with the public health department, early childhood care providers, primary care providers and a local parent engagement network connected to the public schools. State partners are involved to use this experience to guide statewide expansion.
- ***B**uilding **R**esiliency from **I**nfancy through **D**evelopment, **G**rowth & **E**mpowerment (BRIDGE)* in southern Maryland, funded in 2015, seeks to strengthen the early childhood SOC in three counties by developing, financing, testing and taking to scale a tiered, evidence-based service array for young children ages 0-5 with behavioral health challenges. It is testing a model that connects early childhood infrastructure, financing and services with the state's new Care Coordination Organization (CCO) model. Services will align with the medical necessity criteria for the CCOs, supporting integration with the larger SOC efforts in the state, and will include intensive care coordination and evidence-based practices such as Early Childhood Mental Health Consultation, Circle of Security-Parenting (COS-P), and Attachment and Bio-behavioral Catch-up (ABC).

- *The Early Childhood SOC Expansion Project* in Mississippi was funded in 2014 to build a comprehensive statewide SOC for children ages 0-5 and their families. Services and supports, outlined in a 2013 strategic plan, are being piloted in Jackson, with the goal of improving the social and emotional functioning of children in the city's child development centers and Head Start programs. Based on statewide input from families, the initiative is developing local partnerships and delivering evidence-based practices. At the state level, strategies are being implemented for workforce development, infrastructure building and evidence-based practice implementation statewide.

There is extensive TA available to support early childhood SOC expansion, in the form of documents, resources, and tools; a learning community; individualized consultation; and on-site TA. Peer consultation from states and communities with experience and expertise to guide states and communities that are beginning expansion work for this population is also available.

The need for SOCs for young children and their families is evident. SOC Expansion and Sustainability Cooperative Agreements provide a strategic opportunity to build infrastructure and services specifically designed to meet the needs of this population. These early childhood SOCs incorporate new agencies, partners, funding mechanisms and interventions, while adhering to the deep-rooted SOC philosophy of the past 30 years.

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The National Technical Assistance Network for Children's Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.

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This resource was produced by the Georgetown University Center for Child and Human Development (GUCCHD) in its role as a core partner in the TA Network. The Center was established to improve the quality of life of children and youth, especially those with, or at risk for, special needs and their families by directly serving vulnerable children and their families and by influencing local, state, national and international policy. The Early Childhood Team at GUCCHD is involved in a wide array of activities to support young children's healthy development.