

BLUE RIBBON POLICY COUNCIL FOR EARLY
CHILDHOOD MENTAL HEALTH



COLORADO'S STRATEGIC PLAN FOR EARLY CHILDHOOD MENTAL HEALTH

“SUPPORTING CHILDREN TO BE HAPPY, HEALTHY
AND HAVE GOOD RELATIONSHIPS WITH OTHERS”

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THIS REPRESENTS THOSE ORGANIZATIONS THAT PARTICIPATED IN DEVELOPING THE PLAN AT THE STATE LEVEL. NUMEROUS OTHER ORGANIZATIONS AND PEOPLE PARTICIPATED IN COMMUNITY FOCUS GROUPS ACROSS THE STATE.

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PROJECT BLOOM

COLORADO'S VISION

All children will reach their full social and emotional potential.

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READER'S GUIDE TO THE STRATEGIC PLAN

Within this document, the reader will find text highlighted in ***bold italics***; these are words or phrases that are defined in the Glossary of Terms found at the end of the Strategic Plan.

This Plan begins with background information to help the user understand the context and history of the plan development. The Plan then details the goals, strategies and outcomes to support the mental health of young children and their families in Colorado. Each goal has been assigned a color to help the user of the Plan follow each goal throughout the document.

Goal 1: Public Engagement (blue)

Goal 2: Professional and Workforce Development (brown)

Goal 3: Funding and Finance (green)

Goal 4: Program Availability (purple)

Goal 5: System of Care (red)

EXECUTIVE SUMMARY

Children begin to develop social and emotional competencies early in life. ***Social and emotional development*** in early childhood includes the ability to regulate emotions, take initiative and form healthy relationships. A Colorado mother defined it as “*happy, healthy children who have good relationships with others.*”

Of Colorado’s 350,000 children under the age of 6, approximately 31,500 are estimated to have ***serious emotional disturbances*** based on the Division of Behavioral Health’s Prevalence Estimates for Colorado study¹. According to the Division of Behavioral Health, approximately 4,000 of these children receive services through Colorado’s public mental health system. Many other children may have difficulties in the social and emotional realm that do not reach the level of “serious” but interfere with the child’s ability to grow and develop, ultimately affecting the child’s ability to be ready for school and life. Many children spend long hours in childcare settings with providers who are not equipped to deal with challenging behaviors. Unlike the public school system, which typically has supports and mental health professionals available, the childcare provider is isolated. Children with behavioral difficulties are being expelled from childcare at rates higher than the K-12 public school system.

The best-practices approach to addressing ***early childhood mental health*** is based on the developmental needs of children and their families and not limited to traditional therapy in an office. Much of the work occurs in natural settings such as childcare programs and the home. In addition, the focus of interventions is most often relationships, rather than the individual child because children develop in the context of relationships.

Colorado has been working on early childhood mental health programs and initiatives for over ten years and is home to some of the nation’s leading experts in early childhood mental health. However, a statewide strategy has been lacking until now. The Blue Ribbon Policy Council for Early Childhood Mental Health (referred to in this document as the BRPC) was formed in 2004 by four Colorado early childhood mental health initiatives: Harambe, Kid Connects, Project BLOOM (Building and Leveraging Opportunities and Ongoing Mechanism for children’s mental health) and Colorado’s Division of Behavioral Health. The BRPC developed a strategic plan for fully embracing early childhood mental health across the state. The strategic planning process began in early 2007 when a general consensus was reached that called for better integration, definition, and coordination of Colorado’s early childhood mental health systems, services and supports. Colorado’s BRPC then began an intentional strategic planning process with input from five focus groups from across the state. Key elements that drove the formal strategic planning process were:

- Enhanced recognition of the importance of preventing mental health problems at an early age
- Increased information on the status of Colorado’s young children’s ***social, emotional and behavioral health***

¹ Western Interstate Commission for Higher Education. 2006 Behavioral Health Prevalence Estimates for Colorado. Colorado Department of Human services, January 2008.

- Changes in the way professionals who work with young children view their role and potential to support children’s social, emotional and behavioral health
- Recognition that traditional mental health services do not adequately meet the needs of young children and their families
- Statewide work to develop a comprehensive system for early childhood that includes mental health as an essential domain

The approach taken by the BRPC embraces *system of care* values and principles. Colorado also fully supports a *public health framework* of services and supports including promotion, prevention and intervention. The concepts of *family* partnership, *cultural competence*, *best practice* and *holistic approach* are woven throughout the strategies contained in the Plan.

Throughout this document both the terms early childhood mental health and social and emotional development are used. The BRPC believes there is a difference in meaning in that social and emotional development is the process that leads to mental health.

INTENDED USE OF THE STRATEGIC PLAN

*T*his Strategic Plan for the mental health of Colorado’s young children and their families is intended to be a document that frames how Colorado’s public and private agencies, charitable foundations, professional development system, training opportunities, and early childhood infrastructure can best support and enhance the lives of Colorado’s youngest citizens and their families through a comprehensive early childhood mental health system.

Although in essence the Strategic Plan was developed to be timeless, the Plan is not static. The BRPC intends this Plan to provide the long range goals, as well as the “scaffolding” for how Colorado supports young children’s social, emotional and behavioral health with the recommendation that an operating plan for the Strategic Plan be developed and updated annually.

The operating plan, or action plan, could include an agenda that details the actions to be taken in order to accomplish the goals and objectives laid out in this Strategic Plan. Recommendations could be developed annually as part of the action planning process. A worksheet template for ongoing review of the goals in this Plan is included as Addendum H in this document to help develop dynamic recommendations.

The Strategic Plan identifies numerous longer-term strategies for what Colorado’s policymakers and citizens can do to build a sustainable early childhood mental health system of care. The Recommendations addendum (Addendum G) of this Plan identifies the key recommended actions and strategies that are based on current conditions, practices, priorities and opportunities at the time of the initial Plan development.

The following goals reflect the areas that have been identified as priorities for ensuring a sustainable, integrated, and quality early childhood mental health system. Each goal has been assigned a color to help the user of the Plan follow each goal throughout the document.

Colorado's Goals for early childhood mental health:

1: Public Engagement.

Goal: The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children.

2: Professional and Workforce Development.

Goal: All personnel in disciplines working with young children and their families use effective promotion, prevention, and intervention strategies for mental health.

3: Funding and Finance.

Goal: Financial and human investments and policies regarding children's mental health follow a framework for promotion, prevention, and intervention; are embedded within Colorado's early childhood system; and demonstrate accountability.

4: Program Availability.

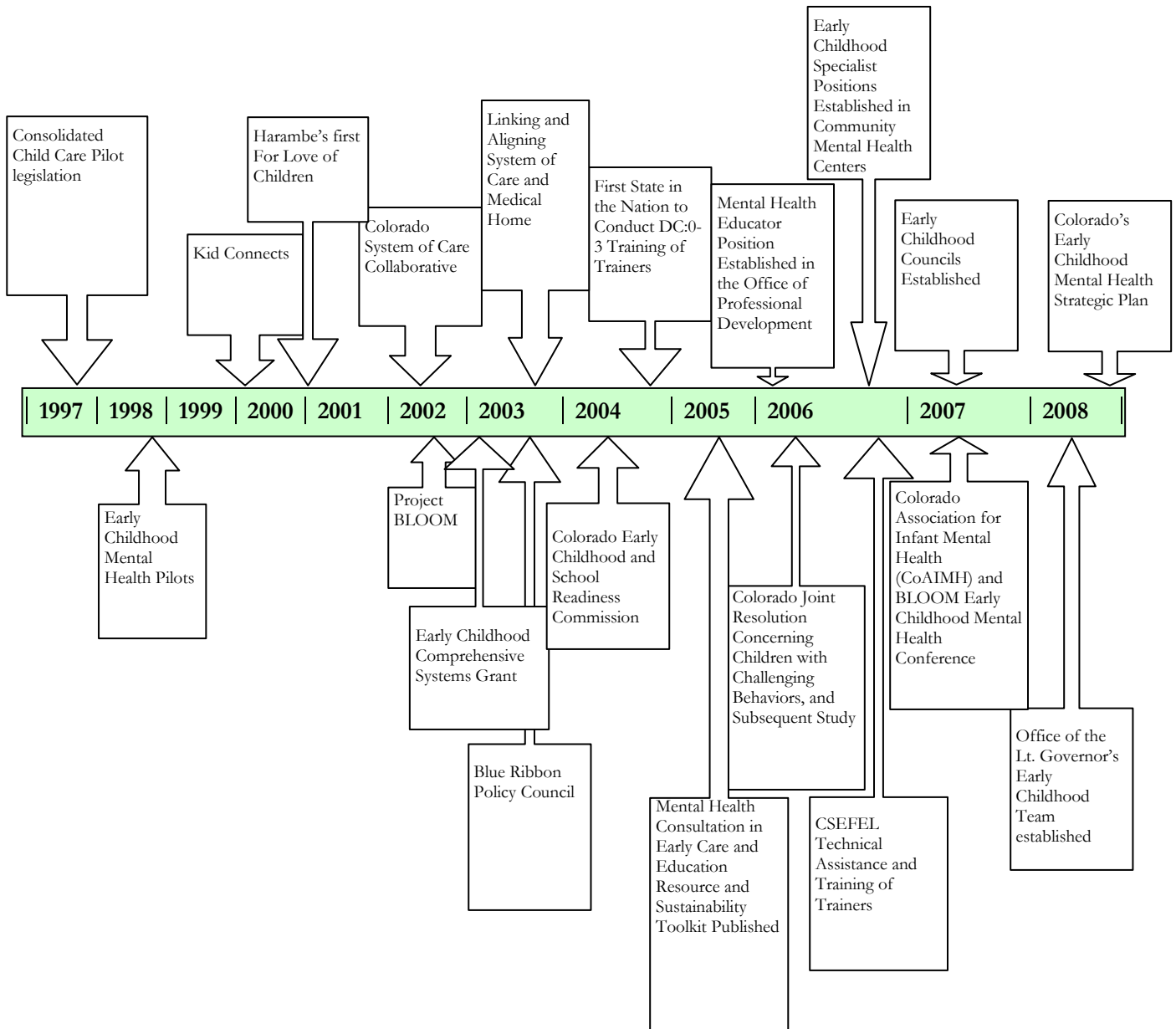
Goal: Colorado families and caregivers are able to easily obtain appropriate and affordable mental health resources and supports for their children and themselves at the promotion, prevention and intervention levels.

5: System of Care.

Goal: A comprehensive and effective system of care exists that supports early childhood mental health.

**TIMELINE OF EARLY CHILDHOOD MENTAL HEALTH SYSTEMS BUILDING WORK
IN COLORADO**

The following diagram illustrates many of the major steps in building an early childhood system of care that embraces early childhood mental health. These events are detailed in the history and context section.



SELECTED MAJOR EARLY CHILDHOOD MENTAL HEALTH STUDIES RELEVANT TO COLORADO

The following table highlights selected major studies relevant to Colorado regarding young children and their mental health. These studies are described in more detail in the Snapshot of Colorado’s Young Children section of this report.

Table 1. Selected Studies Relevant to Colorado

Name of Study	Organization Completing	Major Points
<i>(2008) Kids Count in Colorado²</i>	Colorado Children’s Campaign	350,948 children under age 5 in 2006 in Colorado Poverty increased by 73%
<i>(2006) Behavioral Health Prevalence Estimates for Colorado³</i>	Western Interstate Commission for Higher Education for the Division of Behavioral Health, Colorado Department of Human Services	8.7 per cent of children 0-5 estimated to have Serious Emotional Disturbance
<i>(2007) Colorado Child Health Survey⁴</i>	Colorado Department of Public Health and Environment	Of the 27 % of parents with children under 6 reporting concerns about social /emotional issues, 64% have never accessed help
<i>(2005) Prekindergarteners left behind: Expulsion rates in state prekindergarten systems⁵</i>	Yale University Child Study Center	5.17 children per 1000 expelled from public pre school in Colorado
<i>(2006) Children with challenging behavior: A survey of licensed early care and education settings in Colorado⁶</i>	JFK Partners, University of Colorado Denver	10 per 1000 expelled from center-based and family home childcare settings

² Colorado Children’s Campaign. 2008 Kidscount in Colorado. Colorado Children’s Campaign, June 2008.

³ Western Interstate Commission for Higher Education. 2006 Behavioral Health Prevalence Estimates for Colorado. Colorado Department of Human Services, January 2008.

⁴ Colorado Department of Public Health and Environment, Health Statistics Section. 2007 Data.

⁵ Gilliam, Walter S., Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems. Yale University Child Study Center, May 2005.

⁶ Hoover SD. Children with Social, Emotional and Behavioral Concerns and the Providers who Support Them: A survey of licensed early care and education settings in Colorado. Report presented to: the Colorado Department of Human Services, Division of Child Care. July 2006.

COLORADO'S EARLY CHILDHOOD MENTAL HEALTH STRATEGIC PLAN HISTORY AND CONTEXT

WHAT IS EARLY CHILDHOOD MENTAL HEALTH?

ZERO TO THREE, a non-partisan research-based nonprofit organization, describes early childhood mental health as “the capacity of the child from birth to five to experience, regulate and express emotions, form close and secure interpersonal relationships and explore the environment and learn.” Zero to Three also defines infant mental health as a growing field of research and practice devoted to the:

- Promotion of healthy social and emotional development
- Prevention of mental health problems and
- Treatment of the mental health problems of very young children in the context of their family

The terms early childhood mental health and social and emotional development are used to describe similar concepts. While either phrase can be used to describe these concepts, the BRPC saw a slight difference in connotation. “Early childhood mental health” is seen as a state of being that includes emotional regulation, relationships with others and engagement with the environment. “Social and emotional development” is viewed as process by which a young child learns to relate to others, regulate his or her emotions, and explore the environment. The BRPC did a survey to determine which words were preferred in the field. They found people used both terms and generally used “mental health” when describing children with difficulties. Others felt strongly that although people tend to think of “mental illness” rather than “mental health”, it is important to use the term “mental health” to decrease stigma. Both terms will be used throughout this document.

THE IMPORTANCE OF SOCIAL AND EMOTIONAL HEALTH AT THE NATIONAL AND STATE LEVELS

In 1982, Jane Knitzer’s influential report, *Unclaimed Children: the Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*,⁷ called attention to the serious problems of the mental health system for children and their families. The study became a turning point in the mental health field and led to a series of reforms. Twenty-five years later, the National Center for Children in Poverty (NCP) published *Unclaimed Children Revisited*⁸ to re-examine the status of policies that impact the mental health of children and their families. According to NCP’s findings, young children historically have not developed the emotional skills needed to succeed in school and in later life. The NCP has recommended that early childhood mental health strategies focus on emotional and behavioral well-being of young children, support parents, expand the capacity of early childhood care and education providers, and ensure that children with the highest and most serious needs receive intervention services. Earlier studies have identified the limited success on a policy level for implementing systems change that will improve the system of care (Knitzer, 2001), though results in

⁷ Knitzer, J. *Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services*. Washington, D.C.: Children’s Defense Fund, 1982.

⁸ Cooper, J.L. *Unclaimed Children Revisited. Towards Better Behavioral Health for Children, Youth and their Families: Financing that Supports Knowledge*. National Center for Children in Poverty, Columbia University, 2008.

Unclaimed Children Revisited indicate a marked increase in the number of state administrative offices and staff for children’s mental health, and the passage of pertinent legislation in several states. Many states have embraced principles of an ideal system of care which originated in the Substance Abuse and Mental Health Services Administration (SAMHSA) Comprehensive Community Mental Health Service System Program (CMHS), which was built on earlier successes of the Child and Adolescent Services System Program (CASSP).

In recent years, research on young children’s early brain development has underscored its importance for later development. Identification of, and an effective response to, the first signs of social and emotional difficulties and symptoms of serious emotional or behavioral difficulties are essential to enable early intervention.

Some children experience mental health problems even at a young age. We know that infants can experience depression at 4 months of age and that maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10% of mothers with young children.⁹ Project BLOOM data show that of the children eligible for BLOOM who presented with significant emotional difficulties, 81% of their caregivers reported a family history of depression, 66% reported a family history of mental illness and 65% reported a family history of substance abuse.¹⁰

When children demonstrate persistent social, emotional and/or behavioral difficulties, as expressed through a pattern of persistent behavior that interferes with learning and social relationships, they need to be identified early and offered early intervention services in familiar environments such as their homes or child care programs.

Early intervention is most accessible for children and families when it is integrated into settings and situations where children and families typically spend time. Intervening prior to children showing severe behavioral or social and emotional challenges may minimize the overall level and scope of intervention required. The unique characteristic of early intervention in the continuum of possible mental health interventions is that it occurs early in the developmental pathway to serious emotional disturbance. Prevention and intervention requires availability of resources to act quickly, proactively and effectively.

Research has indicated that children’s emotional, social and behavioral health in early childhood is a significant issue to be concerned about, that there are costs of failing to address challenging behaviors, and that positive outcomes can be expected from early intervention services that address challenging behaviors within a system of care approach for all children and their families.¹¹

Brain research conducted over the past decade indicates that experiences before age three impact functioning to a significant extent in preschool through adolescence. Children who struggle with severe behavioral and emotional problems between birth and age 6 have a 50% chance of continuing to struggle into adolescence and adulthood. Yet child care programs are expelling increasing numbers of “problem children.” These children can continue to be retained in early childhood

⁹ ZERO TO THREE: National Center for Infants, Toddlers and Families. [Infant and Early Childhood Mental Health: Promoting Healthy Social and Emotional Development](#). Zero to Three Policy Center, 2004.

¹⁰Colorado Department of Human Services. [Evaluation of Project BLOOM](#). Funded by Substance Abuse and Mental Health Services Administration, Center For Mental health Services. Comprehensive Community Mental Health Services Programs for Children and Families, 2008.

¹¹Center for the Social and Emotional Foundations of Early Learning. [Facts About Young Children with Challenging Behaviors](#). Center for Evidence-Based Practice, www.challengingbehavior.org, 2008.

programs through on-site mental health consultations, and staff training on behavioral management.¹²

Despite improvements in state systems and pockets of successful local initiatives supporting young children's social, emotional and behavioral health, preventative practices to support children's social and emotional health continue to be difficult to fund through traditional early childhood and health care funding streams, and very young children with serious and challenging behaviors face an uphill battle to receive the care and services that they need. Traditionally, systems for young children are fragmented, and many children with mental health care needs have been either served inappropriately or not served at all.

HISTORY OF EARLY CHILDHOOD MENTAL HEALTH IN COLORADO

Colorado has long been identified as a leader in the early childhood field, with much of the state work largely focused on early care and education. From 1997 to 2006, *Consolidated Child Care Pilots* existed in Colorado and had many accomplishments in the early care and education arena. The pilots became known as *Early Childhood Councils* in 2006 and recent legislative expansion (HB06-1062) has created new councils. Currently, 31 Early Childhood Councils are active in 56 of Colorado's 64 counties. Additionally, Colorado is a recipient of a State Early Childhood Comprehensive Systems grant (Maternal Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services) into which there has been deliberate integration of mental health. Colorado's Lieutenant Governor Barbara O' Brien has appointed an Early Childhood Council Advisory Team connected to this legislation, and early childhood mental health is strongly represented on this team.

Localized pioneering efforts that address young children's mental health concerns have also existed for many years in Colorado. The mental health needs of young children did not emerge as a statewide issue until approximately 2000. In the next few years, Colorado received several significant awards related to early childhood mental health: *The Policy Academy on Developing Systems of Care for Children with Mental Health Needs and Their Families* facilitated by Georgetown University Child Development Center in 2001, a state innovation grant from Assistant Secretary of Planning and Evaluation of the U.S. Department of Health and Human Services (2001) and Project BLOOM (2002), a Substance Abuse and Mental Health Services Administration (SAMHSA) grant focused on children birth through five. In addition, Harambe Colorado, a grassroots effort supporting early childhood mental health received local foundation funding to convene the first statewide meeting on early childhood mental health, "For Love of Children" in 2001, to which over a hundred people from across the state showed up in the middle of snow storm on Valentine's Day. This initiative was constructed while BLOOM was also in its initial phase, thus the growth of both projects built on one another. All of these projects and initiatives have played a vital role in creating the system of care for young children in Colorado.

In 2002, Colorado's Department of Human Services received funding through the *Comprehensive Community Mental Health Services for Children and Their Families Program* from the Substance Abuse and Mental Health Services Administration to implement a system of care for early childhood mental health. Colorado's Project BLOOM was the first project site in the nation to have an articulated

¹² Cohen and Kaufmann. *Early Childhood Mental Health Consultation*. Washington DC. Center for Mental Health Services, U.S. Department of Health and Human Services. 2000.

population of very young children age birth through 5. Project BLOOM, working in community sites in Aurora, Grand Junction, Colorado Springs and Canon City, identified 7 focus areas that challenged Colorado to build a comprehensive system of care to support the mental health of its youngest citizens. These focus areas were:

1. Reduce expulsions from early care and education programs due to challenging behaviors
2. Address limited behavioral and mental health training and capacity for early care and education providers
3. Expand the resources for behavioral and mental health care of young children
4. Address fragmented systems
5. Increase public awareness and knowledge related to the behavioral and mental health care of young children
6. Increase appropriate identification of young children with serious emotional difficulties
7. Ensure culturally competent and family-focused services

From 1997 to 2002, the state of Colorado funded a mental health Early Intervention pilot program as a means to prevent young children in childcare settings from developing severe emotional and behavioral problems. The pilot sites were two Denver metro area mental health centers: the Pearl Project at the Mental Health Center of Denver and the Child Development Program at the Mental Health Center of Boulder County. In 2002 when state funding ended, this early intervention project (now named Kid Connects) received federal dollars and subsequent private foundation funding. This consultation model includes health and has been tested in family homes. This program is currently in two sites, Boulder and Weld County.

The Kid Connects sites completed extensive evaluation, resulting in tremendous improvements in early intervention programs. Program results demonstrated improvements in classroom quality, staff-child interaction scores, teacher satisfaction and reduction in emotional disturbances¹³. In addition, two other studies were completed in 2000 by the Center for Human Investment Policy that demonstrated the need and cost effectiveness for such programs.^{14 15}

Based on these studies and the positive evaluation results from the pilot program, in 2002 the Colorado Department of Human Services advanced a budget request for \$1.1 million to place an early childhood specialist in each of the 17 mental health centers as well as supportive psychiatric services. Though initially the funds for these services were rescinded, in 2005 the early childhood specialist budget request was approved. Over \$279,900 was made available for a partial year in FY 06 and \$1.1 million was allocated to the Colorado Department of Human Services for the Early Childhood Specialist Program for fiscal year 2007.

In January, 2006 Colorado's state legislature passed a Resolution (Colorado Senate Joint Resolution 06-015 Concerning Young Children with Challenging Behaviors) that recognized several significant points, and authorized a study on the issue of challenging behavior in children less than six years of age.

¹³ Center for Human Investment Policy. Early Childhood Intervention Pilot Program Colorado 2000-2001 Report to the Legislature, 2002.

¹⁴ Mental Health Early Intervention Program for Young Children. *Cost of Failure Study*, 2000

¹⁵ Colorado Department of Human Services. Summary of Findings from the Colorado Survey of Incidence of Mental Health Problems among Young Children in Early Childhood Programs, Colorado Department of Human Services, 2000.

This study was conducted by the University of Colorado Denver¹⁶ with results presented to Colorado's Early Childhood and School Readiness Commission in June, 2006. Findings from the study support the premise that young children are being significantly impacted by unaddressed or inappropriately addressed, social, emotional and behavioral concerns.

In 2006, faculty at JFK Partners at the University of Colorado Denver published a Toolkit to support Mental Health Consultation in Early Care and Education. Though Colorado's work on mental health consultation had been progressing for many years, there had not been a comprehensive set of resources and strategies compiled to support funding, professional development and capacity-building for mental health consultation to child care. The Toolkit brought together information gathered from the experiences of Colorado's consultation initiatives, as well as new information to build and sustain the consultation workforce. The Toolkit has been a valuable resource to build capacity and increase access to consultants of early childhood mental health.

Also in 2006, Colorado became a recipient of technical assistance from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), a national resource center, funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country, to train providers and implement the ***Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children***. Colorado has since developed a Pyramid Model Partnership that supports demonstration sites and coaches in early care and education environments.

The Colorado Office of Professional Development began operation in the spring of 2006. It is the statewide entity responsible for improving the quality of services, supports and education for young children and their families by enhancing the knowledge, skills and professional advancement of early childhood professionals. The Office does this by using an integrated and comprehensive system of professional and workforce development. The office has an early childhood mental health educator position, which involves helping to build and support a professional development system that promotes the social and emotional health of young children as well comprehensive systems of personnel development for Early Intervention Colorado (Colorado's implementation of the Individuals with Disabilities Education Act - Part C).

These early childhood efforts served as a foundation for several other related initiatives that are in place today. For example, Project BLOOM helped form a system of care collaborative which brings together initiatives across the state dedicated to comprehensive system reform based on a set of principles that emphasize family partnerships, community based and individualized services. Colorado was invited to participate in national work, titled the Linking and Aligning initiative, bringing together ***Medical Home*** initiatives with system of care projects. Colorado's work has included a flow chart for pediatricians on how to make referrals following developmental screening and a series of forums on ***care coordination***.

Professional development for providers working in the early childhood field has been enhanced by yearly training on the Diagnostic Classification of Mental Health And Development Disorders Of Infancy and Early Childhood: DC:0-3R and the Pyramid Model. Additional work is underway to embed early childhood mental health competencies into higher education coursework.

¹⁶ Hoover SD. Children with Social, Emotional and Behavioral Concerns and the Providers who Support Them: A survey of licensed early care and education settings in Colorado. Report presented to: the Colorado Department of Human Services, Division of Child Care; July, 2006.

A SNAPSHOT OF COLORADO'S YOUNG CHILDREN

Colorado's population of children under the age of 6 was approximately 350,000 in 2006, a 6% increase from 2000. Incredibly, in those same years, the number of children in Colorado living in poverty increased by 73%, the highest increase of any state in the nation.¹⁷ Children living in poverty are at a higher risk of developmental delays, suspension or expulsion from school, and of being victims of abuse or neglect, all of which can lead to social, emotional and behavioral difficulties. Prevalence rates of mental health problems in young children have not yet been authoritatively established. However, studies completed to date estimate the prevalence rate roughly between 10-20% if the broadest definition of mental health difficulty is applied.

Colorado's Division of Behavioral Health 2008 Behavioral Health Prevalence Estimates for Colorado estimated that approximately 8.76% of children ages 0-5 have an identifiable, serious emotional disturbance (SED)¹⁸. Using this prevalence estimate, the number of children in Colorado with the most serious mental health issues could be just under 31,500 children. In addition, many children and their families are unable to or choose not to access mental health services. Therefore, while the exact number is not known, it is highly likely that more children have a serious social or emotional difficulty and could benefit from services than are currently identified in mental health service systems.

In Colorado's Child Health Survey,¹⁹ 28% of parents reported concerns about difficulties with their child's emotions, concentration, behavior or getting along with others. However, of these parents, 64% had never accessed counseling or supports to address the difficulties with their child. In 2006, there were approximately 98,500 total licensed child care slots for children from birth to age six in Colorado, enough to serve 25.9 percent of that population. Childcare (which we will also refer to as early care and education in this document) is an environment in which many children spend time during their early years and therefore should not be overlooked as an important setting in which children's social and emotional health can be supported.

Although many parents need out-of-home care to stay in the workforce, there are children being asked to leave early care and education settings because of challenging behavior, and often parents are unable to find care for their children. Nationally, the rate of expulsion from publicly funded preschool programs has been found to be 6.7 per 1000, and in Colorado the rate was found to be 5.17 per 1000.²⁰ In the 2006 survey of licensed early care and education providers in Colorado, 1075 providers of family and center-based early care and education programs responded to questions about the types of behaviors that children demonstrate in their programs that were considered "challenging," as well as the changes in severity of behaviors and percentage of children with difficult behaviors. Of the children under age 6 who were described in the responses to the survey, 11% of them were reported as having challenging behaviors, and 456 children were removed from care during a 12 month period due to behavior. This indicates that 10 out of every 1000 children are being removed from centers and child care homes every year due to behavioral challenges that

¹⁷ Colorado Children's Campaign. 2008 Kidscount in Colorado. Colorado Children's Campaign, June 2008.

¹⁸ Western Interstate Commission for Higher Education. 2006 Behavioral Health Prevalence Estimates for Colorado. Colorado Department of Human Services, January 2008.

¹⁹ Colorado Department of Public Health and Environment, Health Statistics Section. 2007 Data.

²⁰ Gilliam, Walter S., Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems. Yale University Child Study Center, May 2005.

perhaps could be prevented.²¹ When compared to the Colorado kindergarten through 12th grade expulsion rate of 2.6 children per 1000, the early care and education removal rate is more than three times higher. The K-12 school system has counselors and special education staff available, but the early care and education setting often has inadequately trained staff without support to work with children with challenging behaviors and/or mental health issues.

Providers in the 2006 Colorado study were asked to identify the types of behaviors they have seen in children in their care. While the questions were asked about “challenging behaviors,” they also reflected social and emotional issues such as depression, concentration, and uneasiness in a group setting. Over half of the respondents identified that challenging behaviors are not improving in number or severity, and over 20% said they are getting worse.

²¹ Hoover SD. Children with Social, Emotional and Behavioral Concerns and the Providers who Support Them: A survey of licensed early care and education settings in Colorado. Report presented to: the Colorado Department of Human Services, Division of Child Care; July, 2006.

HISTORY OF COLORADO'S BLUE RIBBON POLICY COUNCIL FOR EARLY CHILDHOOD MENTAL HEALTH

The BRPC was convened in 2003 by three major early childhood initiatives and the Division of Behavioral Health (formerly the Division of Mental Health Services) to focus on comprehensive system building. The convening initiatives were Project BLOOM, Harambe and Kid Connects.

The initial purpose of the BRPC was to develop and implement policies to support the social/emotional well being of young children and their families, as well as ensure that the principles of the system of care for young children guided the work.

The BRPC membership was comprised of federal, state and local government representatives, families, legislators, media, member organizations, provider organizations, education and advocacy groups and university and higher education associations.

Kid Connects is a mental health consultation model project that integrates health and mental health services in childcare settings. This project has existed since 1997 and is currently in two Colorado communities and in the process of developing tools for replication.

As a group of early childhood mental health champions, the BRPC brought issues to the Early Childhood and School Readiness Commission, a bi-partisan committee set up in 2005 to study, review and evaluate school readiness and early childhood care and education and make plans for creating a

comprehensive early childhood system. The BRPC also developed a policy toolkit to help communities use existing legislation for the benefit of young children. The BRPC also worked on information for mental health and health integration and took a strong lead on promoting this integration.

Project BLOOM was funded through a system of care award from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Services were delivered in four Colorado communities; the counties of El Paso, Fremont and Mesa and the city of Aurora. The effort built local systems of care in the four communities and linked many state initiatives.

Harambe, the Swahili word for thoughtful and purposeful gathering, was a group that met over a ten year period to address early childhood mental health. Harambe convened several significant statewide meetings on the issue, and helped to create connections and relationships that have been essential to the ongoing work.

STRATEGIC PLANNING PROCESS

In the spring of 2007, the BRPC decided to undertake a strategic planning process, beginning with the development of a vision for early childhood mental health in the state of Colorado: *All Colorado children will reach their full social and emotional potential.*

This vision statement was taken to four focus groups around the state to solicit feedback as well as garner ideas about how to achieve this vision. Focus groups were held in Denver (April 30, 2007), Grand Junction (May 30, 2007), Greeley (June 4, 2007), and Alamosa (June 22, 2007). A series of four questions was asked at each focus group (see Addendum A). The focus group reflections were

analyzed for themes and subsequently four overarching principles and five goals were developed, with the principles embedded into each goal. The four principles are:

1. Families will be respected and valued partners.
2. Services will value, reflect and integrate cultural uniqueness of families and communities.
3. Everyone looks at families and children holistically.
4. Research and evidence based-evolving research and evidence-based practice guide and inform programs, services, policies and public awareness.

The five goals are summarized, and then described in greater detail, in the following sections of this document.

In January 2008, the BRPC held a planning retreat that was attended by more than 50 people to develop recommendations for each of the goals.

SUMMARY OF GOALS AND OUTCOMES

Goal 1: Public Engagement.

Goal: The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children

Outcomes:

- Understanding of what early childhood mental health is and its importance guides mental health funding policy and program decisions.
- Colorado state policies reflect the goals and principles of this Early Childhood Mental Health Strategic Plan.
- Early childhood mental health data and resources are available to people who serve young children as well as to the general public.

Goal 2: Professional and Workforce Development.

Goal: All personnel in disciplines working with young children and their families use effective promotion, prevention, and intervention strategies for mental health

Outcomes:

- System of care values and principles (Addendum B), cultural issues related to resiliency and risk, and the value of the individuality of families of all cultures are accepted as core criteria in professional development coursework and in-service training for those working with young children.
- All providers working with young children use evidence-based practices.
- Social and emotional development training opportunities are available, promoted, provided and used.

Goal 3: Funding and Finance.

Goal: Financial and human investments and policies regarding children's mental health follow a framework for promotion, prevention, and intervention; are embedded within Colorado's early childhood system; and demonstrate accountability.

Outcomes:

- Sufficient funding and programming sustains effective, high quality programs supporting children's mental health.
- Our state coordinates funding across agencies to ensure quality, access and equity in mental health services and supports for young children and their families.

Goal 4: Program Availability.

Goal: Colorado families and caregivers are able easily to obtain appropriate and affordable mental health resources and supports for their children and themselves at the promotion, prevention and intervention levels.

Outcomes:

- All families know about and have access to a wide array of high quality mental health services and supports, offered in multiple settings.
- Age appropriate and best practice developmental screening and diagnostic tools are used across the state.
- Accurate, helpful information is available from a variety of sources to families seeking mental health services and supports for young children.

Goal 5: System of Care.

Goal: A comprehensive and effective system of care exists that supports early childhood mental health

Outcomes:

- Families have access to integrated and effective culturally relevant mental health services across settings.
- Family members are active participants in state mental health planning efforts (e.g. mental health block grant, Early Childhood Mental Health Strategic Plan).
- The system of care will be accountable for improved outcomes for children, youth and families in a cost responsible manner.

**COLORADO'S GOALS, STRATEGIES AND
OUTCOMES TO SUPPORT A
COMPREHENSIVE EARLY CHILDHOOD
MENTAL HEALTH SYSTEM OF CARE**

GOAL 1: PUBLIC ENGAGEMENT

GOAL: THE PEOPLE OF COLORADO HAVE A COMMON UNDERSTANDING OF EARLY CHILDHOOD MENTAL HEALTH AND EMBRACE AND SUPPORT THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF YOUNG CHILDREN

- Outcomes**
- 1a. The people of Colorado have a full understanding of what early childhood mental health is, and of the importance of early childhood mental health as mental health funding, policy, and program decisions are made.
 - 1b. Colorado state policies reflect the goals and principles of this Early Childhood Mental Health Strategic Plan.
 - 1c. Early childhood mental health data and resources are available to people who serve young children as well as to the general public.

Strategies

Develop a social marketing plan that ensures that the messages are meaningful to the general public, and includes the following:

- a unifying message about early childhood social emotional development and mental health, that incorporates children and families operating as a whole
- identification of evolving research and evidence based practices compiled into fact sheets
- public relations components targeted toward programs, services, policies and public awareness, which include speaking points, speakers' bureau, and one-pagers

Share information with state government and the public regarding the association between adult and child relationships, neuroscience, social and emotional development in young children, and competence and resilience.

Develop a clearinghouse for early childhood mental health data and resources.

GOAL 2: PROFESSIONAL AND WORKFORCE DEVELOPMENT

GOAL: ALL PERSONNEL IN DISCIPLINES WORKING WITH YOUNG CHILDREN AND THEIR FAMILIES USE EFFECTIVE PROMOTION/ PREVENTION/ INTERVENTION STRATEGIES FOR MENTAL HEALTH

Outcomes	<p>2a. System of care values, principles, cultural issues related to resiliency and risk, and the value of the individuality of families of all cultures are accepted as core criteria in professional development coursework and in-service training for those working with young children.</p> <p>2b. All professionals working with young children, including licensed early care and education providers, use evidence-based practices.</p> <p>2c. Social and emotional development training opportunities are available, promoted, provided and used.</p>
Strategies	<p>Coursework and professional development received by <i>front line caregivers</i> and early childhood mental health consultants shall include the following:</p> <ul style="list-style-type: none">▪ Cultural awareness relating to resiliency and risk factors▪ Information regarding behaviors, attitudes and policies related to individuality of families of all cultures▪ System of care values and principles <p>Embed the use of evidence-based practices into regulations that govern licensed early care and education environments (centers and family childcare homes).</p> <p>Ensure that institutes of higher learning have accessible and functioning programs to train in early childhood mental health for practitioners entering disciplines of psychology, psychiatry, social work, and nursing.</p> <p>Develop a statewide infrastructure to support mental health consultation as a model practice for early care and education settings, including home visitation.</p> <p>Social/emotional development training opportunities are available, promoted, and provided.</p> <p>Infuse early childhood mental health issues and strategies into training and professional development efforts across disciplines, varying the depth of content depending on the discipline.</p>

GOAL 3: FUNDING AND FINANCE

GOAL: FINANCIAL AND HUMAN INVESTMENTS AND POLICIES REGARDING CHILDREN'S MENTAL HEALTH FOLLOW A FRAMEWORK FOR PROMOTION/ PREVENTION/ INTERVENTION; ARE EMBEDDED WITHIN COLORADO'S EARLY CHILDHOOD SYSTEM; AND DEMONSTRATE ACCOUNTABILITY

Outcomes	<p>3a. Sufficient funding and programming sustains effective, high quality mental health services and supports for young children and their families.</p> <p>3b. Colorado state agencies coordinate funding across systems to ensure quality, access and equity in mental health services and supports for young children and their families rather than expect families to become funding experts.</p>
Strategies	<p>Align eligibility requirements across systems.</p> <p>Assure that funding flows to programs that meet certain requirements such as cultural competency, sustainability, partnership, and best practices.</p> <p>Simplify funding access for families of young children.</p> <p>Increase funding and programming for early childhood mental health.</p> <p>Strengthen existing funding policies and identify needed funding policies and systems related to the provision of early childhood mental health services and supports (e.g. <i>Child Abuse Prevention & Treatment Act</i>, Individuals with Disabilities Education Act - Part C, linkages with the <i>Child Health Plan</i>, Medicaid, <i>Early and Periodic Screening, Diagnosis, and Treatment</i>, <i>Individuals with Disabilities Education Act - Part B</i>, and the <i>Colorado Preschool Program</i>).</p>

GOAL 4: PROGRAM AVAILABILITY

GOAL: COLORADO FAMILIES AND CAREGIVERS ARE ABLE TO EASILY OBTAIN APPROPRIATE AND AFFORDABLE MENTAL HEALTH RESOURCES AND SUPPORTS FOR THEIR CHILDREN AND THEMSELVES AT THE PROMOTION, PREVENTION AND INTERVENTION LEVELS

- Outcomes**
- 4a. All families know about and have access to a wide array of high quality mental health services and supports, offered in multiple settings.
 - 4b. Age appropriate and best practice developmental and social-emotional screening and diagnostic tools are used across the state.
 - 4c. Accurate, helpful information is available from a variety of sources to families seeking services and supports for young children.

- Strategies**
- Assure availability and accessibility of necessary early childhood mental health services and supports including:
- mental health screening and assessment
 - mental health consultation
 - family education and support
 - therapeutic services and supports
 - care coordination
 - natural and community supports
- (See Addendums D, E)
- Assure quality of necessary early childhood mental health services and supports.
- Ensure that information about existing resources is easily accessible to families and providers.
- A credible website is sustained and widely used to educate the public regarding the function and availability of early childhood mental health programs.

GOAL 5: SYSTEM OF CARE

GOAL: A COMPREHENSIVE AND EFFECTIVE SYSTEM OF CARE EXISTS THAT SUPPORTS EARLY CHILDHOOD MENTAL HEALTH

Outcomes	<p>5a. Families have access to integrated and effective mental health services across settings.</p> <p>5b. Family members are active participants in state mental health planning efforts (e.g. mental health block grant, Early Childhood Mental Health Strategic Plan).</p> <p>5c. The system of care will be accountable for improved outcomes for children, youth and families in a cost responsible manner.</p>
Strategies	<p>Creation of system of care pilots, which link mental health to Colorado's <i>Medical Home Initiative</i> resulting in replicable design.</p> <p>Improve integration of early childhood mental health services by linking physical health and early care and education with mental health.</p> <p>Identify and resolve service gaps and needs.</p> <p>Integrate and co-locate care among multiple service providers to address the health and mental health of young children.</p> <p>Create opportunities for families to work in partnership with public and private organizations to design effective mental health services and supports.</p> <p>Colorado System of Care values and principles guide our Early Childhood Mental Health System Development.</p>

ADDENDUM A - FOCUS GROUP QUESTIONS

- 1. Five Vision statements have been drafted. Which statement or combination of statements works best for Colorado? Are there concepts missing?*
- 2. What information do we know that can help inform our plan's goals, strategies and objectives? What don't we know?*
- 3. What should be addressed in this plan?*
- 4. What opportunities are there to inform others about this work?*

ADDENDUM B – SYSTEM OF CARE VALUES AND GUIDING PRINCIPLES ADAPTED FOR YOUNG CHILDREN

Values

The System of Care should be:

- Child centered and family-focused, with the needs of the child and family dictating the types and mix of services provided.
- Community based, with the locus of services as well as management and decision-making responsibility resting at the community level.
- Culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, gender, linguistic and ethnic differences of the population they serve.

Guiding Principles

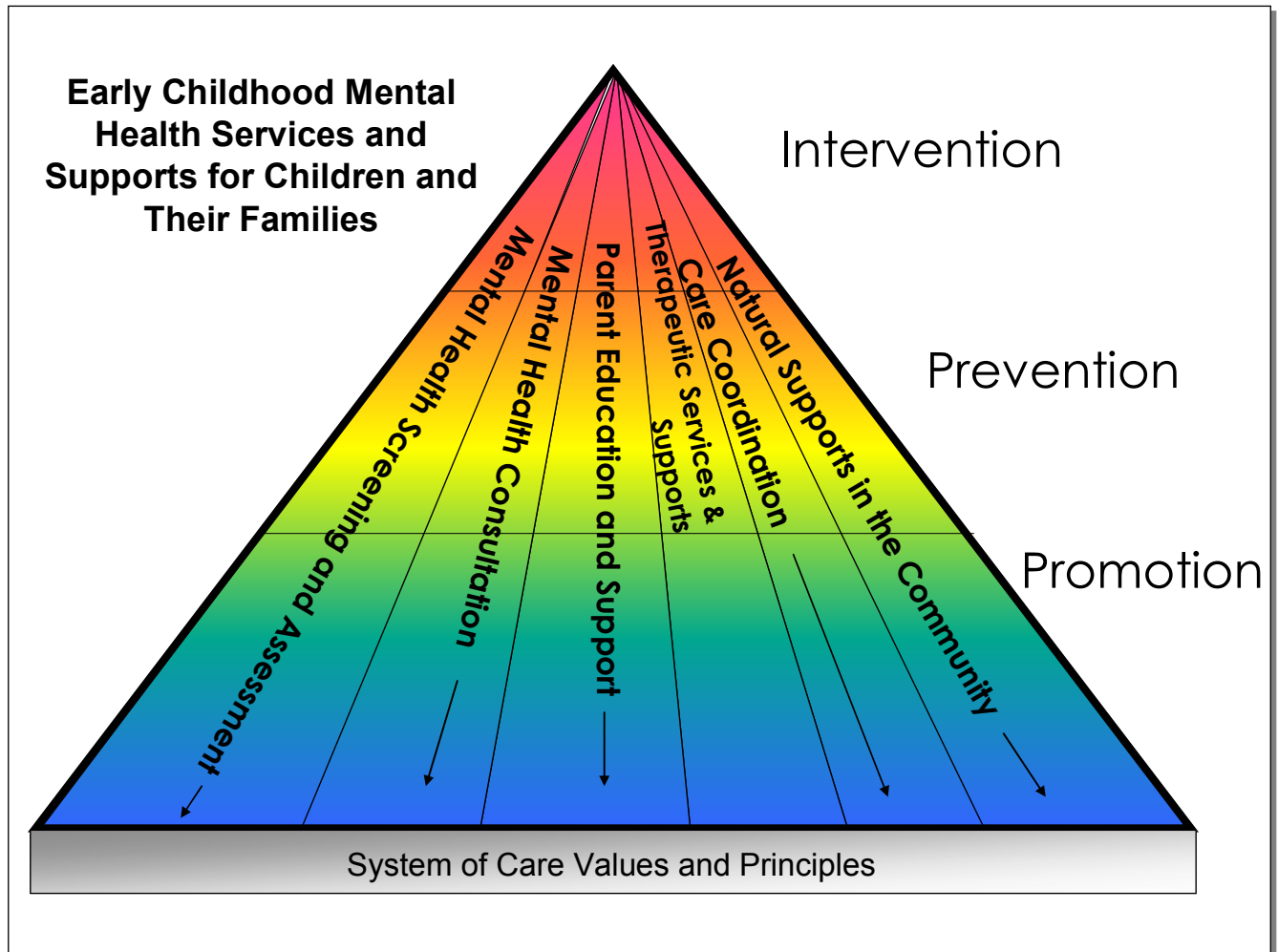
1. Children should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs. *Services for young children are provided within the context of relationships. These services should be based on the best evidence or practice known to the field.*
2. Children should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children should receive services within the least restrictive, most normative environment that is clinically appropriate *including the home, childcare and health settings.*
4. The families and surrogate families of children should be full participants in all aspects of the planning and delivery of services.
5. Children should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services *including but not limited to Part C and B and Early Childhood Councils.*
6. Children should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the System of Care in order to enhance the likelihood of positive outcomes. *Assessments for young children should be comprehensive and conducted across settings.*
8. Children should be ensured smooth transitions to the *school service system as they reach school age.*
9. The rights of children with emotional disturbances should be protected and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

Adapted from Stroul, B.A., & Friedman, R.M. A System of Care for children & youth with severe emotional disturbances. Washington, DC: Georgetown University, CASSP Technical Assistance Center, 1986. Items in italics have been added. In all but principles except 7 and 9 the words emotional disturbance have been removed to indicate that these principles apply to all children.

ADDENDUM C – GOALS FOR A SYSTEM OF CARE IN COLORADO

DEVELOPED BY THE COLORADO SYSTEM OF CARE COLLABORATIVE, 2004

1. Program Quality: Children, youth and families will receive high quality services and supports that promote positive outcomes for children, youth, families, and communities.
2. Quality Standards for Programs: Children, youth and families will receive services from programs that have and meet defined standards for quality.
3. Program Availability: There will be enough easily accessible and appropriately timed services and supports to meet the needs of children, youth, and families.
4. Family Engagement: Children, youth and families will be fully engaged in and drive the service process for their family.
5. Public Engagement: The public understands the importance of the social, emotional and behavioral health of children, youth, and families and promotes System of Care development.
6. Workforce Development: There will be enough qualified individuals with continually improving skills to implement the System of Care.
7. System of Care Oversight: The System of Care will be efficiently coordinated at the state and local levels with formally established governance and administrative structures that include youth and families.
8. Accountability: The System of Care will be accountable for improved outcomes for children, youth and families in a cost responsible manner.
9. Sustainability of Resources: The System of Care will receive sustainable and flexible funding and resources from a broad array of groups - including the public, business, government, families and youth, philanthropic and community organizations.
10. Collaboration and Integration: Children, youth, and families are able to access comprehensive, integrated and seamless supports and services across sectors and within communities.



This model demonstrates the recommended services and supports needed to have full program availability that supports children and families at the levels of promotion (supporting the universal population of children and families), prevention (supporting a more specific group of children and families who may have indicated risk factors), and intervention (supporting a target population of children and families who have demonstrated social, emotional, behavioral or mental health difficulties).

ADDENDUM E – EXAMPLES OF SERVICES AND SUPPORTS FOR COMPREHENSIVE MENTAL HEALTH PROGRAM AVAILABILITY

Promotion	Prevention	Intervention
Mental Health Screening	Mental Health Screening and Assessment	Mental Health Screening and Assessment
Environments can include: <ul style="list-style-type: none"> • Primary health care offices • Child care • Home visitation • Child Find Use of a recognized, standardized screening instrument	Environments identified in <i>Promotion</i> plus: <ul style="list-style-type: none"> • Health care specialists’ offices Further assessment using a recognized, standardized assessment instrument by a qualified team	Environments identified in <i>Prevention</i> plus: <ul style="list-style-type: none"> • Child protective services Comprehensive assessment using a recognized, standardized assessment instrument that includes all life domains by a qualified team Evaluation for clinical mental health services
Mental Health Consultation	Mental Health Consultation	Mental Health Consultation
Reflective practice Assistance with basic needs Advocacy Social skills activities Emotional and relationship support Child development and parenting Creating high quality environments	All supports included in <i>Promotion</i> plus child specific consultation Individualized parent/teacher/child support	All supports included in <i>Prevention</i> plus <ul style="list-style-type: none"> • Positive behavior support plans • Referral to clinical intervention as appropriate
Family Education and Support	Family Education and Support	Family Education and Support
Birthing and parenting groups with mental health information Parent to parent networking Home visiting programs Low level intensity mostly informational	Promoting Safe and Stable Families programs Parent groups to enhance specific positive parenting strategies (e.g. Parents Anonymous) Home visiting programs with increased intensity and focus	Parenting classes that address individualized needs and teach specific intervention skills Respite Home visiting programs with increased intensity and focus
Care Coordination	Care Coordination	Care Coordination
Resource and referral information	Family Advocacy Service/care coordination	Wraparound or other intensive care coordination processes
Therapeutic Services and Supports	Therapeutic Services and Supports	Therapeutic Services and Supports
N/A	Outpatient family counseling	Early childhood psychiatric services Crisis teams/emergency support Effective therapy models used in outpatient or home settings In-patient
Natural and Community Supports	Natural and Community Supports	Natural and Community Supports
Family, friends and neighbors Church, school, child care, recreation		

ADDENDUM F – GLOSSARY OF TERMS

Best practice - A technique or methodology that, through experience or research, has proven to reliably lead to a desired result

Care coordination - A process that links children and their families to services and resources through the creation of an individualized and shared plan in a coordinated effort to maximize the well-being and potential of children and provide them with optimal care.

Child Abuse Prevention and Treatment Act (CAPTA) - Provides federal funding for state child welfare agencies. A new provision in the reauthorized CAPTA (2003) requires that states receiving CAPTA funds develop and implement procedures for referrals of children under the age of 3 who are involved in substantiated cases of child abuse or neglect to early intervention services funded through Part C of the Individuals with Disabilities Education Act.

Child Health Plan Plus (CHP+) - A low-cost health insurance program for uninsured Colorado children ages 18 and under whose families earn or own too much to qualify for Medicaid, but cannot afford private insurance.

The Colorado Preschool Program (CPP) - Funds quality early childhood education experiences for children demonstrating risk factors such as needing language development, being served by Social Services as neglected or dependent children, or lacking overall learning readiness due to significant family risk factors.

Consolidated Child Care Pilots - Established by the Colorado General Assembly in 1997. The program was designed to help meet the need for full-day, full-year, quality early childhood services. There were originally 17 Pilot communities; however this initiative has evolved into the Early Childhood Councils program and is no longer functioning as the Consolidated Child Care Pilot program.

Cultural competence – Action which requires that organizations and individuals:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

(Georgetown University Center for Child and Human Development, National Center for Cultural Competence)

Early Childhood Councils - Administered by the Colorado Department of Education in partnership with the Colorado Department of Human Services, Division of Child Care. There are 31 Early Childhood Councils found in 56 of Colorado's 64 counties. These are community-based partnerships working to build a comprehensive early childhood system that connects children, families and resources to quality services in education, health mental health & family support.

Early childhood mental health – The developing capacity of very young children to experience, regulate and express emotions; form close and secure relationships; and explore the environment and learn in the culture and context of their family and other caregivers.

Early Periodic Screening, Diagnosis and Treatment Program (EPSDT) – The comprehensive child health prevention and treatment program for Medicaid-eligible individuals birth through the age of 20. EPSDT provides screenings for a number of health and developmental concerns and provides follow up assessment, diagnosis and treatment.

Family - An enduring relationship, whether biological or non-biological, chosen or circumstantial, connecting a child and parent or other caregiver through culture, tradition, shared experiences, emotional commitment and mutual support. This may include any of various social units, including foster parents, adoptive parents, and relative care. Family also includes siblings and others who reside and identify as “family”.

Front line caregivers – Front line caregivers are described as providers of care who work directly with clients whether the recipient of care is identified as an individual child or as a family.

Holistic approach - The child can not be determined or explained by isolated areas of development (e.g. social, emotional, physical) but instead physical and mental aspects of a child are interconnected and equally important.

Individuals with Disabilities Education Act, Part B - provides families and children with disabilities ages 3-5 services to enable the child to receive a free, and appropriate public education.

Individuals with Disabilities Education Act, Part C - provides early intervention services and supports to infants, toddlers demonstrating a significant developmental delay (0-3 years old and their families including: early identification, screening, and assessment services, education, training, assistance, and therapy.

Medical Home – A Medical Home is not a building, house or hospital, but a team approach to providing health care that is family –centered. "Medical Home" as defined in SB 07-130 means an appropriately qualified medical specialty, developmental, therapeutic or mental health care practice that verifiably ensures continuous accessible and comprehensive access to and coordination of community-based medical care, mental health care, oral healthcare and related services for a child. (from the Children with Special Health Care Needs website)

Medical Home Initiative – The Medical Home Initiative in Colorado is coordinated by, the Children with Special Health Care Needs Program (HCP) and the Colorado Department of Public Health and Environment and Health Care Policy and Finance to work towards the vision of a medical home for all children.

Public health framework – The public health framework is characterized by a concern for the health of a population in its entirety, and it focuses not only on traditional areas of diagnosis, treatment and etiology, but also on epidemiologic surveillance of the health of the population at large, health promotion, disease prevention, and access to and evaluation of services (1999, U.S. Department of Health and Human Services. Mental health: A Report of the Surgeon General. Rockville, MD: U.S. Public Health Service)

The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children - a conceptual framework of evidence-based practices developed by two national, federally-funded research and training centers: the Center on Social and Emotional Foundations for Early Learning (CSEFEL) and the Center for Evidence-Based Practices: Young Children with Challenging Behavior (CEBP). The Pyramid Model appears to be a sound framework for early care and

education systems, and extensive training materials, videos, and print resources to help states, communities and programs implement the model have been developed.

Serious emotional disturbances – Serious emotional disturbance as defined by the Federal Government means: a diagnosable mental, behavioral, or emotional disorder that is of sufficient duration to meet diagnostic criteria and has resulted in a functional impairment that substantially interferes with or limits a child’s role or functioning in family, school, or community activities

Social and emotional development – the development of self-awareness and self-regulation as reflected in the desire to connect with others, and the ability to pay attention, make transitions from one activity to another, and cooperate with others

Social, emotional, and behavioral health – Children with good social, emotional and behavioral health are in control of their thoughts and behaviors, feel positive about themselves and have good relationships. They have both self-awareness and self-control.

System of Care – a coordinated network of community-based services and supports that is organized to meet the challenges of children and youth with complex needs and their families.

Wraparound – a family-centered, team-driven process of intensive service coordination for children and families with significant needs. This process focuses on meeting the individualized needs of children and their families, helping families recognize their strengths, promoting problem solving and resource access, and strengthening natural support systems.

ADDENDUM G - RECOMMENDATIONS

FALL 2008

While the Goals, Outcomes, and Strategies in the BRPC Strategic Plan are intended to have broader and longer-range applicability, the recommendations listed below are specific suggested actions appropriate to the time the BRPC Strategic Plan was developed.

PUBLIC ENGAGEMENT

Goal: The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children

Public Engagement Recommendations

- Launch a social marketing plan for early childhood mental health, capitalizing on those that already exist (e.g. Child Health Plan marketing, BLOOM social marketing and public service announcements). For a variety of audiences including families, practitioners and etc.
- Ensure early childhood mental health marketing plan is part of comprehensive health care for all children. Include current health and wellness messages.
- Work together with executive branch champions (Lieutenant Governor, First Lady Jeannie Ritter) and cabinet members (juvenile justice, child welfare, mental health, public health, early care and education) to promote public awareness of the importance of early childhood mental health.
- Develop nonpartisan messages about early childhood mental health that could be included in party platforms, candidate forums, etc.
- Present information at public forums such as the Behavioral Health Task Force,²² 208 Effort (Blue Ribbon Commission for Health Care Reform), Governor's policy staff.
- Connect with Colorado LINKS initiative, Empower/ Federation of Families for Children's Mental Health/ Family Voices info line, Early Childhood Colorado/ University of Denver partnership, and Colorado Medical Home Initiative clearinghouse, regarding clearinghouse work.

²² In 2007, the Colorado Legislature passed House Joint Resolution 07-1050, creating a task force for the study of behavioral health funding and treatment in Colorado ("1050 Task Force"). The 1050 Task Force's charge was to study mental health and substance abuse services in order to coordinate state agency efforts, streamline services provided, and maximize federal and other funding sources. The 1-5- Task Force focused its efforts on the public systems that provide behavioral health services and did not address the private health insurance system. (Taken from Colorado HJR07-1050 Behavioral Health Task Force Report)

PROFESSIONAL AND WORKFORCE DEVELOPMENT

Goal: All personnel in disciplines working with young children and their families use effective promotion, prevention, and intervention strategies for mental health

Professional and Workforce Development Recommendations

- Engage in discussions with Deans of social work programs regarding a certificate in early childhood that includes social and emotional issues.
- Colorado to pursue a voluntary endorsement in infant mental health based on the Michigan endorsement model.²³
- Promote the Office of Professional Development's Early Childhood Interdisciplinary Social and Emotional Health Credential (currently under development).
- Use Colorado's early care and education evidence-based competencies document to guide training and regulations in early care and education.
- Include Pyramid Model (The Center on the Social & Emotional Foundations for Early Learning) required training and licensing process for early care and education teachers, and in preschool through 3rd grade (P-3) training.
- Create mandatory social and emotional credits in order for teachers to maintain their P-3 certification.

²³ The Michigan Association for Infant Mental Health (MI-AIMH) Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health is competency based. The intent of the Endorsement is to recognize the professional development of infant and family service providers within the diverse and rapidly expanding infant and family field. This endorsement verifies that the applicant has attained a specified level of functioning and understanding based on this set of competencies.

FUNDING AND FINANCE.

Goal: Financial and human investments and policies regarding children’s mental health follow a framework for promotion/ prevention/ intervention; are embedded within Colorado’s early childhood system; and demonstrate accountability

Funding and Finance Recommendations

- Secure early childhood mental health benefits comparable to Medicaid from private insurance companies -- meet with the Division of Insurance Director to ensure that early childhood mental health services are also covered by private insurance, including screening
- Establish equivalence in benefit coverage for early childhood mental health between Medicaid and State Children’s Health Insurance Program
- Fund comprehensive developmental screening – work with Project Bloom and Assuring Better Child health and Development (ABCD) to include mental health screening
- Engage state department heads to include early childhood mental health strategies of promotion, prevention, and intervention in their programs
- Work with programs serving adult populations to reach their children
- Work with programs both at the adult and child level that treat children and or family members with co-occurring diagnosis (e.g. developmental disabilities, substance abuse)
- Implement fiscal incentives to support blending²⁴ and braiding²⁵ of funds, including funds dedicated to promotion and prevention
- Coordinate funding at the state level rather than expecting family to be funding expert
- State agencies to streamline applications
- Lengthen budget cycles allowing long term planning
- Actively promote funding opportunities, with outreach and technical assistance, to organizations serving diverse populations, to increase funding of effective services to these populations
- Require good research or evidence of effectiveness to fund programs or approaches while avoiding added unnecessary bureaucracy to collect required data

²⁴ The blending of funds refers directly to the combining of funds from various resources to serve a given program or outcome. "When collectively pooled, these resources created a synergy that produced services well beyond the scope of what any single system could have hoped to mobilize on its own" (National Center of Corrections). Blended funding can allow systems to fund activities that are not reimbursable through specific categorical programs. In so doing, blended funds can help plug funding gaps in the services continuum. This is particularly true when blended funding includes flexible dollars such as those available through a state’s general fund. (Bazelon Center for Mental Health Law)

²⁵ The braiding of funds refers to the various fund sources in which programs are served, but the funding sources are not combined, but serve their specific purpose as promised in a given proposal. Several funds can be used to serve a single goal or a program, but the funds must be reported separately. These can also come from different programs that chose to work collaboratively. "Braiding...allows resources to be tracked more closely for the purpose of accounting to federal program administrators. It thus recognizes the categorical nature of existing programs and avoids some of the conflicts that can arise in blended funding pools."(Bazelon Center for Mental Health Law)

PROGRAM AVAILABILITY

Goal: Colorado families and caregivers are able to easily obtain appropriate and affordable mental health resources and supports for their children and themselves at the promotion, prevention and intervention levels.

Program Availability Recommendations

- Early Childhood Councils identify service gaps and work to fill them as part of the Early Childhood Council application
- Ensure that Behavioral Health Organizations have access to an adequate number of early childhood specialists through the mental health centers and their network reflecting the diversity of the community
- Support current efforts to promote developmental screening through primary care offices
- Support use of the Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood revised edition (DC:0-3R) as a diagnostic tool
- Formalize mental health consultation to early care and education and home visiting
- Support the use of wraparound in early childhood services and supports
- Promote effective care coordination so that all families can receive information about resources and individualized service planning when indicated that coordinates services and supports from different organizations and includes informal supports from family members and friends using the Linking and Aligning Initiative as an opportunity
- Identify current early childhood resource information on current websites such as Early Childhood Colorado's website, 211 and other resource directories and ensure that resources reflect various cultures, races & ethnicities to best meet the needs of the community
- Promote the use of the primary care referral flowcharts housed on the Part C and Colorado Medical Home website

SYSTEM OF CARE.

Goal: A comprehensive and effective system of care exists that supports early childhood mental health

System of Care Recommendations

- Establish 4 system of care pilots in 4 different Colorado communities integrating System of Care with the Colorado Medical Home Initiative
- Promote intentional linkages among
 - early care and education programs and mental health centers
 - between adult mental health services and children’s services
 - between mental health and substance abuse/dual diagnosis services
- Move toward one common or universal record for patients and eliminate multiple disconnected plans for young children
- Sponsor parent partner training in communities- Train the Trainer model- to do training in their community (using models like those of Federation of Families, National Alliance for the Mentally Ill, and Colorado Department of Education Positive Behavioral Supports).
- Educate families on the Early Childhood Mental Health Strategic Plan, using easily-understandable language, and translating into non-English languages spoken statewide
- Conduct policy review to identify current status, whether policies function as intended, and to identify gaps. Adapt or develop policies as needed. Draft needed legislation to address gaps.
- Sustain successful family organizations and family leadership in systems building work

ADDENDUM H – PLANNING TEMPLATE

COLORADO EARLY CHILDHOOD MENTAL HEALTH STRATEGIC PLAN REVIEW
TEMPLATE (DUPLICATE THIS PAGE FOR EACH GOAL AREA)

Date of review _____

Review participants

Current conditions and context potentially impacting this strategic plan

Goal _____

Outcome	Strategy	Status	Updated Recommendations	Leadership Responsibility