

**Children's State Infrastructure Grant
Early Childhood Mental Health Committee
Sept 16, 2005; 9:00 – 3p.m.
Lincoln (Bryan LGH East)**

Denise Bulling, Jonah Deppe, Julie Erickson, Paula Eurek, Carol Fichtor, Chris Hanus, C.J. Johnson, Candy Kennedy, Betty Medinger, Pat Lopez, , Mary Jo Pankoke, Tanya Rasher-Miller, Emily Trask, Diana Waggoner, Jean Wojtkiewicz

I. Carol Fichtor and Paula Eurek presented on the following topics:

- The history of early childhood mental health (Governor's Early Childhood ask force recommendations)
- Implementation to date of recommendations
- Together with Children and Families
- Maternal Depression Grant
- Key activities underway in the state related to early childhood/maternal depression

II. The committee identified opportunities, assets and barriers/challenges in Early Childhood Mental Health

***Indicates that potential overlap between maternal depression and early childhood mental health**

1. Increasing Awareness

a. Assets

- i. Project Relate: Funded by the Kim Foundation it addresses the stigma related to mental health
- ii. Nebraska Children and Families Foundation may focus on children's social-emotional functioning
- iii. Child Find: Increasing awareness of special needs

b. Opportunities

- i. Protection Safety Grant - large broadcast campaign that receives annual funding and focuses on prevention (e.g., shaken baby syndrome, domestic violence)
- ii. Using brain research to identify mental illness
- iii. Discuss with employers the benefits (i.e., cost savings) of identifying and providing supports to depressed women
- iv. School-based screening
- v. *Utilize Telehealth strategies that are already available

c. Barriers/Challenges

- i. Societal attitude: How will these programs be funded, parity issues, and people may view intervention as a personal intrusion
- ii. The understanding of mental health is not universal
- iii. Unintended consequence of early identification: may result in over-identification (e.g., ADHD) (also applicable to Identification & Education)
- iv. Private health insurers may not support increasing awareness and early identification because it will ultimately take money out of their pockets
- v. *Need a coordinated overarching infrastructure (with local individualized plans), which identifies instruments, funding, and implements media campaigns to decrease the stigma of mental illness and increase public awareness

2. Outreach and education

a. Assets

- i. Nami Central: purchased rights for Visions for Tomorrow (similar to Families to Families), which is an educational program conducted with children who have social-emotional problems in Lincoln and Central Nebraska
- ii. World Infant Mental Health Association: a chapter has been established in Nebraska and will provide educational opportunities via conferences and workshops

b. Opportunities

- i. Project Relate: Addressing stigma of mental illness
- ii. Early childhood planning region teams-includes a early development network statewide
- iii. University programs can cross train students (include information about ECMH in their curriculum)

c. Barriers/Challenges

- i. Parent education needs to systematically deliver key indicators of early identification
- ii. Professionals who screen may need additional training in child development and parenting issues
- iii. *If you have good outreach you need good screening, with good screening you need good services, and good services need long-term funding (Network service supports)

3. Early Identification

a. Assets

- i. Head Start (First Steps Screening) gives questionnaires to parents/teachers about the social-emotional functioning of children in the Lincoln Public Schools
- ii. Early Head Start is screening for maternal depression
- iii. Family drug courts may begin screening children & parents (early stages) Lincoln and Omaha

b. Opportunities

- i. Northern Plains Head Start - Perinatal depression screenings
- ii. *CNEC is doing screening for social emotional functioning in young children (e.g., BITSEA) and maternal depression
- iii. Key indicators of mental illness are available
- iv. Early Periodic Screening Diagnosis and Treatment (EPSDT)

c. Barriers/Challenges

- i. Overcoming barriers to early identification: if children are not identified they won't be able to access services later in life
- ii. *Problem of concern versus diagnosis for billing
- iii. Understanding developmental stages and relationship to identification of problems
- iv. *A comprehensive service network is needed to deal with referrals. What level of service is acceptable?
- v. *Need more cultural specific screening tools
- vi. *Mental health caps are low for insurance coverage: labels may affect coverage
- vii. *Can the CNEC Pilot Tools be replicated across the state? There is a policy question of which tool to use, should it be mandatory,

4. Evidence-based practice/intervention

a. Assets

- i. Specialized child care centers
- ii. Consultants sent to families in their natural environment-family and service providers work together
- iii. Wraparound services for families and young children

b. Opportunities

- i. Expand availability of home visitation

c. Barriers/Challenges

- i. *Fidelity to models
- ii. There are few evidence-based practices in early childhood mental health
- iii. Research must accompany promising practices

5. Network of Service Supports

a. Opportunities

- i. *Can promote awareness by partnering with service providers

b. Barriers/Challenges

- i. *Gaining acceptance of funding/time spent for screening. If there are enough resources for screening then are there enough resources for intervention (e.g., referral services)?
- ii. *Liability issues associated with positive and negative screening
- iii. Policy issues: meeting with parents for psychoeducation is not billable

III. Action Step Discussion

- Paula Eurek discussed how the Maternal Depression Grant is focusing on primary care and community screenings and suggested that the ECMH group focus on public awareness
- Chris Hanus discussed the need for an overarching infrastructure recommendations
- Pat Lopez reminded the group that the focus of the grant is action
- Betty Medinger suggested a strategy of funding specialized services child care services (e.g., in home visitation/consultation or day care centers) and limiting the population served (e.g., the EPSDT population-the well child component of Medicaid: Early periodic screening depression treatment).

IV. Next Steps:

- Limit population scope (e.g., children 0-5 years, Children served within child and protection safety)
 - The number of families and children in this population need to be identified
- Public awareness: who is the target audience?
- Limit Recommendations (e.g., tools, public awareness)
- Identify provider group
- Identify research questions that need to be answered using local and state data
- Determine standards versus practice in Nebraska
- Link EPSDT, early intervention, and CAPTA
- Identify what tools are currently being utilized by schools
- Tool recommendation for physicians
- Maternal Depression Grant is attempting to engage with the American Academy of Pediatrics (physicians/primary care), Nebraska Medical Association, and the Mental Health Association.

V. Next Meetings

Maternal Depression Grant Meeting: October 5th. Representatives from the SIG grant are needed to attend this meeting. The Children's SIG maternal depression subgroup will attend Paula's maternal depression grant meetings. This will be the maternal depression component of the ECMH SIG. The SIG group will work to put together the infrastructure aspects of the maternal depression grant to help it move forward.

Next three Early Childhood Mental Health SIG meetings

October 18th from 1:30-5p.m. This meeting will be a video conference with sites in Hastings, Lincoln, Omaha, and Scottsbluff.

November 9th: Save the date, more information to follow

December 5th: Save the date, more information to follow

December 15th: Snow Date