

# Implementation of the Early Childhood Systems of Care Assessment Tool

Behavioral Health and Early Childhood Social  
Emotional Development

**Nebraska-Maternal, Infant  
& Early Childhood  
Home Visiting**

**University of Nebraska –  
Lincoln, Extension Office**

**Nebraska Department of  
Health and Human Services**



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## ACKNOWLEDGMENTS

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Thank you to the Together for Kids and Families Mental Health Workgroup for their work to develop Nebraska's Early Childhood Integrated Skills and Competencies for Professionals; this document was originally released in 2012. Since the release, professionals in each discipline voiced interest in the tool. Based on this feedback, the Mental Health Workgroup recommended a next step to identify key indicators within each competency and to develop a self-assessment tool.

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*\* This report details how each project deliverable was met over the course of the contractual agreement between UNL Extension and the Nebraska Department of Health and Human Services. Any questions or requests about the information contained in this report should be sent to Dr. Tonia Durden at [tdurden2@unl.edu](mailto:tdurden2@unl.edu) or by phone at 402-472-6578.*

## **PURPOSE**

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The purpose of this project was to develop a community driven local and state response to identify gaps in early childhood services and supports (prevention and intervention) for social emotional development and early childhood mental health. The following are corresponding deliverables as agreed upon by the University of Nebraska Lincoln (UNL) and Nebraska Department of Health and Human Services (DHHS):

- A. Guide the communities of Douglas, Lancaster, and Lincoln Counties in a systematic process of community mapping and planning by identifying their strengths and the gaps in early childhood services and supports for social emotional development and early childhood mental health.
- B. Design state-level strategies to address aggregate findings regarding the community level implementation of activities related to enhancing behavioral health services and utilization at the local level.

## **DATA COLLECTION METHODS**

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### **SAMPLE**

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The project team developed the sampling frame (Dillman, Smyth, & Christian, 2009) from a list of stakeholders within each county developed by project leaders and participants. Within this sampling frame, a purposeful sample (Creswell, 2005) was identified including individuals from the community such as pediatricians, social workers, mental health therapists, parents, direct care providers, early childhood planning region team members, juvenile justice personnel, school administrators, etc. In the following section, we will identify in detail the participant sample for each county.

### **DATA COLLECTION**

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Project team members utilized the Early Childhood Systems of Care (ECSOC) Assessment Tool created by the Together for Kids and Families (TFKF) Mental Health Work Group. Additionally, a parent survey was developed using the basic tenants of the ECSOC tool in order to better capture parent's perspectives of the early childhood services available in their community (see Appendix A1 and A2 for both ECSOC provider and parent tools). Surveys were administered both electronically and in person

(parent meetings, focus groups, and stakeholder meetings). The following summarizes data collected per county:

**Douglas County:**

Focus Group and Stakeholder Meetings (May, September and December, 2013): 16 *average*

Parent Surveys administered: 121

**Lancaster County:**

ECSOC Surveys Administered: 23

Parent Surveys Administered: 63

Stakeholder Meetings: (July and December, 2013, April, 2014): 12 *average*

**Lincoln County:**

ECSOC Surveys Administered: 67

ECSOC Surveys administered to parents: 61

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**ANALYSIS**

The project team members reviewed data sets for each county separately (data sets included survey and focus group responses). Frequency counts were conducted to isolate areas that were given low ratings for degree of availability (none & some) and high ratings for priority (2 and 3). We then compared these quantitative survey results with qualitative field notes taken from focus groups and stakeholders discussions as well as the open-ended questions from the survey.

The priority areas were then identified and in two counties stakeholders provided feedback and suggested next steps (Douglas and Lancaster Counties).

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**REFERENCES**

Creswell, J. (2005). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (2<sup>nd</sup> ed.) Columbus, OH: Pearson Merrill Prentice Hall.

Dillman, D. A., Smyth, J. D., Christian, L. M. (2009). *Internet, Mail, and Mixed-Mode Surveys: The Tailored Design Method* (3<sup>rd</sup> ed.) Hoboken, NJ: John Wiley & Sons.

## **DOUGLAS COUNTY**

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### **PROCEDURES AND PARTICIPANTS**

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The following procedures occurred in Douglas County:

1. Project team met with the Nebraska-Maternal, Infant and Early Childhood (N-MIECHV) systems planning group and Coalition for Children's Mental Health to discuss the 2013-2014 project and solicit ideas on the implementation for Douglas County. Collected procedural feedback from Consortium team, who recommended the developed of a parent survey. Also at this initial meeting, Coalition members shared the 2013 Plan of early childhood mental health goals and actions. 2011 pilot data and respective goals identified in 2013-2014 plan of action were used to develop questions for a focus group conducted with the Coalition group.
2. Project local liaison developed parent survey, which was reviewed by Barb Jackson (Together for Kids and Families Mental Health representative) and NE-DHHS program coordinators (Tiffany Mullison and Jennifer Auman) for feedback and revisions. Stakeholder leaders from Lancaster County also provided feedback and helped with the initial pilot.
3. Pilot parent surveys collected (electronic: 62 and face to face: 59)
4. Also project local liaison conducted a focus group (n=14) with the Coalition for Children's Mental Health focusing specifically on four highest rated items identified in the 2011 pilot study and areas of focus identified in their 2013-2014 Plan of action.

### **PRIORITY AREAS IDENTIFIED**

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#### **Focus Group Early Childhood Systems of Care Assessment Tool Results:**

The ECSOC tool measured adequacy of available services as well as urgency or importance of these services. A four-point scale for adequacy ranged from 1 (this service is not available) to 4 (this service is comprehensive).

Notably, there was no item rated at a 3 (adequate) or above; indicative of the broad range of need for this population in the community. Findings (based on 2011 pilot data) are presented as ECSOC item rated as highest urgency followed by focus group question and thematic responses.

Preconception, health care, breastfeeding, depression screening, substance abuse screening, early child development screenings	<b>No item rated as adequate (3)</b> Low 2.29= “none to some” (depression screening) High 2.80 =”some to adequate” (breastfeeding support)	<b>Highest Urgency Rating 2.65</b> given to need for child development screenings for social/emotional development in preschool level
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**Focus Group Question: In the last assessment one need that showed as an urgent need for social-emotional screening for children at the preschool level. Tell me about how this need has or has not been met. In what domains is it being met and where are there continued gaps?**

**RESPONSES:**

- Stakeholders remain concerned that Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is not occurring consistently, possibly only in 3 clinics. This is related to pediatric clinic billing procedure and policies through Medicaid.
- More awareness and need for oral health, vision and hearing screening at early care and education (childcare) facilities.
- Teachers in Millard and Bennington are screening following Head Start guidelines; Ages and Stages Questionnaire- Social Emotional (ASQ-SE) in Millard after referral.
- Some pediatric clinics are doing screening; Children’s Physician and Boys Town.

Outreach and intervention for parents in need of Domestic Violence (DV), Mental Health (MH), and Substance Abuse (SA) services	<b>No item rated as adequate (3)</b> Low 2.29 for MH services for parents, High 2.46 for DV Services for parents	<b>Highest Urgency Rating 2.63</b>  (access to DV Services)
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**Focus Group Question: Another urgent need that arose in the assessment was access to Domestic Violence services. What can you tell me about the families that are falling through the cracks? In what cases is the Women’s Center for Advancement (WCA) working? Is there reluctance? Do community agencies need more in-house services? Mental health and empowerment training? Early Care and Education (childcare) center training on warning signs and resources for referrals?**

**RESPONSES:**

- Child-Parent Psychotherapy education is helping some women and some referrals are being made.
- While caseworkers are stating they are okay in this area, pediatricians are reporting a need for additional training in Trauma Informed Care.

- Important to explore further the definition of domestic violence and how it impacts each child.
- Identified that childcare teachers may not have the training needed in early childhood mental health. There are large levels of counter transference, lack of awareness and labeling of negative behaviors.
- Trauma in children is occurring and they are being parented by parents with their own untreated trauma who are re-triggered.

Resources for coping with traumatic events during childhood	<p><b>No item rated as adequate (3)</b></p> <p>Low=2.07 (availability of resources for infants)</p> <p>High=2.24 (availability of resources for primary years)</p>	<p><b>Highest Urgency Rating 2.58</b> given to availability of trauma resources for preschool age</p>
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**Focus Group Questions: How in the last 2 years has your community addressed the need for trauma support in early childhood? Are there specific services for early childhood? How do these services support families with infants? How does each service or approach look? (i.e., considering the system the child is involved in and making sure each of these systems is equally educated in the most appropriate developmental approach for the success of the child and family). Where are current gaps?**

**RESPONSES:**

- The Attachment and Trauma Center of Nebraska (mental health facility) provides support for children birth-five particularly as referred by foster care and Early Development Network (EDN.) Usually caseworkers connect with the Center to access services for children and families.
- There is a need for in-home services and support for families (i.e., services and programming maybe offered by organization such as Kidsquad but lack of transportation or parental denial of impact of their family violence negatively influences impact of program).

Availability of Parent-Child (PC) therapy during infancy, preschool and primary years  Group education for parents	<b>No item rated as adequate (3)</b>  Low 1.86 (PC therapy in infancy and group education for parents) to high 2.37( PC therapy in primary years)	<b>Highest Urgency Rating: 2.48</b> mental health consultation in child care and school for preschool age
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**Focus group questions: In the last 2 years how have these areas progressed or stayed the same? Who are current stakeholders? Where are the barriers? (Responses after each)**

**1. Parent child therapy?**

- a. Treatment for Central Precocious Puberty (CPP) and Parent-Child Interaction Therapy (PCIT) now approved through Medicaid

**2. Group Education for parents?**

- a. Basic classes provided by child welfare agencies in Omaha.

**3. Mental Health consultation in childcare centers and preschool.**

- a. KidSquad is conducting mental health consultation in lower income areas. Parents must receive childcare subsidy (Title XX) in order to receive services.

Resources for respite care	<b>No item rated as adequate (3)</b>  2.03-2.08=availability of respite care	<b>Highest Urgency Rating 2.46</b>
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**Focus Group Question: What has this group learned as a result of your time spent on this need? Are there resources available? Are they adequately being shared in our community? Do agencies know how to help families access help?**

**RESPONSES:**

- Lifespan Respite Subsidy Program is still operational, but has lost money for emergency needs. Average costs for respite monthly are \$125 currently.
- An identified challenge is not having enough adequately trained and qualified respite providers.
- Respite providers through Lutheran Family Services (LFS) are based on a sliding fee scale.

Parent education on child development including social emotional development; characteristics of high quality (HQ) childcare in infancy, preschool and primary years	<p><b>No item rated as adequate (3)</b></p> <p>Low 2.04="some" (characteristics of HQ child care)</p> <p>High 2.27= "some to adequate" (availability of HQ childcare)</p>	<p><b>Highest Urgency Rating 2.24</b> given to educating parents on early social and emotional development</p>
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**Focus Group Questions: Tell me how our community is reaching out to families to teach them to advocate or look for high quality childcare? How and when are parents being educated on social emotional development? Has this issue changed in the last 2 years? Is there one system doing all the work or are there multiple groups coming together to work collaboratively to achieve this goal?**

**RESPONSES:**

- The state’s Step Up to Quality program will be helping naturally educate families. Step Up to Quality requirements will also help with assessment.
- Word of mouth referrals for current HQ providers are being reported from families from other placements, but it is more likely to center around availability of childcare openings.
- First Five Nebraska is doing some community education on best practices.
- Omaha Nebraska Association for the Education of Young Children (NAEYC) will be reinforcing the connection to best practices and the Step Up to Quality program.
- A critical question is: what is the message pediatricians are providing to parents about quality childcare? Do we need to provide more or more detailed information to medical professionals (including Obstetricians)?

**PARENT SURVEY DATA**

The following represents data collected from the parent survey (See Appendix A2 for parent survey). Total Parent Participants: n=121

Figure 1. *Dissemination method for parent surveys Face-to-Face (F2F) and Online*

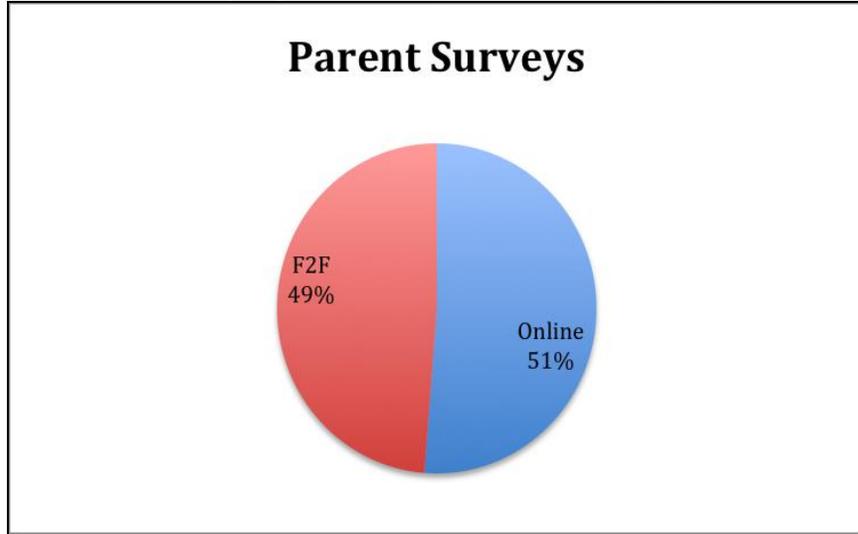
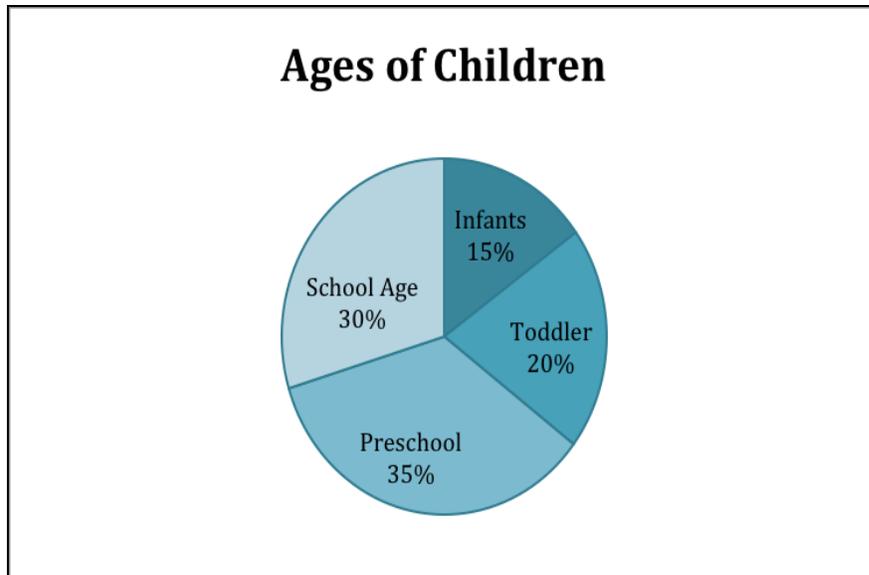


Figure 2. *Ages of children of parent participants (percentage includes families with children of multiple ages)*



## PRIORITY AREAS IDENTIFIED BY PARENTS:

Priority Area	Percentage Parents Reponses as No-services and/or knowledge	Total Percentage of Parents that rated 3 or 4 as level of importance.
Did anyone share with you what to look for in childcare? What makes a good childcare program and why it is important?	58%	94%
Are you aware of services for the following needs: <ul style="list-style-type: none"> <li>• Respite Care</li> </ul>	58%	56%
Do you access any of the following services: <i>Face-to-Face (F2F) interviews and online surveys</i>		
Respite Care	85%	F2F: 25%
		Online: 56%
Support for parental mental health concerns or substance abuse	62%	F2F: 27%
		Online: 53%
Support for concerns with your child's behavior or mental health	53%	F2F: 24%
		Online: 58%
Mental health or behavioral health consultation or problems in child care	64%	F2F: 21%
		Online: 58%

## RECOMMENDATIONS

- Media campaign focused on respite care services and quality childcare availability
- Expand parent survey to target culturally diverse and immigrant/refugee families and service providers (translate survey accordingly).
- In partnership with Douglas County early childhood mental health therapists and coalition groups, develop educational workshops on the following suggested topics:
  - How to identify and access quality childcare;
  - Mental health supports and resources for the entire family (parent and young child). This workshop could be available and modified for both parent and care provider audiences; and
  - Early Childhood Mental Health messaging and resources-targeted for medical professionals.
- Help develop a community of practice or online repository for home visitors to access resources and educational ideas to share with the families they serve on how to support their child's social and emotional well being.

## LANCASTER COUNTY

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### PROCEDURES AND PARTICIPANTS

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The following procedures occurred in Lancaster County:

- Project team conducted three Stakeholder Meetings, averaging 12 participants (July 2013; December 2013; April 2014) to collect feedback from stakeholders and direct service providers on Early Childhood System of Care (ECSOC) implementation in Lancaster and priority setting.
- Administered ECSOC face to face and online (n=23)
- Based on feedback from Lancaster Stakeholders revised and piloted parent survey (child care program; parenting group and home visiting sessions n=63)
- **Participants:** Lancaster participants represented a diverse range of stakeholders including mental health providers, University of Nebraska at Lincoln (UNL) Extension Office and college/university staff, home visitors, medical professionals, etc.

### PRIORITY AREAS IDENTIFIED

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The following is a summary of the priority areas identified based on both stakeholder and parent survey data:

- Parent education about child's social-emotional development and information about availability of the resources offered by providers and service agencies.
- Quality of childcare services as a key priority: parental education, criteria for childcare services, and transportation impacting accessibility.
- Screening process, assessment, prevention and intervention of social/emotional development, mental health and health in general (affordability and availability, waiting list, respite care, trained staff).

The chart on the following page details the priority areas and also includes Lancaster stakeholders' suggested plan of action, strategies, and supports needed.

## LANCASTER COUNTY PRIORITY AREAS

*Prenatal: During pregnancy*

*Infancy: ages 0-12 months of age*

*Toddlerhood: ages 12 -36 months of age*

*Preschool: ages 36-60 months of age*

Priority Areas	Action plan	Support Needed
Routine child/developmental screenings include social/emotional health and development, and mental health for <b>infancy</b> .	<p>Research, recommend, and implement a screening tool that could be used across agencies</p> <p>Establish ‘screening directory’ for trained professionals and offer a diversity of places for families to receive screenings (community center, UNL Extension office, faith based organizations) in coordination with agencies and hospitals already providing screening</p>	<p>Alignment with Step Up to Quality</p> <p>Measurement Development</p> <p>Funds for partnership development and coordination efforts with educational, medical and community entities</p>
Parents are educated on the importance of early development including social-emotional development for <b>prenatal</b> (e.g., attachment and bonding)	Explore options for the development of parent education course focused on early development and social emotional development beginning with prenatal care and education	<p>A county coordinator/lead or funding to create and coordinate a county level early childhood mental health task force to develop course and create implementation plan (including mass marketing-social media, commercials, radio, print, etc.)</p>
Parents are educated on characteristics of high quality childcare while <b>prenatal</b> .	<p>Focused media campaign for high quality prenatal supports and infancy programs</p> <p>Parent education and support groups facilitate message on high quality prenatal, infant and toddler environments</p>	
Mental health consultation available in child care and school settings for <b>infancy</b> .	<p>Consistent messaging across agencies (early childhood mental health; behavioral health; social emotional child development, etc.). Consider using Cedars’ model</p> <p>Infant, toddler and pre-school mental health certification or specialization for professionals</p>	

Priority Areas	Action plan	Support Needed
Mental health consultation available in child care and school settings for <b>preschool</b> .	Encourage learning communities between childcare and school to intentionally develop and follow a continuity of care plan  Create or promote awareness of trainings focused on early childhood mental health continuity of care	Funding to create a model similar to Douglas County’s KidSquad which supports the consultation of early childhood mental health therapists in preschools with highest need and support.  Resources and partnership development in creating and/or developing trainings
Group education and parent networking opportunities available for parents of young children to support children with social-emotional problems during <b>infancy</b> .	Engage faith based organizations, parent support groups and parent education entities in creating parent networking opportunities (coordinate with local businesses-children’s museum; Lincoln zoo; University family nights)	A lead point of contact to coordinate group education and support efforts across the county
Schools and community staff are well versed in identifying social emotional red flags and referring for assessment for <b>infancy</b>	Encourage learning communities between childcare and school to intentionally develop and follow a continuity of care plan	Outreach services available to school and community staff by early childhood mental health consultants (online/on-demand and/or trainings)  Resources and partnership development in creating and/or developing trainings

## RECOMMENDATIONS

- Convene and establish a Lancaster Early Childhood Mental Health Consortium to specifically focus on addressing priority areas and implementing action plan;
- Implement ECSOC focus groups with medical professionals (i.e. pediatricians, Visiting Nurse Association (VNA) members, Obstetricians and Family Practice physicians, etc.) in partnership with entities such as Nebraska Association of Infant Mental Health (NAIMH);
- Expand parent survey implementation to culturally diverse and immigrant/refugee families and service providers (translate survey accordingly); and
- Create a county level directory of early childhood mental health practitioners and agencies.

## LINCOLN COUNTY

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### PROCEDURES AND PARTICIPANTS

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#### The following procedures occurred in Lincoln County:

- Project team connected with representatives from the West Central District Health Department who provided the team existing community assessment data. Project team conducted a secondary and item analysis based on questions from Early Childhood Systems of Care (ECSOC). One priority area identified from secondary analysis of existing data was domestic violence awareness and prevention.
- Further community assessment data was needed specific to the ECSOC areas, therefore local liaison and Extension project member implemented ECSOC (online only=67) and ECSOC survey given to parents within West Central Community (n=61\*).

*\*Parents and Stakeholders were given the full ECSOC survey. Please review recommended next steps in Lincoln County related to parent survey dissemination found in the recommendations section.*

**Participants:** Lincoln County participants represented a diverse range of stakeholders including mental health providers, school administrators, public health officials, UNL College /University staff, childcare food program, etc.

### PRIORITY AREAS IDENTIFIED

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A characteristic Lincoln County was the number of service providers and stakeholders who indicated ‘don’t know’ in reference to services available in their community. The following are top priority areas identified by stakeholders based on ECSOC online survey and the percentage of stakeholders who reported ‘don’t know’.

Priority Areas	Degree Available		Priority (as indicated by responses of high)
Depression screening part of routine prenatal and postpartum health care	None/Some: 34%	Don't Know: 52%	50%
Substance abuse screening as part of routine prenatal and ongoing health care	None/Some: 40%	Don't Know: 53%	68%
Parents are educated on the importance of early development including social-emotional development (e.g. attachment and bonding) during infancy	None/Some: 63%	Don't Know: 24%	77%
Adequate number of high quality childcare settings available in the preschool years	None/Some: 66%	Don't Know: 16%	72%
Early Childhood Social Emotional	None/Some: 46%		76%

development (mental health) assessment resources readily available and known to referral services during the preschool years	Don't Know:	35%	
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**When asked on the ECSOC to indicate the top three priority areas for action within their community participants indicated the following: (selected based on general themes derived from all qualitative responses):**

- There is a critical need for mental health therapists;
- Transportation is a barrier for families;
- Accessibility is a barrier for families (sometimes takes 4-6 weeks for the first appointment);
- Increasing access to high quality childcare by subsidizing quality care for families; particularly for middle class families who do not qualify for subsidy services, but can't afford high quality care;
- Funding for mental health consultations and/or therapy for families without insurance (or insurance that doesn't cover expenses)
- Improving availability, understanding and strategies for addressing mental health issues in infancy and preschool years. This could include outreach to parents of infants and preschoolers for bonding/attachment and domestic violence; in person and individualized trainings and consultations with childcares and/or preschools at their setting, and follow up on recommended interventions, strategies, etc.

**Parent Survey Data:**

Parents were given the original ECSOC tool. Although initially developed for direct service providers and educational stakeholders, parents' responses do provide insights on what they perceive as services available within the Lincoln County Community.

- There were 61 parents who completed the ECSOC tool.
- 13% surveys incomplete; 41% surveys highly variable in parent responses; 46% surveys had a consistent pattern of identifiable priority areas.

Of the 46% of completed surveys with consistent patterns, 100% of participants indicated a rating of none/some services available and 98% rated the following as high priority areas:

<b>Priority Area</b>
Parents are educated on the importance of early development including social-emotional development (e.g. attachment and bonding) during infancy, preschool and primary years
Parents are educated on characteristics of high quality child care (prenatal, infancy, preschool, and primary years)
Resources are available to assist in coping with traumatic experiences

## **RECOMMENDATIONS**

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- Disseminate parent survey county-wide to gather a representative sample (include family childcare) and compare results to the ECSOC parent sample;
- Convene stakeholder group(s) face to face to discuss results of stakeholder and parent survey responses. Begin action planning process;
- Coordinate West Central community agencies educational programming and resources to support families in the area of domestic violence, coping with trauma, and social emotional development (prenatal, infancy, preschool and primary);
- Offer educational classes to parents and direct care providers on specific strategies related to supporting children's social and emotional health and wellness (i.e., The Pyramid Model direct care provider and parent trainings).