

**Kansas Infant and Early Childhood  
Mental Health  
Strategic Plan**

**Developed by the  
Kansas Early Childhood Mental Health Advisory Council**

June 2008

*The Kansas Early Childhood Mental Health Advisory Council is composed of individuals representing a wide range of public and private organizations (listed on the following page) which serve young children and families across the state. The plan supports Goal 2 of the Kansas Early Childhood Comprehensive Systems (KECCS) Plan. Additional information is available at [www.keccs.org](http://www.keccs.org) or through the Kansas Association for Infant and Early Childhood Mental Health at [www.kaimh.org](http://www.kaimh.org).*

## Executive Summary

Children's success in school and in life is built on a foundation of healthy relationships, the ability to manage their emotions, explore their environments and learn effectively. Creating this foundation is an active partnership between the family and the community, supported by services that promote positive social emotional development.

In 2007, a group of over 50 individuals representing a diversity of perspectives from across the state, formed the Kansas Early Childhood Mental Health Advisory Council. One key role of the Council was the development of a statewide strategic plan to set direction and priorities for 2008-2010. The plan is designed to reach the following **vision and goals** for young children and families in Kansas:

**Our vision is for healthy social and emotional development of children birth through age 5, supported by a system of promotion, prevention and treatment within the context of the family and the larger community.**

**This vision is supported by these five goals. . .**

1. Every community has access to well-qualified early childhood professionals working with young children, families and providers.
2. A structured, coordinated communication system brings people and resources together.
3. High-quality services are delivered in a multi-tiered pyramid approach, including promotion, prevention and treatment.
4. Young children and families have access to services in their natural environments.
5. The ECMH system will be sufficiently funded so that monies are available for project, program and policy identification; selection; design; implementation and evaluation, including research and other identified needs.

This plan is a component of the Kansas Early Childhood Comprehensive Systems (KECCS) Plan, which is designed to coordinate existing early childhood programs and improve the reach and impact of public and private investments in the early years of childhood.

The Advisory Council began meeting in March 2007 to assess statewide needs, develop a three-year strategic plan, and identify immediate priorities for short-term implementation. The Council adopted a systems approach which includes the three levels of promotion, prevention and intervention services in a pyramid, showing that all children and families benefit from promotion strategies, with prevention and intervention/treatment services targeting those at higher risk.

One identified need is for a statewide data base in early childhood mental health which will document incidence, services delivered and outcomes. However, based on national data and reporting systems from early learning programs, we can estimate that between 9,600 and 17,280 young children (birth to five) experience a serious emotional problem in a given year. Another way of estimating need is through risk factors which are highly correlated with mental health issues, such as poverty and births to teen mothers, which impact between 15,000 to 30,000 young children in our state. Even at the lowest estimate, only a small percentage of children and families who need these services are receiving them.

A recent national study by Yale University demonstrates that young children are three times more likely to be expelled from early learning or preschool settings because of behavioral problems, but that settings with access to mental health services are significantly less likely to expel students than those without such supports.

Another issue is the lack of a common definition and criteria for professionals who provide early childhood mental health services. One of the short-term strategies adopted by the Advisory Council is an endorsement system, modeled after Michigan's system, to create a uniform set of standards and designations for all professionals working in this area.

This document describes the strategic plan and supporting documentation in more detail and sets a course for the creation of a statewide early childhood mental health system and the realization of a long-term vision that all children will have the opportunity for healthy social and emotional development as a foundation for their success in school and in life.

## **Introduction**

**Infant and early childhood mental health** is defined as a *young child's capacity to experience, manage and express a full range of positive and negative emotions; develop close, satisfying relationships with others; and actively explore environments and learn.* (“Building a Comprehensive System to Address Infant and Early Childhood Mental Health Disorders,” *Zero to Three Policy Brief, January 2007*). Healthy development in these areas is crucial to building a strong foundation for success in school and in life.

This plan is a component of the Kansas Early Childhood Comprehensive Systems (KECCS) Plan, which is designed to coordinate existing early childhood programs and improve the reach and impact of public and private investments in the early years of childhood. The plan was the result of two years of collaboration among the Governor’s Office, state agencies, service and advocacy organizations and other critical stakeholders. Goal 2 of the KECCS Plan is “Mental Health and Social-Emotional Development.” Four objectives with related strategies and outcomes support this goal.

The Kansas Infant and Early Childhood Mental Health (ECMH) Strategic Plan, builds on this broad framework to provide a current overview of the ECMH landscape in Kansas, survey national trends and models with relevance to Kansas, and establish a vision, values, goals and strategies specific to mental health and social-emotional development.

## **Process**

The plan has been developed by the ECMH Advisory Council, representing a broad range of stakeholders at the state and community levels. A list of members is included on the inside front cover of this document. The Council was led by Tiffany Smith-Birk, Prevention and Early Childhood Technical Assistance Coordinator for the SRS Division of Health Care Policy. It was created in March 2007 and met monthly through January 2008 to create this plan. The planning process was facilitated by Mary Baskett, Executive Director of the Kansas Head Start Association.

## **Environmental Scan: The National Landscape**

The Need: A growing body of research demonstrates the need to address infant and early childhood mental health more proactively. It is now recognized that infants can show signs of depression, and that maternal depression and other mental health issues (present in 10 % of mothers with young children) can affect those children. With approximately 60 % of mothers of children under six in the work force, the majority of young children are in some type of out-of-home care. Child care and early education programs are reporting increased incidence of behavioral problems. A 2002 study in Illinois revealed that 42% of child care programs asked families to withdraw their infants and toddlers because of social-emotional problems. That same survey showed that 62 % of infant and toddler programs lacked adequate mental health services.

In 2003, The President's New Freedom Commission on Mental Health published its report *Achieving the Promise: Transforming Mental Health Care in America*. One of its recommendations was to focus on the mental health needs of young children and families. This was based on a comprehensive study in mid-2005 showing that in any given year, between 5 and 9 percent of children have a serious emotional disturbance. The National Institute of Mental Health found in a 2005 study that half of all lifetime cases of mental illness begin by age 14. Early signs of illness may appear in young children, when identification and intervention can help to manage the illness more effectively.

Additionally, an increasing number of children are experiencing significant environmental risk factors. Of the 47,000 infants entering foster care each year, nearly 80% are prenatally exposed to substance abuse, 40% are born prematurely and/or at low birth weight. And, an estimated 11% of all children live in families where one or more parents abuse alcohol or other drugs, and up to 80% of children in child welfare are affected by substance abuse. Other trends driving up the need for ECMH services include: increased rates of incarcerated parents; higher percentage of children in poverty; and decreased funding for preventive services.

A Systems Approach to ECMH: A number of factors have converged to support the development of collaborative systems of care for young children. Initially, in the mid-1980's, systems development focused on specific at-risk groups identified as at risk or showing evidence of developmental, physical or mental health problems. This approach has been broadened as part of an overall

focus on early childhood development and school readiness to include all young children and their families.

Jane Knitzer in *Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems*, 2000 proposed a systems perspective in which includes strategies to:

- Promote the emotional and behavioral well-being of all young children
- Strengthen the emotional and behavioral well-being of children whose development is compromised by environmental or biological risk in order to minimize their risks and enhance the likelihood that they will enter school with appropriate skills
- Help families of young children address whatever barriers they face to ensure that their children's emotional development is not compromised
- Expand the competencies of nonfamilial caregivers and others to promote well-being of young children and families, particularly those at risk by virtue of environmental or biological factors
- Ensure that young children experiencing clearly atypical emotional and behavioral development and their families have access to needed services and supports

Systems development relating to ECMH concerns has occurred within four distinct, but interrelated, initiatives: 1) early care and education, such as Head Start and Early Head Start; 2) federal comprehensive mental health services and mental health systems of care; 3) early intervention system, including services provided through Individuals with Disabilities Act (IDEA) Part B and Part C; and 4) Title V maternal and child health grant program. Components of these systems have both influenced and become integrated into the expanding arena of ECMH.

Following the President's New Freedom Commission on Mental Health recommendation to focus on the mental health needs of young children and families, the Substance Abuse and Mental Health Services Administration (SAMHSA) grant program was expanded in 2005. Additionally, a number of community and state systems-building initiatives have been supported by private philanthropy.

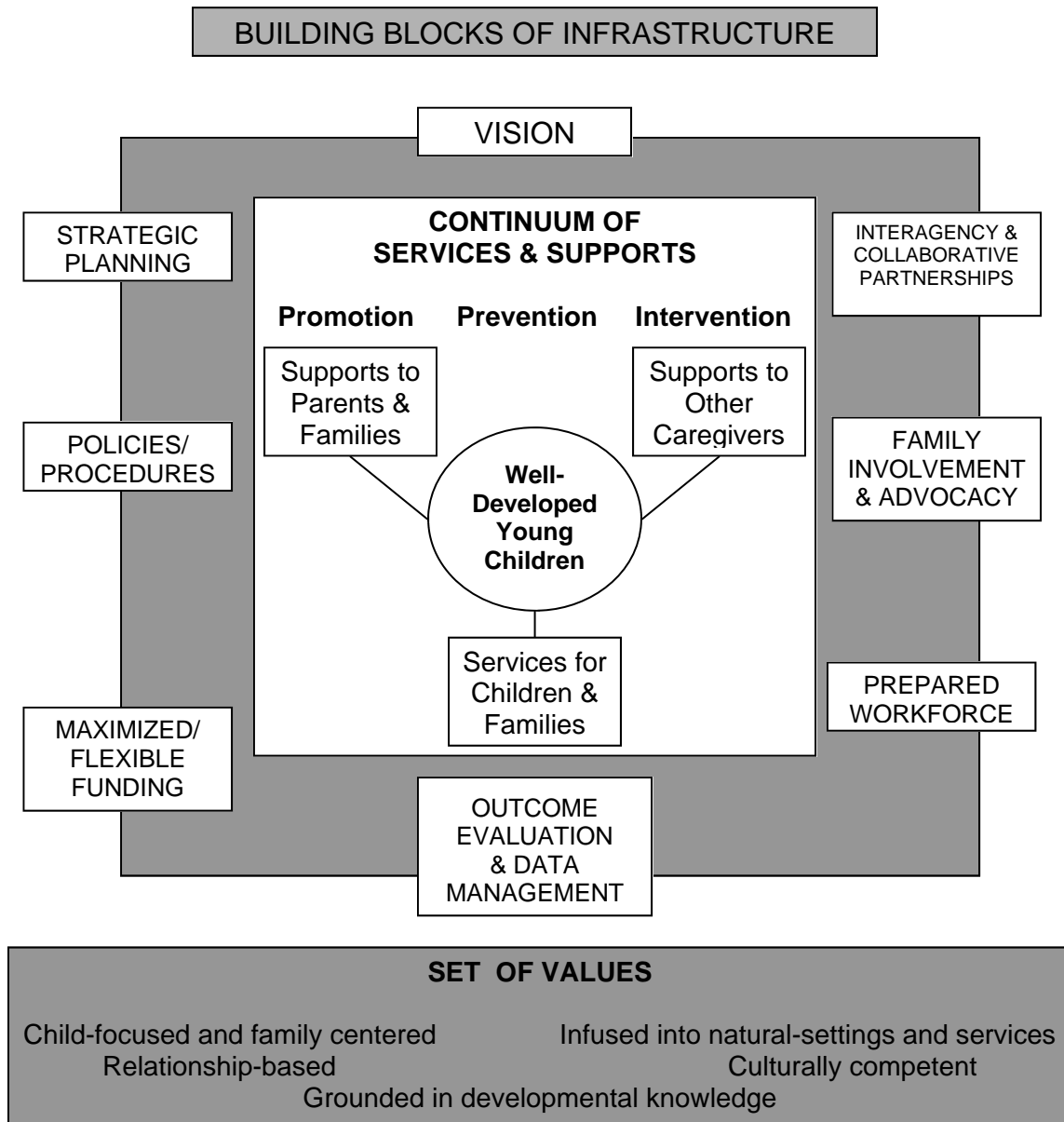
Although there is not yet an integrated early childhood mental health system of care at the national level, nor in most states and communities, there are elements which contribute to effective systems (*Smith and Fox, 2004*):

- Challenging behavior can be prevented when systems support a *comprehensive array of services* from prevention to intensive intervention.
- Services must be of *high quality* and whenever possible, evidence based.
- Systems must be comprehensive and provide *individualized services and supports* related to child and family needs, including culture and language.
- In the absence of one comprehensive service delivery system, systems must be developed from *interlocking and interconnected services and programs* into a system of care.
- Systems should be *family centered*.
- The early care and education, mental health and health and child welfare *work force must have the skills* to provide collaborative, comprehensive, individualized, evidence-based services, supports and systems.

A framework, or infrastructure, must also be in place to support these elements and foster the social and emotional well-being of young children and their families. The following diagram illustrates such a framework:

## A Framework for Early Childhood Mental Health in a System of Care

Fosters the social and emotional well-being of all infants, toddlers, preschool-age children and their families

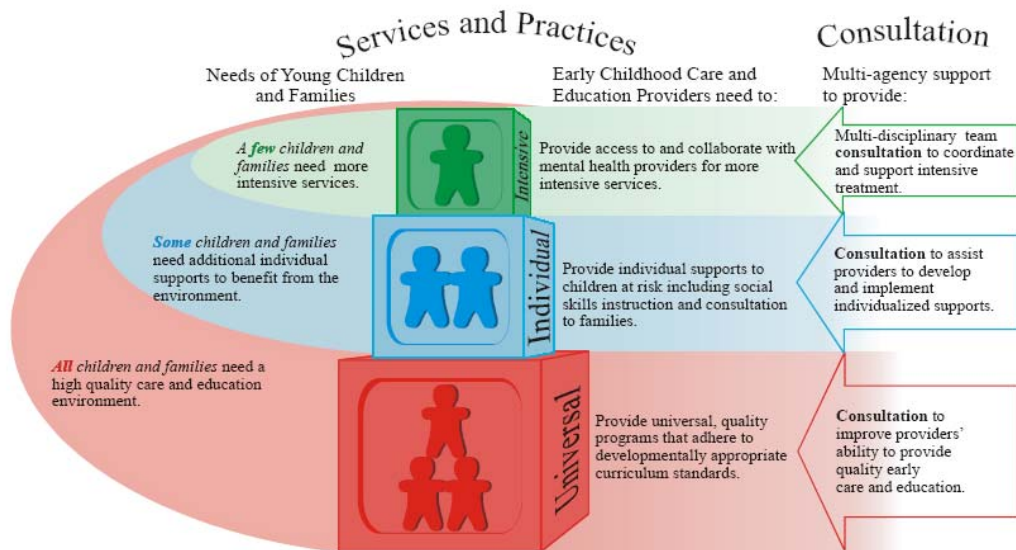


*Source: Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems. Perry, Kaufman and Knitzer, editors.*

The continuum of services and supports can be illustrated by the following pyramid of services, based on a public health approach. As shown, the base provides mental health promotion for all children and families (universal). Prevention and early intervention as indicated by screening for known risk factors will be needed by approximately 10 to 15 % of children and families, while more intensive, targeted services are necessary for

approximately 5 to 10 %. This approach is consistent with national incidence rates, which suggest that 10 to 20 % of all children under the age of 18 have a mental/emotional problem or functional limitation.

Figure 1



Source: *The Oregon Model for Supporting Young Children’s Social and Emotional Development in Early Childhood Care and Education Settings*

The Kansas Landscape—The Need for Early Childhood Mental Health Services: According to the 2006 Census estimate, there are approximately 192,000 Kansas children under the age of 5. Based on national incidence data, we can estimate that between 9,600 (5%) and 17,280 (9%) of these children will experience a serious emotional disturbance in a given year. From 5 to 7 percent of these children will have a serious mental illness in adulthood.

A number of risk factors correlate positively with the incidence of mental health problems in young children. These factors and the percent of young children affected are:

**Living in poverty—16 percent** **30,720 children**  
 (at or below 100% of federal poverty guidelines,  
 currently about \$21,000 for a family of four)

**Living in extreme poverty –8 percent** **15,360 children**  
(at or below 50% of federal poverty guidelines)

**Children to mothers less than 20 years of age--** **19,200 children**  
**10 percent**

Other risk factors include: mental health issues within the family (one or both parents); substance abuse; domestic violence; absent parent(s).

Limited data is available for children with mental health problems in Head Start/Early Head Start, the six initial Therapeutic Preschool Programs, the 13 ECMH Consultation Grantees, and Part C and B early intervention/early childhood special education services, as follows:

Of the 8,783 children served in Head Start/Early Head Start (ages birth through 5) in 2005-2006, there were 2,617 mental health consultations with staff about a child (24 percent of children served). Over half of these children had three or more staff consultations. Twenty percent of children had individual mental health assessments, and 4 percent were referred for mental health services outside the program.

In the most recent quarter (July-September 2007) reported, the Therapeutic Preschool Program served 75 clients in six centers. The Mental Health Consultation Grantees served 829 children from 60 early childhood programs. They performed 1,175 screenings and 171 consultations and diverted 44 potential expulsions from child care and other early learning programs.

2007 was the first year for states to report data on Early Childhood Outcomes to the Office of Special Education Programs. Preliminary data gleaned from the Kansas report on Outcome #1: Positive Social Emotional Skills (including Social Relationships) provides the following information on the progress of infants, toddlers and preschoolers receiving early intervention and early childhood special education services. Between April 2006 and July 2007, of the children entering and exiting Part B (ages 3 to 5) who had been in a program for at least 6 months, 29% improved their social-emotional functioning to a level comparable to same age peers. Of the children ages birth to 3 entering and exiting Part C Infant Toddler programs who had been in a program for at least 6 months, 32% improved their social-emotional functioning to a level comparable to same age peers.

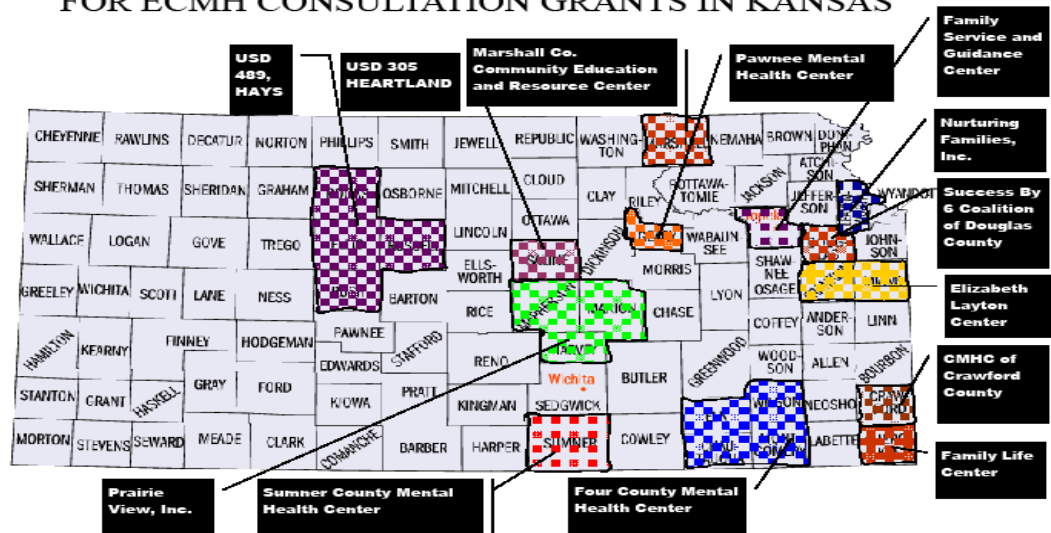
Data is also available from a recently released study by Walter Gilliam of Yale University on expulsion of children from early learning settings due to behavioral problems. Nationally, preschool children are three times more likely to be expelled than K-12 students. Kansas ranked 46<sup>th</sup> of 52 states/territories, with only 2.13 children per 1000 expelled. However, this was based on a small sample of 69 respondents reporting on 211 classrooms in the state's 4-Year-Old program. The study also concluded that programs which have access to early childhood mental health consultation were significantly less likely to expel children than those without such resources.

Finally, a University of Kansas report on "Service Challenges for Children with Autism Spectrum Disorders and Mental Health Needs" surveyed developmental disabilities service providers and community mental health center staffs, and found that, "Ultimately, in both systems, the biggest barrier to serving children with autism spectrum disorders and their families, apart from waiting lists in the DD system, was a dearth of treatment providers and regional services."

The Kansas Landscape—Current Status: There has been significant momentum in Kansas over the last few years, and particularly the past six months, as evidenced by:

- Appropriation of \$1,000,000 by the Kansas Legislature to SRS specifically for children's mental health services.
- The adoption and widespread use of the Social Emotional Screening Tool (SEST)
- The recent expansion (summer 2007) of the Early Childhood Mental Health Consultation grants to 13 communities: ECMH Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise. The 22 counties served through the 13 grants are shown on the following map:

**22 COUNTY SERVICE AREAS OF 13 AGENCIES FUNDED FOR ECMH CONSULTATION GRANTS IN KANSAS**



- The re-emergence of the Kansas Association for Infant and Early Childhood Mental Health (KAIMH) as a leader in the field, with development of a web site ([www.kaimh.org](http://www.kaimh.org)) that has become a communication hub for the ECMH community
- The purchase of a license for the Michigan Competency-Based Endorsement system, which will allow Kansas to customize and implement its own system within the Michigan guidelines.
- A series of contracts to bring high-quality, nationally-recognized trainings to Kansas (including Dr. Bruce Perry’s Neurosequential Model of Therapeutics, the Devereux Early Childhood Assessment (DECA), Zero to Three DC:0-3R classification system, and Promoting First Relationships)

These accomplishments demonstrate substantial progress; however, there are multiple needs yet to be addressed, including:

- Divided systems of care, with early childhood focused more on prevention and mental health being more crisis-oriented.
- The need for more multidisciplinary, collaborative approaches which begin to tear down silos.
- The shortage of ECMH professionals
- Lack of a common language

The Advisory Council recognizes a number of states and initiatives which show promise as systems or through elements of a system. These include but are not limited to:

- The Michigan Endorsement System, which is the model Kansas has adopted in building its own endorsement process
- New Mexico, a state more similar in size to Kansas which is also using the Michigan endorsement model
- The Florida System of Care plan
- The national Strengthening Families initiative, of which Kansas is a part
- National and state efforts to implement Positive Behavior Support as a systems approach to addressing children’s mental health needs

In summarizing the current Kansas landscape, the Advisory Council developed the following Strengths-Weaknesses-Opportunities-Challenges (SWOC Analysis):

<b>Strengths</b>	<b>Opportunities</b>
Increased focus on ECMH	Endorsement system
Success of small local programs	Increased focus/more \$ for EC
Emerging “systems”, increased excitement	→ Promotes collaboration
Increased research	Increased interest in health care system
Increased focus on community-based services	
Multidisciplinary Advisory Council	
<b>Weaknesses</b>	<b>Challenges</b>
Lack of coordination across state	Prevention a hard sell to legislators
Lack of recognition of role of economic system/employers on family life & MH	→ Help business understand their role
Lack of cross disciplinary training	Professional development system
Long-term funding	Documenting positive outcomes
Focus on crisis, not prevention	Maintaining focus and energy

## **Vision, Goals and Strategies for Kansas**

### **Our Vision. . .**

Healthy social and emotional development of children prenatally through age 5, supported by a system of promotion, prevention and treatment within the context of the family and the larger community.

### **Our Goals and Strategies. . .**

1. Every community has access to well-qualified early childhood professionals working with young children, families and providers.
  - a. Develop an endorsement system to increase professionalism, ensure quality and build a common understanding of credentials and their meaning.
  - b. Promote evidence-based training which is aligned with the endorsement system and coordinated among mental health, health and early childhood professional development.
  - c. Create and sustain partnerships among multi-disciplinary teams at the state level.
  - d. Recruit and mentor professionals from a variety of ethnic, racial and cultural backgrounds and genders.
    - i. Create task force to explore scholarship opportunities.
    - ii. Work with higher education to promote diversity in fields related to ECMH.
  - e. Utilize technology to provide access, training, mentoring, TA, consultation, opportunities for reflective supervision

Measured by: Number of professionals receiving endorsement at Levels 1, 2 and 3; Number of participants in professional development activities by profession and employment site.

2. A structured, coordinated communication system brings people and resources together.
  - a. Expand the KAIMH website to be a central resource for early childhood mental health.
  - b. Promote local coordination and collaboration among multidisciplinary teams around ECMH.
    - i. Utilize existing local groups where appropriate.
    - ii. Individualize structure to support local efforts.
    - iii. Organize groups where necessary.
  - c. Sustain healthy communication between state and local levels.
  - d. Improve communication and coordination between child and adult services within mental health system to ensure a family-centered approach to care.
    - i. Include family screening tools.
  - e. Ensure that mental health is integrated into public awareness campaigns about the importance of the early years.
    - i. Incorporate message into other venues.
    - ii. Use term “social emotional development”

Measured by: Utilization of KAIMH web site; number and size of local/regional ECMH collaborative groups; participation of mental health professionals serving adults in early childhood mental health services

3. High-quality services are delivered in a multi-tiered pyramid approach, including promotion, prevention and treatment.
  - a. Utilize pyramid to help communities identify and address service gaps.
  - b. Develop protocols to guide movement among the three tiers.
  - c. Ensure effective transition from early childhood (birth-5) and K-12 services.
  - d. Connect mental health services with education, health, disability, child welfare and court systems.
  - e. Integrate family and social support systems.

Measured by: Memoranda of Understanding and other collaborative agreements among systems.

4. Young children and families have access to services in their natural environments.
  - a. Ensure that services are available in the home and other settings where children are.
  - b. Reduce stigma and other barriers to mental health services.
  - c. Advocate for funding which provides financial access to all young children and supports related services (e.g., case management, community planning, etc.)

Measured by: Number of referrals; number of children receiving treatment; availability of mental health services in early learning settings; number of children receiving services within their early learning environments; number of children who are maintained in child care or preschools despite behavioral problems; number of mothers of children under age 6 who are screened and referred for maternal depression; percent of children receiving early intervention and early childhood special education services who demonstrate progress on in Positive Social Emotional Skills.

5. The ECMH system will be sufficiently funded so that monies are available for project, program and policy identification; selection; design; implementation and evaluation, including research and other identified needs.
  - a. Build the skills and capacity of the ECMH advocacy network.
  - b. Develop comprehensive data base that is readily accessible.
  - c. Create strategies for braiding different funding sources to support system components, as well as the system as a whole.
  - d. Engage higher education to support the research and evaluation needs of the system.
  - e. Explore alternative funding sources, including corporations and foundations.

Measured by: Level of funding; adoption of policies consistent with ECMH plan

## **Implementation Plan**

Each of these goals will be assigned to a subgroup of the Advisory Council, in collaboration with the Kansas Association of Infant and Early Childhood Mental Health, whose board will serve in a plan oversight and monitoring role during the initial implementation phase.

For more information about the plan, visit the KAIMH web site ([www.kaimh.org](http://www.kaimh.org)) or contact one of the following Board members: