

UNIVERSITY OF PITTSBURGH
OFFICE OF CHILD DEVELOPMENT

Are we leaving them behind?

The Case for Helping Childcare Providers and Parents Address Behavioral Problems in Very Young Children

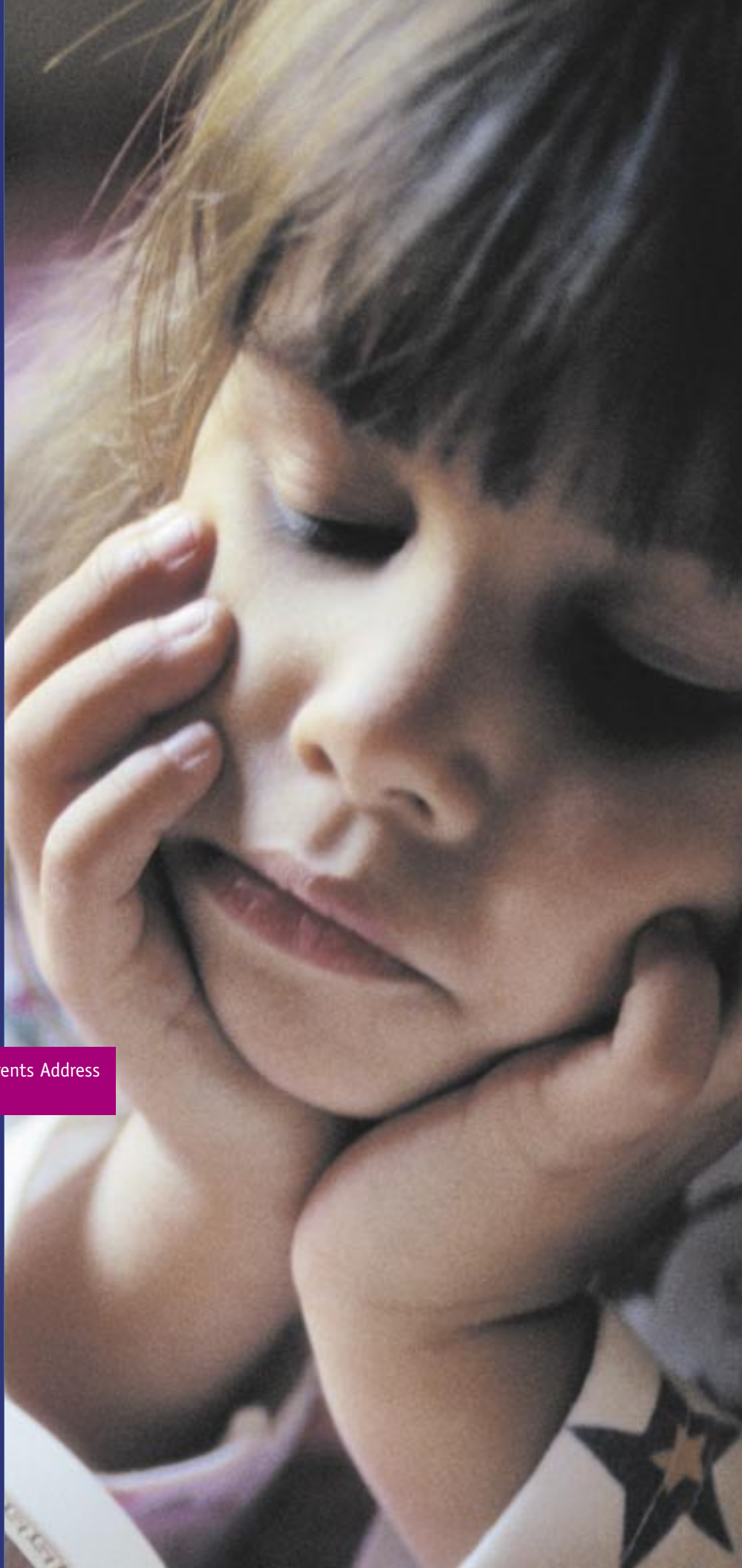
An **Environmental Scan** with plans for web-based

Service Pathways and a pilot **Exploratory Study** to

enhance access to behavioral health services for children.

Conducted for **The Jewish Healthcare Foundation** by the

University of Pittsburgh Office of Child Development.



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While the Environmental Scan is the responsibility of the Office of Child Development, members of the Community Advisory Group were very generous in sharing their wisdom, passion and experience in the service of young children. That generosity, and the leadership provided by the Co-Chairs, Michele Bossers and Steve Bagnato, made this publication possible.

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Wendy A. Etheridge, Ray Firth, Robert Nelkin, Maria Zeglen Townsend
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Summary

The Jewish Healthcare Foundation focused on behavioral health services for young children in response to requests by service and advocacy organizations. Initially, these requests were in the form of proposals for funds to expand or improve training of early care and education¹ teachers and aides to strengthen their skills in caring for increasing numbers of children exhibiting difficult to manage behaviors. As these requests continued, the Foundation decided it would be prudent to develop a full understanding of the extent of the problem locally and the availability of effective assistance to help the teachers and aides. In the process, the Foundation planned to identify wise investments for JHF and necessary actions by other key organizations.

But first, there was a need to learn: Is this a serious problem? Are there a growing number of young children with serious behavioral problems? Are early care and education teachers and aides able to address these behavioral problems? Do they (or parents) know where to turn for help? Whom do they call for help, and is there an effective response? In situations where parents are desperately searching for help, is there any special assistance? Is there any organization in charge or likely to take charge of improving behavioral health supports to young children and their caregivers? What are the obstacles to providing a seamless system of behavioral expertise for caregivers and parents? Are leading organizations ready to make behavioral health services for young children a priority? And especially, how might organizations provide **real-time** assistance when there is an immediate need for help with a child exhibiting serious behavioral problems?

To better understand and document the extent of the problem locally and the current status of behavioral health services available to children from birth to age five in early care and education settings in Allegheny County, the Jewish Healthcare Foundation commissioned the University of Pittsburgh Office of Child Development to conduct an environmental scan. The scan was guided by the following questions:

- What are the needs of children from birth to five years with behavior problems, and what kinds of services are currently available?
- What legal and public policy issues are barriers to providing behavioral health supports in early care and education programs, and how can these be addressed to improve service provision in this area?
- What funding streams and insurance coverage are available to provide support for children in early care and education programs, and what are the opportunities for future funding?
- What written materials for parents and training curricula for early care and education program staff would be appropriate and helpful to increase their understanding of social and emotional development in young children?

¹ Early Care and Education (ECE) is the term we will use in this report for childcare and preschool education. It is the term increasingly preferred by leaders in the field.

Addressing these questions, as well as developing strategies to resolve the underlying problems, required the combined efforts of parents, professionals in mental health, developmental disabilities, early care and education, welfare reform, and pediatricians. To develop an understanding of the issues from multiple perspectives, focus groups and interviews were held with parents, consultants who support early care and education providers and families, and early care and education staff. Building upon these perspectives and relying upon their own experience and knowledge, a Community Advisory Group composed of 37 practitioners, funders, early care and education leaders, and government representatives developed a set of findings and conclusions.

An ideal system of support would be one that anticipates and responds in **real-time** to the social and emotional needs of young children (birth to age 5) and helps improve the confidence and competence of caregivers and parents. Yet the reality contrasts starkly to that vision. The Advisory Committee and others were unanimous in their agreement that the current situation is far from ideal.

Parents in desperate situations, clearly express that there are too few helpful services. Furthermore, they reported that those few services are nearly impossible to find and even harder to access. These parents' stories illustrated the compelling human need and tragic lack of help. Faced with serious situations that had disrupted the early care and education setting and/or the home life, parents were at a loss for where to turn for help or frustrated when the services did not respond.

Early care and education staffs sounded a similar alarm and described similar frustrations when seeking help. Paradoxically, they cited an increased number of children exhibiting behavioral problems yet *fewer* services to help when compared to the past. These early care and education staff clearly described a lack of qualified behavioral health service providers available to help them in their settings or the child's parents in their homes.

Behavioral health consultants also reported that parents and ECE providers increasingly are seeking assistance for challenging behaviors exhibited by young children. While they report a variety of behaviors, aggression towards other children was one of the most common referrals. The behavioral consultants were concerned about the teacher and aide's abilities to handle challenging behaviors without additional training and occasional consultation on-site in the early care and education setting.

A number of factors contributed to a lack of beneficial services. They include: A confusing maze of agencies, programs, eligibility and jurisdictions make it hard to know where to turn. Parents and early care and education staff often find it difficult to engage each other on these difficult issues. Multiple, publicly funded agencies each have a portion of responsibility for meeting the behavioral health needs of very young children in early care and education services; however, no entity has primary responsibility for providing supports to this heterogeneous population of children. Federal and state funding of childcare focuses on increasing the quantity available rather than the quality of programs developed. Finally, there are a limited number of

specialists with expertise in early childhood development, young children’s “emotional wellness,” and supportive services in early care and education settings.

National trends and information are consistent with our local situation. An emerging body of knowledge and a chorus of national experts alert the nation to address the social and emotional needs of children birth to age 5. Despite growing scientific evidence that early social and emotional development are critically important to a child’s adjustment and success in school and society, policy and practice fail to reflect that knowledge. As behavioral problems become increasingly apparent in the rapidly expanding childcare population, both parents and early care and education (ECE) providers are frustrated in their attempts to find help for children who need it. Such help, they say, is hard to find, fragmented, and difficult to access. Unaddressed, problem behaviors such as aggression, defiance, and over-dependence cause family stress and disruption in early education centers, and they place children at high risk for school failure. Such children often wind up in more costly special education classrooms and/or are “treated” in mental health systems.

The long-term impact of early social and emotional development and the importance of early intervention when developmental delays appear have been documented by National Academy of Sciences (NAS). “Given the substantial short-and long-term risks that accompany early mental health impairments,” the NAS concludes, “the incapacity of many early childhood programs to address these concerns and the severe shortage of early childhood professionals with mental health expertise are urgent problems.”ⁱ

In addition to documenting and defining the problems, this report proposes solutions and next steps to achieve strategies that will help children by helping teachers and parents. The recommendations range from developing effective professional collaborations, enhancing training, expanding the number of behavioral health providers with the appropriate expertise, increasing funding to improve the identification of early behavioral signs of serious emotional difficulties and effective interventions, and developing a constituency to promote increased support for preventive mental health services. Because more than half of all children (and nearly two-thirds of those who are 3 to 5 years old) spend their days in childcare, the strategies relate to childcare providers as well as family members. If implemented, these recommendations will make Allegheny County a leader in the early identification and delivery of supports to young children. Already, there are. Leaders have acknowledged a growing need for services and have unilaterally begun to develop more helpful services within early intervention and behavioral health services.

Service Pathways Project and Year Two Projects

In addition to efforts within their specific organizations and as a direct result of the study, leaders of early care and education, early intervention and behavioral health have collectively launched two pilot projects to provide assistance to parents and providers seeking help for children with behavioral problems.

Service Pathways

This report, which summarizes the findings of the environmental scan and provides a guide to effective informational resources for parents and providers, also describes a key product of the scan, *Service Pathways*, and a major undertaking for Year 2 of the grant, the *Exploratory*

Study. The Service Pathway maps the way from first requesting help to eventually securing beneficial supports. Information and referral staff, working on behalf of families or providers, will have a web-based resource to answer where to turn for help. The Service Pathways is a guide to appropriate and helpful resources. The web site will maintain information on the resources available for children in early care and education in need of behavioral health supports. When parents or early care and education programs contact one of the regular information and referral organizations, the gatekeeper can access the web site and retrieve resource information sorted by the child's age, residence, and insurance benefits. In more difficult situations, the web site will guide the caller to identify new resources or resolve coordination concerns.

The web technology will permit the collection of data across the child-serving entities involved. As inquiries are made for services, the program will also simultaneously collect data such as the callers' needs and concerns and perceived barriers. Not only will this project be a valuable tool for the referral of children, but it will also help identify gaps and barriers in services so improvements can be made.

Once the project has been evaluated as effective, it will then be made available to others. Over time, the collected information will guide planning and the development of changes to fill unmet needs for supports to young children in early care and education programs.

The Exploratory Study

The Exploratory Study complements the Service Pathways by providing or helping an existing case manager for parents and ECE providers who are having trouble accessing services. This person will coordinate work with the family, the ECE provider and the partners in Service Pathways to respond to the child's needs. The Exploratory Study will follow a sample of children and families through the Service Pathways as they attempt to obtain supportive services. In the process, this will provide a fuller understanding for policymakers of the concerns from an individual family perspective and provide assistance in overcoming the barriers that the family has encountered. In following these children, the leaders of key organizations will discover unanticipated strengths and problems in local services.

Focusing on one family at a time, partner organizations will identify the problems in providing beneficial supports, learn the root causes of these service lapses and engineer solutions that satisfy families and ECE providers. The Service Pathways process provides a framework to both facilitate access to existing resources and to understand the breadth and nature of the barriers.

The environmental scan seeks to shed light on the nature of this crisis both within Allegheny County and nationally and to provide recommendations on how to improve the system of care for these very young and vulnerable children, their families, and ECE providers. *Service Pathways* and the *Exploratory Study* will pilot two promising approaches to systematic improvement. The Community Advisory Group and the Jewish Healthcare Foundation hope that it will be used as a planning tool by foundations, public and private human service funders and policymakers, early care and education programs, and government entities to strategically guide future investments, policy decisions, and service delivery enhancements in ways that will improve the supports available to our youngest children.

The Parents' Story: #1

Seeking Help for James

Editor's note: This family's story illustrates the complexities and the delays that often occur in getting help for a very young child's behavioral difficulties, even when the parents actively sought help and had the encouragement of the childcare teacher. Faced with potentially harmful behaviors and deeply worried that their son might be dismissed from childcare, the family tries valiantly but unsuccessfully to negotiate the maze to get help for their son and themselves.

James seemed to be a perfectly normal baby until, at the age of one year, he started banging his head against the crib. His concerned parents took him to their pediatrician, who reassured them that this "mildly aberrant behavior was indeed normal for some infants." To his parents' relief, the behavior subsided. Shortly after James turned two, however, he started banging his head again, this time with much greater intensity and frequency.

Alarmed, the parents once again consulted the pediatrician, who suggested the behavior was a ploy for attention. His advice? Ignore it. Not only was it difficult to ignore the head banging—they were concerned for their child's safety and feared the consequences of his behavior—but ignoring it did not have the intended effect. Instead of subsiding, the behavior escalated. James was banging his head daily, on concrete and on the gravel driveway among other things, at home and in the childcare center he attends. In the last six months, the head banging became so severe that he bled from the forehead.

James' parents tried everything, from ignoring the behavior to pleading with James to stop, but nothing worked. The mother called the childcare center every day James was there (three days a week) and talked to the head teacher. The teacher was responsive to her concerns and sympathized, but she had no answers. The staff, says the mother, is "at wit's end" with her child, which makes her even more anxious. For example, on field trips, things come to a halt when James starts his head banging. The childcare staff has expressed reluctance to take more field trips because he is so disruptive. The parents in turn wonder how much longer the staff will tolerate James' behavior before he is asked to leave. They are also concerned about the reaction of the other children's parents. And they are very concerned about James' starting school. At this point, they don't know whether the behavior is temporary or whether it will worsen and last a lifetime.

The doubt, frustration, insecurity, and concern have exacted a great toll on both parents, who say their lives seem to be totally consumed by James' behavior. For example, they are reluctant to get together with friends who have normal children because James is so different and unpredictable, and they are unable to leave James with a sitter. They are increasingly frustrated by their inability to stop the behavior, and they don't understand why it is happening or how to begin to deal with it. The situation, which has stretched on for seven months, has also taken a toll on their marriage. Frustrated and feeling defeated, they have little relief or escape from the situation and feel heavily burdened.

The parents turned again to their pediatrician for help. He referred the family to a local hospital for a behavioral evaluation. When the father called the hospital for information, he was told that the program was designed to evaluate the child and then develop consistent strategies for dealing with the behavior at home and at the childcare agency. After the initial conversation, the father felt hopeful and called numerous times to get an appointment. His hope quickly faded when his calls weren't returned. In desperation, one day he left an urgent message describing the serious nature of James' head banging and its potential for self-harm. Only then did someone get back to him. Even so, he was unable to schedule an immediate appointment and had to wait more than a month for James to be seen.

The parents are determined to help their son, but they need assistance finding out where to turn for help. In addition, they need coping strategies to deal with the daily strain this has put on the marriage and family. They say they feel fearful, helpless, and apprehensive about James' present condition, not to mention his future situation.

Postscript: The interviewer who talked with this family to get their story actually intervened successfully by asking whether they had contacted a specific agency for help with their son. They had not and, in fact, were not familiar with the early intervention services. They learned that this agency could provide the family with some in-home supports to guide them through the hospital evaluation, assess the child's need for other resources, and assist in coordinating the behavioral strategies between the home and the childcare agency.

Ideally, the childcare agency or the pediatrician would have suggested this resource months ago, sparing the parents much pain and frustration. This family was in dire need of help and unable to get the appropriate help in a timely manner. Eventually, the family was able to get James evaluated at the hospital, and the Early Intervention service coordinator has engaged a developmental specialist to assist the family.

The Environmental Scan

President Bush has adopted the Children’s Defense Fund’s motto to “leave no child behind.” However, the provision of behavioral health supports to very young children is one area where numerous children *are* being left behind: ECE providers, families, and children are not receiving necessary services in a timely, family-friendly, and comprehensive manner. Dr. Neal Halfon, noted professor at UCLA, reported that young children frequently are not identified as having mental health and behavioral problems and therefore do not receive appropriate and timely treatment.ⁱⁱ A plethora of research in developmental psychology has shown that experiences during sensitive periods in development can have long-term impacts; thus, it is imperative to identify and intervene when young children begin to exhibit developmental difficulties. In fact, the Foreword of the 2000 *Report of the Surgeon General’s Conference on Children’s Mental Health: A National Agenda* states “The burden of suffering experienced by children with mental health needs and their families has created a health crisis in this country. Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.” Since research has shown strong connections between social and emotional development and school readiness, addressing the social and emotional health needs of young children should become a national priority.ⁱⁱⁱ ***Yet, ECE providers and parents of very young children are desperately crying out for help in their everyday situations, often to no avail.***

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—Foreword to the 2000
Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda

Information gleaned from a local advisory group, focus groups, interviews, family case studies, and ECE providers indicates that their experiences are similar to what is reported in the national literature. That is, responsive supports are not readily available or provided in Allegheny County when a child exhibits a serious emotional or behavioral problem in an early care and education program during the child’s first few years of life. A number of factors contribute to this lack of beneficial services. They include:

1. Families and early care and education providers do not know where to turn for help in identifying appropriate services.
2. Parents and early care and education staff often find it difficult to engage each other in the process of addressing children’s social and emotional needs and in obtaining behavioral health supports.
3. Multiple, publicly funded agencies each have a portion of responsibility for meeting the behavioral health needs of very young children in early care and education services; however, no entity has primary responsibility for providing supports to this heterogeneous population of children.

4. Federal and state funding of childcare has focused on increasing the quantity available rather than the quality of programs developed.
5. There is a limited number of specialists with expertise in early childhood development, young children's "emotional wellness," and supportive services in early care and education settings.
6. Assessing and diagnosing young children is an evolving and controversial area. Differences in opinions and policy impact the way parents feel about seeking supports and services, the way parents and professionals view the child, and whether supports for a child in early care and education can be funded.

Working with the Community Advisory Group for this project, the University of Pittsburgh Office of Child Development (OCD) and the Jewish Healthcare Foundation have identified these factors as significant barriers. Specific next steps have been outlined to improve the identification of and intervention for behavioral health needs in very young children, and recommendations have been developed for longer term improvements to enhance the emotional wellness of young children in Allegheny County.

Specific next steps outlined by the Office of Child Development in fulfillment of a Jewish Healthcare Foundation grant include the following:

Phase 1: 2001

1. Develop collaboratively a web-based service pathway to guide early care and education providers and families from identification of need to accessing beneficial supports.
2. Purchase and distribute materials and training methods to help early care and education providers and parents become informed about social and emotional development.
3. Provide a training workshop by Zero to Three (a recognized national resource in this field) to enhance ECE providers' skills in partnering with parents to help their children who exhibit social and emotional problems.

Phase 2: 2002

4. Conduct a pilot project to address barriers to service for individual children and their families and, in partnership with the responsible funders, identify system improvements needed to ensure that all young children and their families are able to access developmentally appropriate behavioral health supports when needed.
5. Design and implement a process to quantify the gaps and barriers to service and, in partnership with the responsible leaders of early intervention, mental health, and early care and education, identify methods to resolve them.

In light of growing concern at the national level about the critical lack of attention to the emotional well being of very young children, the project's Community Advisory Group, which includes 34 practitioners, funders, early care and education leaders, and government representatives, determined to launch an immediate response to the crisis at the local level. While

acknowledging the magnitude of the challenge, members are confident that major improvements will come about because of our collective local assets: significant interest and efforts to improve early care and education, academic and clinical expertise in behavioral health for very young children, an enlightened core of private and public funding organizations, and major efforts to improve the nurturing and development of very young children.

The Advisory Group has developed the following recommendations for an early childhood strategic plan:

Develop strong collaborations between the Allegheny County Department of Human Services (including Community Care Behavioral Health Organization, the Offices of Behavioral Health and Community Services, Children's Cabinet, and Early Intervention Programs), the Early Intervention Part B Programs of the Pittsburgh Public Schools and the Allegheny Intermediate Unit, Child Care Partnerships of the YWCA of Greater Pittsburgh, and Head Start. Such collaboration must include agreements to initiate integrated funding strategies that a comprehensive system of supports and to implement best practices for very young children.

Improve the early identification of and interventions for young children in early care and education programs who need behavioral health supports.

Increase funding for selective prevention programs in early care and education programs serving children at high risk.

Enhance the linkage of adult behavioral health programs with early care and education programs to promote resilience in children whose parents are getting services and supports.

Include early care and education leaders in the development of services for young children and their families.

Finally, the Office of Child Development also has developed a list of recommendations based on an in-depth study of the issues and investigative activities. These recommendations include:

Work with local colleges and universities to increase the number of behavioral health providers with expertise in early childhood development, in early childhood programs, and in working with young children.

Urge current collaboratives (e.g., Birth to Five Subcommittee of the Children's Cabinet), the major early childhood service providers (e.g., the Alliance for Infants, Pittsburgh Public Schools, and the Allegheny Intermediate Unit), and the Allegheny County Department of Human Services to establish a new set of clearly defined responsibilities for developing a system to provide behavioral health supports to very young children.

Develop a constituency to advocate for increased mental health funding for prevention services by working with leaders in the aforementioned systems to help them better understand the need for and how to use collaborative funding to fund these services and to promote family-friendly service provision techniques (i.e., fewer pull-out programs and more supports provided in early care and education settings).

Project Description

The University of Pittsburgh Office of Child Development (OCD) was commissioned by the Jewish Healthcare Foundation to prepare an environmental scan to address the early identification and delivery of behavioral health services to young children, birth to age five. As part of the grant, OCD activities included conducting telephone interviews, personal interviews, focus groups, and reviews of materials and web sites to identify what efforts are needed to improve the provision of behavioral health supports to young children in early care and education settings. Table 1 describes project activities and goals.

Table 1: Description of Grant Activities and Goals Completed by OCD

Activity	Goal
Telephone interviews (25) with mental health agencies and with consultants and professionals who work directly with children with social and emotional problems in ECE settings	Identify types of support services provided to young children with social and emotional problems and identify policy and funding procedures and needs
Parent interviews (6)	Develop understanding of needs and experiences of parents of children exhibiting social and emotional problems
Focus groups (3) including 18 ECE providers, PAEYC members, and Child Care Partnerships staff	Understand the issues, successes, and problems that ECE staff experience when working with children exhibiting social and emotional problems
Review of parent education materials , assessment tools, training strategies and training materials for ECE staff, and recommended practices for mental health consultants	Identify tools that provide useful information for ECE staff and parents and to identify training materials that would help these groups provide support to children with behavioral problems
Review of web sites about social and emotional development	Identify good sources for information for parents about social and emotional development

The findings from these activities were presented to a 34-person Community Advisory Group for their feedback and review. Their advice was used in the selection of materials for dissemination, to help develop funding and policy recommendations for the environmental scan, and to develop an exploratory study.

In addition, OCD developed and is piloting a web-based Service Pathway system in partnership with the Allegheny County Department of Human Services, the Alliance for Infants and Toddlers, Pittsburgh Public Schools Program for Students with Exceptionalities, the Allegheny Intermediate Unit Early Intervention Program, Child Care Partnerships of the YWCA of Greater Pittsburgh, and Community Care Behavioral Health Organization. The Service Pathway maps the way from first requesting help to eventually securing beneficial supports. The intent of Service Pathways is to help these organizations identify appropriate and timely referrals for children’s social and emotional problems, and to identify barriers in access and services for young children in ECE programs on an individual basis.

Finally, OCD, with the guidance of the Community Advisory Group, has developed an exploratory study to implement during the second year of the grant. The study builds upon the Service Pathways process and focuses on following individual children, using a “single point of contact” to illuminate the barriers encountered and develop an immediate response to those barriers. Specifically, the Service Pathways process and web site will serve to identify resources for ECE providers, to measure the number of individuals who encounter barriers to accessing

services, and to provide a general description of the barriers. Grant funds for the exploratory study will support the services of a case manager to guide a limited number of children and families in overcoming barriers and accessing appropriate supports. Understanding and responding to the barriers “one family at a time” will provide the rich detail of information needed to better understand the problems encountered by all the families and providers seeking supports and to develop effective behavioral health supports to reach children with social and emotional challenges and their families. The partners will use this information to address policy and practice reforms needed to improve accessibility to supports for very young children. The results of this activity will be presented in a subsequent report to the Jewish Healthcare Foundation.

What is the Crisis?

Allegheny County Childcare Demographics

In Allegheny County, approximately 18,220 children from birth to age 2 and 23,194 children between the ages of three and five years were in childcare in 2000 (estimates based on national usage rates for licensed, regulated, and informal care as reported by the Urban Institute, 2001). Based on a conservative prevalence rate that 5 percent of children between the ages of three and five years experience behavioral health problems, 1,159 children potentially would be in need of supports. (Some prevalence estimates report up to 8 percent for children in this age group.) Assuming a prevalence rate of 2 percent for children less than two years of age, approximately 365 very young children in childcare potentially would be in need of supports. (See Table 2.) However, interviews and focus groups revealed that local parents and ECE providers perceive that the rate of children in need of supports in early care and education settings is actually much higher than those projected.

Table 2: Prevalence Estimates of Behavioral Health Issues for Children Birth through Five Years of Age

Groups of Children	Children 0 - 2 Years		Children 3 – 5 Years	
	Total Number of Children	Prevalence Rate at 2% ²	Total Number of Children	Prevalence Rate at 5% ³
All children in Allegheny County	43,259	865	43,785	2,189
Children in Licensed and regulated childcare ⁴ centers	9,734	195	16,688	834
Children in Unlicensed and unregulated care ³	8,486	170	6,506	325
Total potential estimate children in childcare with behavioral health issues	1,525			

Parent Perspectives

- To understand the nature of the difficulties families faced in finding supports for children with social and emotional problems, the Office of Child Development sought to interview

² Dr. Kelleher suggested that a 2% rate of behavioral health issues in children two years of age and younger is more accurate than a 5% or 8% rate.

³ Surgeon General Report on Mental Health, 1999 reported a 5% prevalence rate for severe behavioral health problems for children.

⁴ Estimates based on national usage rates (Urban Institute, 2001).

parents about their experiences. OCD contacted numerous early care and education providers and asked them to invite their families to participate in the interviews. As a result of these contacts, six parents agreed to participate in the interviews.

In general, parents reported that their children exhibited a wide variety of problem behaviors. Some behaviors included extreme forms of acting-out behaviors (e.g., defiance, tantrums, fighting with other children, etc.) Other behaviors included head banging, poor interaction skills, speech difficulties, whining, and over-dependence on adult caregivers. Thus, the types of behaviors that parents reported as eliciting concern were wide-ranging from defiance toward adults to over-dependence on adults and from fighting with peers to inability to interact with peers, all behaviors parents found to be disturbing and difficult to accept and cope with in their children.

In some cases, parents felt that the caregivers had exaggerated the behavior problems and disagreed with the caregivers' assessments. In general, most parents felt that their children exhibited the problem behaviors more often in the ECE settings than in their homes. The parents reported that this made obtaining help more difficult, since the children would need to be assessed and supports would need to be provided in the ECE setting to make them relevant to the children's needs.

When confronted with the challenging behaviors in their very young children, parents by and large reported that they did not know where to turn for help; nonetheless, they had to respond to their children's needs. In all the interviews, parents reported that one challenge in developing appropriate responses was admitting and acknowledging their child's need for support. (ECE providers who participated in OCD focus groups also shared that they sometimes had difficulties discussing the behavior problems with the parents and cited parental difficulty comprehending developmental concerns).

When confronted with challenging behaviors in their very young children, by and large parents reported that they did not know where to turn for help

OCD Parent Interviews.

All parents reported serious emotional distress and fear of losing the childcare based on their children's behaviors or the ECE staff's perceptions of the behaviors. Once concerns were acknowledged, parents lamented that it was hard to access services because, regardless of socioeconomic status, they found the system difficult to comprehend. Parents were dismayed that there was no central place where they could go for good information.

Similarly, parents and pediatricians who participated in the Community Advisory Group lamented the fragmentation of the system, describing accessing behavioral health supports for children in ECE settings as navigating through a "labyrinth." Interviewed parents and Advisory Group members strongly endorsed the need to develop a user-friendly system of care for young children. Such a unified early care and education system would not stigmatize children who required behavioral health supports but would focus on the child, the family, and the early care and education setting together in flexibly and responsively addressing the children's needs. Additionally, interviewed parents and Advisory Group parents suggested that providers of behavioral health supports would need to be skilled at working with young children, knowledgeable of early care and education programs, and skilled at engaging parents and teaching outreach techniques to others. Furthermore, parents reported that ECE staff significantly varied in their ability to implement interventions but that the providers did try to work with the children and were fairly supportive of parental efforts.

The Parents' Story: #2

In Quest of Help for Olivia

Editor's note: This family's story demonstrates the difficulties in obtaining help for a very young child exhibiting behaviors that might be harmful to herself or other children. Even with the support of the childcare center and contact with several agencies, the family was not able to access relevant services. Rebuffed by one prominent agency for not having an "emergency," the family is hoping that outpatient counseling will now be helpful. As a side note, childcare staff shared that they strongly felt outpatient services would not be enough for this child. They would like supports provided within the childcare setting as well.

Olivia seemed like a normal child until she started having behavioral problems at the age of 2 _ years old. At home and in childcare, she suddenly became difficult to handle; she was hyperactive and unable to sit still, according to her mother. At the time, both of Olivia's parents (her mother and her new stepfather) were attending parent education classes. The teachers at the childcare center told them about their child's difficult behavior and suggested that the parents seek supports; however, the childcare agency was not able to offer any specific suggestions to the parents.

After the birth of a half-sister a year later, Olivia's behavior became even more aggressive toward the younger sibling. Her behavior has ranged from taking toys from her sister to picking her up and throwing her. Olivia has also tried to get her to eat garbage.

A clearly overwhelmed and frightened mother has explained that she and her husband have tried everything to stop Olivia's behavioral problems but nothing has worked. The parenting classes they took together were not helpful, according to the mother, who said the content was geared toward parents of normal children. She, on the other hand, was dealing with severe behavior and was uncomfortable in this particular group setting.

At the childcare agency Olivia currently attends, the child's problems have been difficult to manage, but the agency has not dismissed her. Still, Olivia's mother worries that they might. At home, she worries about many things: leaving her children alone in a room together (which she can't do, ever) or leaving them with someone else while she and her husband go out (which she won't do, either). She is greatly concerned about Olivia's starting to school in the near future. How is that going to work? she wonders.

Nothing the parents have been doing has had the intended effect on their daughter's behavior. Frustrated and not knowing where to turn, they asked the childcare staff what to do. The childcare agency referred her to a hospital for evaluation by a psychiatrist. There, the psychiatrist determined that although Olivia was attaining the appropriate developmental milestones, her behaviors were not appropriate and needed intervention. He suggested a referral to outpatient services.

The mother was also referred for evaluation and services to a prominent community family counseling agency. She received no response to her repeated phone calls to the agency. When she finally got through to someone there, she was informed that her situation was not an "emergency." If this is not an emergency, the mother wondered, then what is? She is overwhelmed by the strain of dealing with an unmanageable situation on a daily basis with no relief in sight. Diminishing hope and increasing tension has affected the couple's marriage and family life a great deal. They worry about Olivia, of course, and they fear for their younger child, who must be protected at all times.

Olivia is now being seen in outpatient services once a month, with the family attending and involved in at least part of the session. She has gone for two sessions so far, but there has been no improvement in Olivia's behavior.

Summary: It appears that this family could greatly benefit from the help of a "service coordinator" who could guide them to all of the services available to their daughter. This could include wrap-around services at home and in the childcare or school setting. The director of the childcare agency confirmed that this family needed help in identifying and obtaining the appropriate services for their daughter, but they have yet to find a single agency that can genuinely help them in this respect. Both the mother and the childcare provider, who was highly invested in helping meet Olivia's needs, were frustrated by not being able to get good information about what services are available to children with behavioral problems.

Parents felt on-site consultation would address many of their concerns and should be a basic component of supports for very young children, given the importance of relationships with caregivers and the impact of the environment on children’s behavior.

Table 3 presents parent concerns and potential solutions as suggested by the Advisory Group.

Table 3: Parental Concerns and Difficulties When Obtaining Behavioral Health Services for Young Children and Potential Solutions

Parental Concerns	Potential Solutions
Need to build working relationships between parents and ECE staff	Local training with providers in how to work with parents using the Zero to Three initiative On-site consultation to enhance ECE providers effectiveness to address parents’ questions
A general lack of experience about behavioral health issues in young children	Provision of training and distribution of educational materials to inform about behavioral health issues in young children
System of care difficult to comprehend	Define pathways to service to direct caregivers and parents from need to beneficial supports
Early care and education staff vary in ability to implement interventions	Provision of training and distribution of educational materials to inform about behavioral health issues in young children On-site consultation as needed

Early Care and Education Provider Perspectives

While parents in Allegheny County have indicated a significant need for mental health services for very young children, local early care and education providers have sounded a similar alarm regarding the need for behavioral health supports for young children in childcare. Specifically, early care and education providers who participated in the Community Advisory Group highlighted the following concerns:

- Staff from several Inclusion Projects reported that child development specialists who once consulted on one or two children at a site often are asked to support other children also at the early care and education program and now see between five and ten children. They report receiving more requests for behavioral health consultations than for special needs inclusion consultation.
- The executive director of the Pennsylvania Association for the Education of Young Children (PAEYC) reported that there was a tremendous demand by early care and education providers for workshops on behavioral health at professional conferences.
- Early care and education providers reported that behavioral health supports were significantly lacking, particularly for children who do not have an official diagnosis and whose difficulties seemed to be primarily social and/or emotional in nature.
- Participants worried about placing labels on children that might stigmatize them for life, particularly when such labels might reflect a staff problem or a developmental adjustment issue rather than behavioral problems *per se*.

Additionally, in focus groups, early care and education providers raised the following concerns, indicating the growing crisis of behavioral health problems in childcare:

- **The number of children exhibiting behavioral health problems has increased over the years.** The majority of the providers in the focus groups noted an increase in the incidence of problem behaviors; some felt this might reflect the increase in the actual number of children in childcare, exacerbated by inadequate training of the staff in relating to diverse groups of children.
- **Estimated prevalence rates of children exhibiting behavior problems in their centers have risen to a level of 10 to 20 percent.** Those ECE providers who reported the highest prevalence rates felt that their centers attracted more children with behavior problems because they have a reputation for accepting them
- **Diagnoses in younger children have increased, but fewer services are now available to meet their needs than in the past.** Some providers felt that this may be due in part to the reduction in consultation and education services available from the community mental health system.

The above information was gathered through three focus groups with early care and education providers conducted by the Planning and Evaluation Project of the Office of Child Development. The focus groups were designed to provide an understanding of the issues, successes, problems, and frustrations that early care and education staff face when caring for children with social and emotional problems.

In the focus groups, providers described a range of behaviors that they felt required intervention in early care and education settings. Similar to the parents interviewed, most of the participants focused on difficulties related to acting-out behaviors such as anger and aggression (e.g., biting, kicking, hitting, throwing toys, etc.); however, providers also reported concerns about internalizing behavior problems such as nervousness, anxiety, withdrawn behavior, and sadness. Additionally, focus group participants highlighted difficulties they encountered when dealing with children who exhibited extreme social indifference or difficulty communicating wants and needs. Other difficult behaviors included sleep, eating, and bowel disturbances that they felt were increasing, possibly as behavioral manifestations of anger, anxiety, and/or depression.

Similar to the parents interviewed, most of the ECE providers focused on difficulties related to acting-out behaviors such as anger and aggression (e.g., biting, kicking, hitting, throwing toys, etc.); however, providers also reported concerns about internalizing behavior problems such as nervousness, anxiety, withdrawn behavior, and sadness.

OCD focus groups

Thus, behavioral health supports are needed in childcare to address a diversity of problems according to the reports of these 18 ECE providers. Focus group participants overwhelmingly expressed the need for readily available, competent support services. ***Providers reported that even though they sought resources, they had found few resources to turn to for help when confronted with these kinds of issues.*** To optimally address the challenging behaviors, participants suggested that interventions must be highly flexible and tailored to meet the characteristics of the individual child and the ECE environment. Additionally, providers felt that they needed more effective methods to work with parents and to tackle the issues in ways that would help them work together to address the children’s needs. They reported that it is an upsetting experience for any parent to be told that a child may “have a problem” and that the situation is only more upsetting if the resources are neither known nor available in a readily accessible manner.

Several ECE providers recommended on-site consultations, training, observations, assessments, and therapeutic interventions as potentially effective strategies to address the needs

of young children in ECE with social and emotional problems. Providers endorsed on-site supports in particular because they often were frustrated when they were not included in the assessment, service planning, and implementation of supports for the young children in their care. They were bothered that the supports frequently were provided away from the early care and education program, although the children were spending most of their day with them. They believed that on-site supports would improve child outcomes.

While early care and education staff members recognize the need for supports, they report that they often are frustrated when seeking help, as there is a lack of qualified behavioral health service providers available to early care and education settings and no service system is clearly responsible for providing supports.

Table 4: Early Care and Education Provider Concerns and Difficulties when Seeking to Obtain Behavioral Health Services for Young Children and Potential Solutions

ECE Provider Concerns	Potential Solutions
Frustrated with the lack of easily identifiable resources	Jointly identify service pathway to direct caregivers to services
Few resources to access for help	Seek integrated response from key funders and policymakers in human services to address lack of resources Review gaps or barriers to obtaining services and develop a constituency to be a voice for these changes
Dynamics of parent engagement	Use Zero to Three initiative for training ECE providers in how to work with parents Provide on-site consultation to ECE sites to address parents' questions Provide center-based developmental and mental health supports
Need for consultation on program issues impacting individual child behaviors	Provide on-site consultants to address program and interactions within sites that impact social and emotional aspects of development Provide information and training for ECE staff

ECE providers reported that providing supports for young children are more difficult because of challenges specific to the ECE field. These difficulties included the issue that the most highly trained childcare staff are not attracted to settings where the need for behavioral health supports is greatest (i.e., centers located in low income, urban environments). Providers also expressed general concerns about the ECE staff's educational background and their ability to address challenging behaviors and to work with parents who do not share ECE staff's concerns about their children's problems. ECE providers asserted that providing suitable interventions for a young child whose behavior problems are exacerbated by risk factors such as poverty poses a significant challenge in that supports must provide for the emotional wellness of the child and address other family or environmental risk factors without stigmatizing the child as having a "mental illness." To address the lack of highly trained staff and concerns about staff skills, focus group participants felt that providing information, materials, and training could improve staff's ability to deal with the behavioral challenges.⁵ However, they clearly preferred on-site consultation as the strategy to provide behavioral supports. To address the parental permission issue, participants felt that on-site mental health consultation also would improve

⁵ Research demonstrates that follow-up and supervision must be provided if providing information, materials, and training is to improve childcare staff's skills.

access to supports as the consultants would be familiar to the parents and would be available to discuss the children’s needs with their families and to answer any concerns.

Consultants to Early Care and Education Programs Perspectives

The Planning and Evaluation Project (PEP) of the Office of Child Development also conducted phone interviews with consultants from local agencies and professionals who both work directly with children with behavioral health problems and who were identified as having a relationship with the early care and education sector. Mental health agencies contracting with Allegheny County were also included. Thirty-four people were contacted, and 25 (74 percent) were interviewed, using a phone survey designed to capture information about the nature of the services they provide for children this age and their assessment of funding and policy factors that impact service delivery. Participants in the interviews included individuals who work for child-focused mental health/retardation organizations, children’s mental health specialty agencies, early care and education specialists, early intervention providers, and private practitioners.

In the telephone interviews, consultants reported that parents and ECE providers increasingly are seeking assistance for challenging behaviors exhibited by very young children. Similar to the early care and education providers, the consultants reported that children evidenced a variety of problem behaviors. Once again, aggression towards other children was one of the most common referral issues. (Only one provider did not report receiving referrals for this behavior). Other common referral problems included aggression toward adults, typical developmental issues such as tantrums and biting, and separation issues characterized by crying and difficulty separating from adults. Table 5 provides a listing of the types of referral problems described by the consultants for which parents and childcare providers more often are seeking their help.

Consultants to early care and education programs reported that parents and ECE providers increasingly are seeking assistance for challenging behaviors exhibited by very young children....80% of the referred children would benefit most from occasional interventions within the ECE classroom

PEP telephone interviews.

Table 5: Types of Behavior Problems Referred to Behavioral Health Providers (n = 25)

Behavior Problem	Number of Respondents	Percentage of Respondents
Aggression toward other children	24	96%
Aggression toward adults	23	92%
Typical developmental issues (e.g., tantrums, biting)	22	88%
Crying, clinging/separation issues (recent onset)	21	84%
Signs of abuse/neglect	17	68%
Wetting and soiling for a trained child	17	68%
Aggression toward self or toys	16	64%
Cognitive delays	16	64%
Speech delays	15	60%
Other (e.g., ADHD, PDD, autism, phobias, trauma, PTSD, lack social skills, parent-child interactions, kindergarten transition, defiant, attachment)	13	52%
Other (e.g., anxious, depressed, sleeping problems)	4	16%

The interviewed behavioral health consultants to ECE programs reported using a variety of methods to address the behavioral health needs of young children in ECE programs. Over three-quarters reported that they provide services directly to children, and 80 percent reported that they provided consultative services to ECE or preschool programs. Regarding services

provided directly to children, approximately two-thirds provided services in their offices or in ECE settings, and slightly over one-third provided services in the children’s homes. Virtually all consultants who provided services in their offices conducted individual therapy, family therapy, assessments, and/or parent training and assistance. In ECE settings, consultants provided (from most to least common) (1) consultations with staff on individual children, (2) interventions with individual children in the classroom, (3) assessments, and (4) individual therapy. On average, these providers and consultants provided their services mostly to licensed and regulated centers (75-100 percent), Head Start classrooms, and group and family day care homes. This suggests an obvious corollary—that even less professional support is available for children in relative or neighbor care. Furthermore, of the early care and education centers that received services, more than half were NAEYC accredited. However, only four percent of all ECE centers in Allegheny County have this accreditation. This suggests that the vast majority of centers are not receiving consulting services to help them deal with behavioral issues and indicates a serious gap in service provision.

Of the surveyed centers that received services, more than half were NAEYC accredited; yet, only 4 percent of all ECE centers in Allegheny County have NAEYC accreditation. This suggests a serious gap in services in the majority of centers.

To better address young children’s needs, consultants suggest that those who require behavioral health assessment and intervention services would benefit from the use of flexible and highly individualized procedures. Such procedures would need to address multiple levels (e.g., child, family, and ECE provider issues) since risk factors can occur at various levels.^{iv} This suggests that appropriate behavioral health supports might include efforts to increase the knowledge of parents and ECE providers about child development, to increase the skills of ECE providers to manage challenging behaviors, and to provide on-site consultation to develop individualized approaches for young children who need extra supports. In fact, the behavioral health consultants reported that over 80 percent of the referred children would benefit most from occasional interventions within the ECE classroom. Moreover, behavioral consultants were concerned about ECE staff’s ability to handle challenging behaviors without additional training, suggesting that additional supports are needed to improve ECE staff skills.

National Perspectives

Reflecting national concerns about the need for behavioral health services for very young children, the Surgeon General reported that a high proportion of young people with a diagnosable mental disorder do not receive any mental health services and that the underutilization of services is particularly evident in minority and low-income populations.^v

From national literature, OCD found:

Focusing on the social and emotional needs of very young children, several factors contribute to the increase in need for services and the current lack of services including: 1) increases in the number and younger ages of children entering early care and education programs, 2) lack of identification of children as needing services, and 3) lack of developmentally appropriate and available services.

First, the dramatic shift in the care of young children in America is an additional, complicating factor when meeting the emotional health needs of young children because more young children are having life experiences that make “normal” developmental transitions more difficult to achieve. Changes in the rates of mothers in the workforce and changes in public

policy related to TANF have resulted in significant increases in the number of young children being cared for in early care and education programs. Children are entering care at much younger ages and experiencing more transitions in the number of caretakers involved in their lives. According to the ECE providers who participated in the OCD focus groups, childcare environments can be extremely stressful for young children, and expectations for children to adjust to these environments are unrealistic and developmentally inappropriate. In other words, it is unreasonable to expect very young infants and children to interact in large groups where they must share and be on their best behavior for long periods of time. Heffron (2000) strongly asserted that mental health consultation in day care settings “is an area where expanded services are needed as increasing numbers of parents return to the workplace and also as more infants and toddlers with special needs are integrated into community settings.”^{vi}

Mental health consultation in day care settings “is an area where expanded services are needed as increasing numbers of parents return to the workplace and also as more infants and toddlers with special needs are integrated into community settings.”
Heffron, 2000

Second, the social and emotional needs of very young children often are not identified. At the 2000 Surgeon General’s Conference on Children’s Mental Health, Dr. Kelly Kelleher, noted pediatric researcher and professor at the University of Pittsburgh, reported that girls and young children were particularly less likely to be identified as having behavioral health needs. Dr. Neal Halfon, noted UCLA professor, also asserted that young children’s mental health and behavioral

problems often are not recognized and, in most cases, are not being treated appropriately or in a timely manner. Dr. Halfon cited these experiences as reflecting “a major gap between research and practice.”

The Surgeon General has reported national statistics that indicate that approximately 70% of children and adolescents in need of behavioral health services do not receive them

Mental Health:
A Report of the Surgeon General, 1999.

Finally, national findings suggest that services are not available for very young children. As more and younger children enter early care and education settings, numerous parents and ECE agencies have reported that

developmentally appropriate behavioral health services are not available for this population.^{vii} Nationally, the Surgeon General has reported statistics indicating that approximately 70 percent of children and adolescents in need of behavioral health services do not receive them.^{viii} According to *From Neurons to Neighborhoods*, a comprehensive review of science on the social and emotional development of young children by America’s leading scientists, many early childhood programs do not have the capacity to address social and emotional developmental concerns, and there is a concomitant severe shortage of early childhood professionals with mental health expertise. This makes obtaining early interventions for children who exhibit behavioral delays an urgent problem.^{ix} The National Academy of Science concludes that “science, policy, and practice are not aligned” to adequately provide for the needs of children showing behavioral risks at early ages. Further, the systems to provide the appropriate assessments and interventions are less well developed, and according to Jane Knitzer, Deputy Director of the National Center for Children in Poverty, and Dr. Halfon, the services are started too late.^x These issues are particularly problematic in that early childhood is a time when positive outcomes associated with taking action potentially are greatest. In fact, the Surgeon General reported that “it is logical to try to intervene early in children’s lives before problems are established and become more refractory.”^{xi}

The aforementioned factors contribute to difficulties accessing behavioral supports for very young children; yet, science has demonstrated the vital importance of the early years in preparing children to mature into productive members of society in later years. It is now scientifically documented, but not necessarily well known, that children from birth to age five rapidly develop the basic emotional, social, cognitive, linguistic, and regulatory capacities on which their further development rests. When children do not acquire these abilities as expected for their ages, the rest of their development is seriously jeopardized unless suitable intervention occurs. The infant mental health field has provided evidence that relationship-based approaches support lasting outcomes and that early and targeted intervention investments can save later social costs such as juvenile justice programs.^{xii}

Given the importance of relationship-based approaches, policymakers and practitioners must reframe the issue in order to develop successful solutions to address the problems. The “treatment” provider must have a good understanding of both the social and emotional development of young children and their mental health development and needs and must be able to address the child in the context of relationships.^{xiii} According to Jane Knitzer, “Systems to treat the mental health needs of young children are different than those for

“Systems to treat the mental health needs for young children are different than those for older children because they must be developmentally appropriate, family-centered, and prevention-oriented.”

(Jane Knitzer in
Surgeon General’s Conference on Children’s
Mental Health, 2000).

older children because they must be developmentally appropriate, family-centered, and prevention-oriented.”^{xiv} Thus, providers must be able both to address diagnosable mental health conditions, such as autism and attention deficit/hyperactivity disorder, and to create early care and education environments that promote emotional wellness, thereby preventing behavioral problems at later ages. To adequately intervene at these earlier ages, “treatment” must impact family (e.g. the everyday and often overwhelming struggles of parenting, home-making, finances, and work) and environmental issues (e.g., substance abuse in the family, family or community violence, transitions such as divorce, etc.). Supports need to be provided in the natural environments where children are found to address the importance of relationships and interactions on child development. Thus, significant collaboration among the parents, educators, and mental health professionals involved in a young child’s life is necessary to adequately assess the child’s mental health needs and to evaluate progress in treatment.^{xv}

In spite of the significant needs in this area, the reality is that there are limited resources for early care and education programs, and no system has clear responsibility for meeting the needs of this heterogeneous population of children.

A number of the social and emotional delays encountered in ECE settings could be resolved by applying developmentally appropriate practices; however, these require resources and highly trained, professional staff. Currently, the mental health and early intervention systems lack a universally applied procedure for assessing young children and communicating about their behavioral health needs. Thus, no one system can solve these issues. Rather, “scientists, policymakers, business and community leaders, practitioners, and parents [must] work together to identify and sustain policies and practices that are effective, generate new strategies to replace those that are not achieving their objectives, and consider new approaches to address new goals as needed.”^{xvi}

No system has clear responsibility for meeting the needs of this heterogeneous population of children. . . No one system can solve these issues.

Although the effort is rife with challenges, one reason it is imperative to address the need for behavioral health supports in ECE settings because of its relationship to school readiness. Surveys of kindergarten teachers indicate that up to 46 percent believe that at least half of their class had problems transitioning to school, and research has shown that children who do not achieve social and emotional developmental milestones are at greater risk for school failure.^{xvii} Thus, a body of research is growing that supports the relationships between emotional wellness of young children and having secure, warm relationships with parents and other caregivers as keys to later school success. In short, early experiences set the stage for how well children do when they enter school.^{xviii} Improving the provision of timely and developmentally appropriate supports to very young children is an issue of both national and local scope. Thus, the failure to address the social and emotional needs of these children and ECE providers early using developmentally appropriate methods is a significant factor in the discussion of “How do we make sure our children are ‘ready’ for school?”

The failure to address the social and emotional needs of these children and ECE providers early using developmentally appropriate methods is a significant factor in the discussion of “How do we make sure our children are ‘ready’ for school?”

Summary of Perspectives on the Crisis

In summary, Allegheny County early care and education providers are very concerned about the increasing numbers and varieties of behavioral health problems young children are experiencing. Parents, early care and education providers, and behavioral health consultants are identifying a range of challenging behaviors from separation difficulties to defiance and from no social interest in others to aggression toward peers and adults as being on the rise. Local trends reflect a similar national perspective. Given the substantial need for interventions that are sensitively attuned to address a wide variety of causes, most professionals concur that the solution is to increase services to these vulnerable, young children via on-site consultation.

A logical starting point is to provide age appropriate supports within ECE settings for children exhibiting challenging behaviors.

Taken together, the experiences of early care and education providers, parents, health service providers, and national experts indicate that providing behavioral health supports for very young children in early care and education settings is a growing crisis that requires a comprehensive approach and solutions that utilize the enhanced scientific knowledge base now available. Various factors contribute to the frustration that these groups face when trying to access services for young children: increasing numbers of children in care with increasing social and emotional needs related to multiple transitions, multiple caretakers, few behavioral health specialists for young children in ECE settings, inadequately prepared ECE staff, and a system that is difficult to understand, let alone negotiate. Nevertheless, all groups suggest that a logical starting point is to provide age appropriate supports that enhance the emotional well being of children within ECE settings for children exhibiting challenging behaviors. Clearly, Allegheny County has some of the elements needed to improve services, including a number of leaders who are interested in improving the system, but resources are neither adequately organized nor large enough to meet the current needs.

The Mother's Story: #3

Searching for Help for Michael

Editor's note: This family's story demonstrates the difficulties encountered even by families who quickly develop advocacy skills for their children when they exhibit challenging behaviors. Although this family searched systematically and persistently for help, they still experienced multiple "dead ends," barriers, fears, and frustrations.

Michael's behavioral problems were clearly a cry for help, and yet they were not deemed serious enough to qualify for intervention programs. His mother is a financially stable graduate student from a middle class background, and her husband is supportive. She was articulate in relaying the problems Michael had and the problems she encountered as she advocated for him. Her approach in seeking help for him was logical and systematic; for more than a year, she went down every possible road to see whether led to help for her son. When she finally found help, it was through a private psychologist she contacted on her own. The very concerned mother tirelessly advocated for her son without any thought of giving up.

When two-year-old Michael entered preschool, he had some minor problems adjusting. He had difficulty following instructions, for instance, and there was a slight delay in speaking. His mother, who was starting graduate school, said the adjustment was difficult for both of them. She pinpointed the problems at two years and four months when she first noticed the alarming behaviors at home. At school, Michael eventually formed a strong bond with his first teacher that was key to his initial adjustment.

The following year, while enrolled in the three-year-old program (three mornings a week), Michael became angry and defiant, screaming and throwing tantrums, pushing both adults and children, and ignoring instructions. Michael went through periods where his behavior was considerably worse than at other times, and sometimes it was extremely difficult. His mother saw similar behavior at home, but she said it seemed to be much worse at the preschool. At home he had fewer frustrations, and his mother was able sometimes to manipulate the environment to avoid stressful situations. She suggested that "excessive turnover" at the center contributed to Michael's behavior decline, but she was nevertheless positive about the staff's interaction with Michael, especially the head teacher, and about the daily logs they kept.

She talked to the head teacher frequently about her son and asked where to go to get help for him. "It was an unbelievably frustrating experience trying to figure out what needs to be done and where to go to get it," she said. She found that her son's behavior wasn't deemed severe enough to warrant certain programs such as early intervention. Repeatedly she was told that "he doesn't meet this criteria" and yet he clearly required help. It struck her

as unfair. Did she have to wait until his problems worsened? She was angry that she was unable to find help to turn him around before the problem got worse. “How serious does the situation have to be?” she asked. His aggressive behavior seemed severe to her, and she was alarmed by it.

Another mother without similar resources, education, and persistence might easily have given up getting help for her child. Michael’s mom was clearly acting as his “case manager” as she first turned to her health insurance provider who then referred her to an agency. They in turn referred him to an early intervention program. Someone from the program observed him in school one day but said he didn’t show a significant enough delay for early intervention although they agreed that the anger and tantrums were a problem. Once again his behavioral problems were confirmed with no advice or solution offered.

The mother’s frustration only increased with the knowledge that her son had problems that seemed unlikely to be reversed on their own and her own failure to find someone to help him. Meanwhile she took her son to a doctor for a thorough physical to eliminate causes such as allergies or lead poisoning. She continued to track Michael’s behavior at school and, unable to find another source of help, she scheduled an appointment with a private psychologist who began seeing Michael on a regular basis. That was the turning point for Michael. The following year, during the four-year-old program in childcare, Michael’s behavior showed significant signs of improvement at school according to the mother, who believes that the progress was due in large part to the charting and reward system recommended by the psychologist. The psychologist and the charting at school were the only things that provided any kind of real help, she said.

Conclusions: In hindsight, the mother identified factors that could have made her experience easier, and she offered several recommendations to the preschool and daycare center. They included:

- *Childcare staff should have more training and more information available to them that covers a wide spectrum of possible behaviors in children.*
- *A fact sheet should be posted that identifies possible causes of behavioral problems in children, such as lead poisoning, allergies, and sensory deficits.*
- *Agencies should have access to psychologists for program development, staff training, and individual consultation.*
- *A mothers’ support group should be started to share stories and suggestions.*
- *More parent education should be available*

Policy Issues Impacting the Provision of Behavioral Health Supports in Early Care and Education Settings

The fact that multiple public agencies each have only a portion of the responsibility complicates the provision of quality supports for young children in early care and education programs. By and large, these agencies were established under a different set of conditions and knowledge. Considerable changes have occurred in our understanding of early childhood.^{xix} First, a significant increase in research in the neurobiological, behavioral, and social sciences has provided us with a greater understanding of the conditions that positively or negatively influence children's development. These advances give us a much greater appreciation for the value of early experiences. Second, transformations in the social and economic situations of families inhibit our ability to use the scientific advances to shape how services are provided. These changes have created a system in which policy and practice have not kept pace with our increasing knowledge, thus leaving the system for delivering mental health services to children and their families "a patchwork of providers, interventions, and payers."^{xx} The following section describes how policy and practice impact the provision of services to very young children in early care and education programs.

The system for delivering mental health services to children and their families is dominated by "a patchwork of providers, interventions, and payers."

Mental Health:
A Report of the Surgeon General, 1999.

National Policy Issues

As part of an initiative of the Child Mental Health Foundations and Agencies Network (FAN), Doreen Cavanaugh et al. of the Heller Graduate School at Brandeis University completed an extensive review of federal policies that affect children's social and emotional development. The review included an analysis of the Community Mental Health Services Block Grant Program, federal early childhood care and education policies (including the Child Care and Development Block Grant), and early intervention (identified as Part B and Part C of the Individuals with Disabilities Education Act). The researchers indicate that this type of examination and its recommendations are not new and identify several significant reports of the 1990s that made related points (i.e., Goals 2000 Educate America Act, Head Start, and Starting Points). In their summary, Cavanaugh et al. recommended that services would be improved by creating a multidisciplinary system that crosses traditional policy boundaries and by influencing higher education to improve the education and practical experience of early childhood professionals. The following represents significant findings from the analysis and recommendations that are relevant to the provision of supports for young children in early care and education programs:

Federal and state mental health authorities prioritize the most seriously affected. Federal priorities, as relayed to the states, direct funding to individuals with the most severe disabilities, thus discouraging states from applying a public health approach to the problems experienced by the youngest citizens.^{xxi} For example, under funding provided in the Community Mental Health Services Block Grant Program (CMHSBG), services are limited to treating children who exhibit serious emotional disturbances, and there is no funding designated for prevention.

As a result of these federal and state priorities, the public mental health system provides few if any services for children this age. Currently, public mental health services generally are provided after a diagnosis is made. Thus, children with conduct disorders become a priority for service because they often are involved in multiple child-serving systems (e.g., child welfare and

juvenile justice) and they have a mental health diagnosis. Meanwhile, very young children and their families encounter significant barriers in accessing age appropriate behavioral health supports from publicly funded entities (e.g., mental health system) because the children often lack an official diagnosis and the public mental health system is limited in its capacity to provide age appropriate supports to young children without a clinical diagnosis to establish eligibility. As mentioned previously in this report, sub-threshold behavioral problems are quite evident in young children and can be very predictive of future difficulties, thus qualifying young children for selective interventions.^{xxii} Leading scientists in the Institute of Medicine's *From Neurons to Neighborhoods* specifically report on the benefits of selective interventions that target resources intelligently while addressing the specific issues of young children, their families, and other professionals serving young children. Cavanaugh et al. suggest that two challenges be addressed: 1) to create a continuum of care for the prevention and treatment of early childhood emotional and behavioral problems and 2) to establish designated funding within CMHSBG for prevention.

There is no single point of responsibility. A number of public agencies each have a portion of the responsibility for these children and families. ***However, no one system has primary responsibility for the social and emotional well being of young children in early care and education, and together, the agencies lack a common paradigm to address the issues as a comprehensive, coordinated system.*** Additionally, funds for the prevention or early intervention of emotional or behavioral problems in young children are scattered throughout a number of federal programs across several public agencies. Responsibility, if there is any, depends on the age of the child, the child's insurance, the child's diagnosis, and the availability of grant funds. Simply phrased, according to Cavanaugh et al., "There is no comprehensive, coordinated system of mental health care for young children."

Childcare funding streams focus on quantity and not quality of early care and education programs. In part of the review, Cavanaugh et al. analyzed the Child Care and Development Block Grant (CCDBG). Their analysis revealed that CCDBG has typically been focused on quantity. Further, the amount of the block grant set aside for quality has been reduced over time. It is suggested that a challenge in the future for this program is "... supporting quality care through the development of a well-trained, stable, and qualified workforce...." Although research has demonstrated that quality in early care and education programs relates to prevention of behavioral health problems, current funding practices support quantity of services rather than quality and, thereby, may contribute to some of the problems manifested in these settings. Currently, childcare in Pennsylvania is managed and funded by the Department of Public Welfare.

In spite of these policies that hinder the provision of services to young children with social and emotional challenges, the review by Cavanaugh et al. also highlighted areas within federal policy that could be used to improve services. Specifically, the authors reported that the Individuals with Disabilities Education Act (IDEA) has "enormous potential" for addressing risk factors that may impact the social and emotional development of young children. Part B addresses young children with disabilities in the three- to five-year-old age group, and Part C addresses children birth to three. The legislative and regulatory provisions have significant differences that impact the delivery of supports to children and their families. For instance, Part C mandates that services explicitly include a family focus and a child development perspective. Part C legislation also emphasizes coordination of services and using other sources of funding, such as Medicaid. On the other hand, Part B regulations for providing services to preschoolers have an education underpinning and must be administered through state education departments. When considering providing supports to children experiencing social and emotional challenges,

participants in the OCD interviews and focus groups strongly supported approaches using a child development perspective and coordination of services, as outlined in Part C legislation.

In summarizing the Federal Early Childhood Care and Education policies that should be addressed to optimally support a child's social and emotional development, Cavanaugh et al. highlighted the following issues:

The various ECE systems should enhance linkages across policy domains;

They should support making child development and mental health professionals available within ECE settings;

They should focus on improving the diagnostic tools needed to identify young children with emotional development problems to enhance the eligibility determination process; and

They should provide incentives for states to focus on children at risk for emotional development problems in Part C IDEA programs.

Local Policy Issues

In Allegheny County, surveys of consultants to ECE programs, focus groups with ECE providers, interviews with parents, and discussions with the Community Advisory Group revealed a high degree of consistency in the identification of policy factors that adversely impact the provision of services for children with social and emotional challenges. Such consistency of beliefs also is reflected in the Recommendations section of this scan. While the local constituencies generally agreed with the policies cited by Cavanaugh et al., they also highlighted several other policy factors that constrain the provision of behavioral health supports to young children in ECE settings. These factors include the following:

The Mental Health System places a strong emphasis on individual diagnosis and treatment rather than treatment in families and in the context of relationships as a "family" service. Although science has demonstrated that many of the difficulties experienced by young children relate to experiences with their parents, such as parental depression, and to environmental events, such as divorce, mental health services to adults are not integrated with children's services to address the whole family's needs. Particularly relevant in high-risk families, research supports the use of integrated treatment strategies that combine attention to parental treatment needs with therapeutic and developmental interventions for young children.^{xxiii} For young children, mental health treatment issues are likely to revolve around relationships such as those between parent and child or between child and peer group. Overall, greater integration of child and adult services is needed in both program structure and delivery.

Assessment and diagnostic procedures do not reflect best practices in the field and make it difficult to address the needs of very young children in early care and education programs. To accurately identify social and emotional difficulties, many young children are best served by conducting authentic assessments in the context of their normal environments.^{xxiv} Currently, many of the assessment instruments used by the public mental health system tend to be inappropriate for use with very young children. Often, the tools do not address the social and emotional domains in which many young children exhibit difficulties in childcare settings; thus, they fail to identify children who need supports in these areas. Diagnostic issues include a lack of sensitivity to age and the aforementioned focus on individual problems rather than problems that

occur in and are best treated in the context of relationships. Finally, parents and professionals alike fear the impact of labeling on young children. They may reject a diagnosis and seek a kinder and gentler label, or none at all, that allows them to receive supports and services without stigmatizing children and blaming caregivers for problems. Nevertheless, current mental health systems generally do not recognize these interests in most of their practices.

Language and ways of framing the issue traditionally have limited the ability of different systems to collaborate in providing supports for young children with social and emotional difficulties. For instance, in *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*, Jane Knitzer used the terms “early childhood mental health” and “the promotion of emotional wellness” interchangeably because of the realization that mental health systems, skills, and funds are used in many cases to create strategies to promote emotional wellness. Stakeholders most often use the latter term to describe young children’s difficulties; however, “early childhood mental health” places the interventions clearly in the context of the mental health system and thus identifies them as needing to be addressed in this venue. Local stakeholders assert that the language must encompass the notion of viewing the issues in a developmental context.

Early Care and Education Program Issues

In addition to external policy factors, certain factors within early care and education impact the types of behavioral health supports that are needed. These factors include lack of skills and significant staff turnover.

According to local behavioral health consultants to ECE programs, almost three-quarters of those interviewed (17) reported that there was a need for additional skills within childcare. These consultants felt that ECE staff needed additional training including: (1) trauma education, (2) identifying and intervening with internalizing and externalizing behavior problems, (3) addressing diversity and multicultural needs, and (4) child development. ECE providers who participated in the focus groups and a review of the literature also cited staff skills as an issue when attempting to provide behavioral supports in early care and education settings. Generally, leaders in early care and education feel that childcare staff members need to possess both the education and skills to understand and support young children’s development.

Along with concerns about staff skills, participants in OCD interviews and focus groups and the national literature stated that treatment strategies might be difficult to maintain due to significant staff turnover. In addition to some larger, more costly solutions, potential strategies to overcome this problem may include: 1) providing ongoing training opportunities that equip caregivers with a strong knowledge of social and emotional development^{xxv}, 2) providing supports on a regular basis, as in Head Start and as recommended by Substance Abuse and Mental Health Services Administration (SAMHSA), and 3) elevating the professional status of ECE workers.

Behavioral Health Provider Issues

Finally, factors related to behavioral health service providers affect services to this population as well. Generally, behavioral health specialists provide supports in isolation of other significant adults who work with very young children; however, local interview participants and national literature recommend that the provider be an integral part of early care and education for a multitude of reasons. Bagnato and Neisworth (1999) strongly recommend collaboration among parents, teachers, and behavioral health providers to develop holistic assessments and treatments

for young children. This collaboration provides a mechanism for knowing a child across settings, time, and perspectives. Only through the shared and valued information from all these sources could interventions be designed that would best address a child’s needs. The practice of treating the behavioral health needs of young children “in isolation” limits the potential for long-term success.

Summary of Policy Issues

Current systems of early intervention, mental health, and early care and education do not seem to be adequately addressing the present crisis in providing behavioral health supports for young children. Most notably, no single entity has a broad, comprehensive responsibility to address the problems exhibited by these young children. Furthermore, providing needed services for these children within the context of early care and education is not a priority in terms of funding and/or services. Only “serious” problems get addressed and/or will be addressed at the location of the provider rather than in the child’s natural environment. The current non-system fails these children and their families by not identifying and/or developing easily accessible supports to meet the needs of this vulnerable population “where they are.”

So, what can be done to increase access to supports and to improve young children’s outcomes? Potentially effective approaches focus on providing user-friendly information on resources and social and emotional development to ECE providers and parents, maximizing the use of current funding opportunities and modifying existing policies to address barriers.

It is the right time to develop a major national initiative on behalf of infant and early childhood mental health.
Knitzer, J. in *Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda*, 2000)

The Surgeon General’s Conference on Children’s Mental Health (2000) concluded that “it is the right time to develop a major national initiative on behalf of infant and early childhood mental health.”^{xxvi} Within Allegheny County, it is also the right time to collaboratively develop a major local initiative on behalf of infant and early childhood mental health. The Children’s Cabinet, currently being implemented by the Allegheny County Department of Human Services and other key players in children’s healthcare, is an appropriate vehicle for moving ahead in this important area. Of particular interest within the Children’s Cabinet is that the Birth-to-Five Subcommittee of the Cabinet is exploring this area and partnering with other foundation initiatives to address these needs.

Local Resources for Social and Emotional Development and Behavioral Health Supports in Early Care and Education

The current supports available to early care and education programs and the children they serve are a patchwork of resources. Funding modifications cause frequent changes, and the programs have unique eligibility requirements. The following outline is provided to indicate the range and fragmentation of services in Allegheny County.

1. *Early Head Start and Head Start.* Children and families enrolled in Early Head Start and Head Start have resources available to them as part of their program, linked to the Performance Standards. A significant portion of the resources is integrated within the program. Examples of local resources include HealthyCHILD at Children’s Hospital of Pittsburgh, Family Services of Western Pennsylvania, and individual clinicians at the Office of Child Development. Based on their individual situations, children are also

served through the respective Early Intervention entities. Nevertheless, services are available only to families who are enrolled, thus excluding otherwise eligible families.

2. *Child Care Resource Developers (CCRD)*. Currently, early care and education providers in Allegheny County have services available through Child Care Partnerships of the YWCA of Greater Pittsburgh, which is funded by the Pennsylvania Department of Welfare. Supports are available through the Child Care Information Services and through Child Care Resource Developers.

The Child Care Inclusion Project (CCIP) is one of the services provided by Child Care Information Services (CCIS). Four Community and Home-Based Child Care Consultants support the early care and education system through on-site observation and technical assistance for providers who are experiencing difficulties in caring for children who have special needs or who exhibit challenging behaviors.

The Child Care Resource Developers Program supports 23 counties in Western Pennsylvania. It administers grant funds for building capacity and enhancing quality of childcare. Services provided for children with challenging behaviors in Allegheny County include the YMCA of Pittsburgh's partnership with the Duquesne University Occupational Therapy Program; ARC Allegheny's Kids Included in Child Care Project in which parents act as trainers and mentors, and the T-BASE program at the Seton Hill Child Development Program.

3. *Contracting by Early Care and Education Providers*. Some early care and education providers purchase services from consultants or supports from a mental health agency to enhance their program, to provide training, and to consult for and/or serve individual children. Examples of the contracted services include play therapists, psychologists, social workers, Allegheny East MH/MR, D. T. Watson, and FamilyLinks.
4. *Foundation Funds and United Way*. The United Way currently provides funding for Jewish Family and Children's Services to provide supports for a portion of early care and education programs in the East Liberty area. Foundations have supported programs in the past and often provide match funding.
5. *Early Intervention*. The three Early Intervention entities in Allegheny County are key sources of services for young children in early care and education. They include (1) the Alliance for Infants and Toddlers, under contract with the Allegheny County Department of Human Services/Behavioral Health Program, (2) the Pittsburgh Public Schools, and (3) the Allegheny Intermediate Unit. The federal Individuals with Disabilities Education Act (IDEA) establishes the mandates affecting these programs. Each provides screenings, assessments, and services. Service implementation varies by program and child, but these programs are significant partners in the funding and delivery of supports and services for young children in early care and education. Supports and services are provided by the programs and also are contracted to other service providers; however, services are provided only if a child meets eligibility requirements.

All three early intervention programs concur that there is a need to improve services to very young children with social and emotional problems. That is to say, each program expresses concern about "mental health" needs and services for young children and is attempting to address those needs within its system. These early intervention providers

recognize the need for improved partnerships with the mental health system and expanded resources and training of professionals. Each is hopeful that the “Service Pathways” process developed as a part of this project will both enhance access and collaborations among the entities.

6. *Medicaid/HealthChoices Services.* The Community Care Behavioral Health Organization (CCBHO) contracts with a large network of mental health agencies to provide medically necessary behavioral health services for Medicaid recipients who reside in Allegheny County. A wide variety of mental health/behavioral health agencies, including individual practitioners, outpatient providers, and therapeutic nursery and preschool (partial) services such as Matilda Theiss, FamilyLinks, and PLEA, provide services for young children under contract with CCBHO. In addition, Behavioral Health Rehabilitation Services for Children and Adolescents (BHRS or BHRSCA) deliver mental health services to children and adolescents in home and community settings, including early care and education programs. Services provided include mobile therapy, behavior specialist consultations, and therapeutic staff support. To receive services, children must be enrolled in Medicaid and evaluated to determine whether services are medically necessary. Expenditures for young children’s services have increased and are growing. Early care and education providers who have children receiving these services have expressed interest in enhanced partnerships to improve the outcomes for young children receiving supports and services through CCBHO contracts.
7. *Allegheny County Department of Human Services/Behavioral Health Program.* Some young children in need of mental health services can benefit from services other than outpatient and inpatient services but lack Medicaid eligibility and therefore do not qualify for CCBHO services. To address this gap, the Division of Children and Adolescent services through the Office of Behavioral Health established a countywide case management service. Known as the LIFE Project, it provides enhanced case management services designed to serve children and adolescents who are at high risk regardless of insurance coverage.

To meet the clinical and developmental needs of these children, staff members with early childhood experience serve as case managers, and developmental psychologists with expertise in young children provide consultation services as needed. The Behavioral Health program has also supported the efforts of the Alliance for Infants and Toddlers to enhance their screening, assessment, and services for referred children between the ages of birth and three years. Finally, another division of the Department of Human Services has been focusing on young children who witness violence. Through Safe Start training, they are increasing the availability of information and access to existing resources for these children and their families. Currently, Safe Start is partnering with Family Services of Western Pennsylvania and two family support centers to provide clinical support to parents and caregivers for young children exposed to violence.

Potentially Effective Methods

Training and Information for ECE Providers and Parents

One strategy to improve the provision of behavioral health services to young children in early care and education settings is to provide information about behavioral health assessment and treatment to early care and education staff and to parents. In fact, many of those interviewed for the scan—ECE providers, behavioral health consultants, and Community Advisory Group members—suggested that providing information and training is one potential way of improving supports to young children with social and emotional problems. The Office of Child Development reviewed suggested materials with early care and education professionals and with parents.

In meetings to review the materials, early care and education professionals were asked to review tools for assessing child behavior and training materials and to identify other instruments that they found to be helpful in screening children or in training teachers. The Community Advisory Group was also asked for comments and recommendations. Regarding the screening instruments, professionals felt strongly that any assessment of young children required supervision or completion by a professional with knowledge of the instrument, its interpretation and meaning, and knowledge of child development. No matter how strong the screening tool, however, early care and education professionals felt that teachers would need professional assistance to translate results into practice and to develop strategies to address behavioral health issues in the childcare setting. This suggests that early care and education providers would need extra supports (i.e., “outside” consultants to the program rather than in-house staff) to accurately assess and use screening tool information to develop interventions for behaviorally challenged young children. Training and assessment tools considered appropriate for use in childcare centers are listed in the Additional Resources for Providers and Parents section, below.

Parents reviewed educational materials that are intended to inform parents about behavioral health issues in young children. Parents provided the following suggestions for addressing their concerns about behavioral health issues in their very young children:

1. Tools should include the questions that parents might have, answers to the questions, and guidance for next steps needed to address the issues.
2. Parents stressed the need for a “team” approach with parents and professionals, including a follow-up system to help parents obtain needed services.
3. Tools should include examples that target the behavior being discussed.
4. Parents would like a checklist that “flags” for certain behaviors.

Materials that parents found helpful and easy to understand are listed in the Additional Resources for Providers and Parents section, below.

Additionally, the Office of Child Development conducted a review of web sites to identify sites that provide good information about social and emotional development of young children for parents and childcare providers. Sites were rated on the basis of the provision of information about techniques that parents could use to address their children’s behavior, citation of reputable

research to support the recommended techniques and information, “user-friendliness” of the site, cost of recommended resources, and the provision of further contact information. Sites that provide a good overview of information about social and emotional development are listed in the Additional Resources for Providers and Parents section, below. This information will be included in materials distributed to ECE providers and will be published on the OCD web site.

The products found to be particularly helpful will be made available to early care and education providers and to trainers through the Child Care Partnerships and PAEYC libraries *via* funding provided in this grant from the Jewish Healthcare Foundation.

Nevertheless, it is important to note that, while good information can be helpful to parents and ECE providers, most participants in the scan felt strongly that it is most important to have on-site consultants available to early care and education programs. In this way, they believe, program staff and parents would be able to become familiar with the consultant and *vice versa*. The Substance Abuse and Mental Health Services Administration (SAMHSA), Jane Knitzer, Deputy Director of the National Center for Children in Poverty, and HealthyChild also recommended on-site consultation as the best service provision method for providing behavioral health supports to young children in early care and education programs.

Development of Service Pathways

In response to the recognition, early in the course of conducting this Environmental Scan, that providers and parents alike find behavioral health services for very young children to be a “labyrinth” to negotiate, the Office of Child Development undertook the task of developing Service Pathways. This innovative tool and process was created through a collaborative process, to: (1) reduce confusion in seeking services, (2) map and better understand the barriers to service, and (3) document how frequently families and ECE providers encounter these barriers. An initial database of existing services, keyed to presenting problems, has been developed and will be housed on a limited access web site developed with funding from the Jewish Healthcare Foundation and maintained by the Alliance for Infants and Toddlers. Use of the the Service Pathways will initially be limited to major resource and referral staff until the project has been evaluated as effective.

Participants in the collaborative effort were the Office of Child Development, Child Care Partnerships of the YWCA of Greater Pittsburgh, the Allegheny County Department of Human Services (Office of Community Services, Office of Behavioral Health, and Early Intervention Program), Community Care Behavioral Health Organization, the Alliance for Infants and Toddlers, Pittsburgh Public Schools Program for Students with Exceptionalities, and the Allegheny Intermediate Unit Early Intervention Program.

[See section on Service Pathways for further details.]

Promising National and Local Model Programs

Several promising approaches are addressing the needs of young children exhibiting behavioral issues in childcare. The Federal Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS) responded to the concerns of ECE providers about the rise in behavioral problems and to findings from brain research with a publication, *Early Childhood and Mental Health Consultation*. As part of that effort, CMHS identified a few promising programs for providing mental health consultation to early care and

education providers and the children and families they serve. Jane Knitzer also highlighted several of these programs in *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*.

The High Quality Child Care Mental Health Consultation Program in San Francisco has funded eight community agencies to work with a network of childcare centers and family childcare providers. They are funded to provide: (1) program and case consultation, (2) early care and education provider staff training and parent support, and (3) direct service to the child and or family. For some children, therapeutic classes are provided. This effort is closely associated with the Infant-Parent Mental Health Services Program and is a complementary effort that brings skills in the area of relationships between the child and primary caretaker(s).^{xxvii} This program is of interest because of its breadth and also because of its strong “infant mental health roots.” The Infant-Parent Mental Health Program focuses on parent-child relations and attachment. There is a growing interest in Allegheny County in infant mental health services, and local foundations are supporting training initiatives.

Day Care Plus in Cuyahoga County, Ohio is an example of blending the talents of a parent-focused, early intervention program for challenging children and their families and the local childcare resource and referral agency. The program is conceptualized as an early care and education quality improvement strategy that uses mental health consultation. It provides both a center-based train-the-trainer model and a Community Response Team that provides crisis intervention and consultation.^{xxviii} This initiative demonstrates the potential of coordinating multiple funding resources. It is also of interest because of the leadership from the county mental health agency with an interest in early childhood mental health and prevention services.

Head Start/Early Head Start national models incorporate and fund “mental health” components in their expectations of providers. A significant amount of literature and training material has been developed nationally for these programs that can be used to inform other early care and education programs. Many of these resources are available locally.

HealthyCHILD (Collaborative Health Interventions for Learners with Differences) is a partnership between Children’s Hospital of Pittsburgh, the UCLID Center at the University of Pittsburgh, and several early intervention and early childhood programs in the Pittsburgh region. The collaborative works to serve the needs of teachers/caregivers and families of children with challenging behaviors and medical needs. A team (including a nurse, psychologist, early childhood consultant, inclusion specialist, and conferring pediatrician) works together to provide consultation, direct support, and staff training/mentoring on-site to early childhood programs. Results of the program demonstrate that referred children showed significant delays and/or clinically elevated behavior problems that would have qualified them for a diagnosis of “developmental delay” and/or a mental health diagnosis, but these children previously had not been diagnosed. Most notably, of the 68 children who received supports, none continued to qualify for early intervention or mental health services at the end of the intervention. Thus, this model, if applied more broadly across the region, represents a particularly effective approach to improve the early identification and delivery of services to young children who require supports.

Although these programs demonstrate good approaches to provide behavioral health supports to young children in early care and education settings, Jane Knitzer, Deputy Director of the National Center for Children in Poverty, conducted a review of programs across the country and concluded:

1. “No one system has claimed lead responsibility for this group of children; real progress is dependent on partnerships.
2. Building blocks and entry points to develop strategies to promote the emotional well being of even the most high-risk young children and families and those who care for and work with them exist in every community and every state.
3. The emerging body of practice knowledge about early childhood mental health strategies provides a basis for other programs and communities to use.
4. The policy and funding challenges to making this knowledge and these building blocks work for young children and families cannot be minimized, but creative fiscal and other strategies to sustain the efforts are emerging.
5. Additional service system and outcome related research is crucial, linked to widely shared goals for young children, including emotional readiness for school.
6. Paying attention to the emotional well being of young children, especially the most vulnerable, their families, and their other caretakers, is intimately related to ensuring early school success.”^{xxix}

Conclusions

Based on the results of meetings with the Community Advisory Group, interviews with parents, focus groups with early care and education providers, telephone interviews with behavioral health consultants to ECE providers, and a review of the national literature, several conclusions can be drawn about the availability and use of behavioral health supports in early care and education settings. ***First and foremost, all data point to the fact that Allegheny County, like much of the nation, is facing a growing crisis in meeting the social and emotional needs of young children in early care and education programs.*** As more children are being cared for in ECE settings at younger ages and for longer periods of time, practitioners and professionals are identifying more children in need of supports to reach social and emotional developmental milestones. The barriers to providing these supports include the following:

Families and early care and education providers do not know where to turn for help in identifying appropriate services.

Parents and early care and education staff often find it difficult to engage each other in the process of addressing children’s social and emotional needs and in obtaining behavioral health supports.

Multiple, publicly funded agencies each have a portion of the responsibility for meeting the behavioral health needs of very young children in early care and education services; however, no entity has primary responsibility for providing supports to this heterogeneous population of children.

Federal and state funding of childcare has focused on increasing the quantity available rather than quality of programs developed.

There are a limited number of specialists with expertise in early childhood development, young children’s “emotional wellness,” and supportive services in early care and education settings.

Assessing and diagnosing young children is an evolving and controversial area. Differences in opinions and policy impact the way parents feel about seeking supports and services, the way parents and professionals view the child, and whether supports for a child in early care and education can be funded.

Working with the advisory committee for this project, the University of Pittsburgh Office of Child Development and the Jewish Healthcare Foundation have identified and discussed the validity of these barriers. Clearly, the key to resolving challenges associated with providing behavioral health supports to young children in early care and education settings is to develop strong collaborations between the Allegheny County Department of Human Services (including the Offices of Behavioral Health and Community Services, Community Care Behavioral Health Organization, Children’s Cabinet, and Early Intervention), the Early Intervention Part B Programs of the Pittsburgh Public Schools and the Allegheny Intermediate Unit, Child Care Partnerships of the YWCA of Greater Pittsburgh, and Head Start. Such collaboration must include discussions about collaborative funding strategies (in which each program would fund services for children within a comprehensive plan that assures there are no gaps) and the use of best practices for very young children (i.e., providing supports in children’s natural settings and including parents and early care and education staff).

Specific next steps outlined by the Office of Child Development in fulfillment of a Jewish Healthcare Foundation grant include the following:

Phase 1: 2001

1. Develop collaboratively a web-based service pathway to guide early care and education providers and families from identification of need to accessing beneficial supports.
2. Purchase and distribute materials and training methods to help early care and education providers and parents become informed about social and emotional development. [See Additional Resources for Providers and Parents section, below.]
3. Provide a training workshop by Zero to Three (a recognized national resource in this field) to enhance ECE providers’ skills in partnering with parents to help their children who exhibit social and emotional problems.

Phase 2: 2002

4. Conduct a pilot project to address barriers to service for individual children and their families and, in partnership with the responsible funders, identify system improvements needed to ensure that all young children and their families are able to access developmentally appropriate behavioral health supports when needed.
5. Design and implement a process to quantify the gaps and barriers to service and, in partnership with the responsible leaders of early intervention, mental health, and early care and education, identify methods to resolve them.

The project's Community Advisory Group has developed the following recommendations for an early childhood strategic plan:

Develop strong collaborations between the Allegheny County Department of Human Services (including Community Care Behavioral Health Organization, the Offices of Behavioral Health and Community Services, Children's Cabinet, and Early Intervention Programs), the Early Intervention Part B Programs of the Pittsburgh Public Schools and the Allegheny Intermediate Unit, Child Care Partnerships of the YWCA of Greater Pittsburgh, and Head Start. Such collaboration must include agreements to initiate integrated funding strategies that create a comprehensive system of supports and to implement best practices for very young children.

Improve the early identification of and interventions for young children in early care and education programs who need behavioral health supports.

Increase funding for proven selective prevention programs in early care and education programs serving children at high risk.

Enhance the linkage of adult behavioral health programs with early care and education programs to promote resilience in children whose parents are getting services and supports.

Include early care and education leaders in the development of services for young children and their families.

Finally, the Office of Child Development also has developed a list of recommendations based on an in-depth study of the issues and investigative activities. These recommendations include:

1. Work with local colleges and universities to increase the number of behavioral health providers with expertise in early childhood development, in early childhood programs, and in working with young children.
2. Influence current collaboratives (e.g., Birth to Five Subcommittee of the Children's Cabinet), the major early childhood service providers (e.g., the Alliance for Infants, Pittsburgh Public Schools, and the Allegheny Intermediate Unit), and the Allegheny County Department of Human Services to engage in a collaborative process to define a new set of clearly defined responsibilities for developing a system to provide behavioral health supports to very young children. Each system needs to define its new responsibility.
3. Develop a constituency to advocate for increased funding for prevention services by working with leaders in the aforementioned systems to help them better understand the need for and how to use collaborative funding to support these services and to promote family-friendly service provision techniques (i.e., fewer pull-out programs and more supports provided in early care and education settings).

Additional Considerations and Recommendations

In a larger context, one of the difficulties faced by attempts to provide behavioral health supports to children in early care and education settings is the low reimbursement to early care and education programs and the low salaries for ECE workers. As mentioned by several interview participants and Community Advisory Group a member, the implementation of these supports depends on having well-trained, professional staff in the ECE centers who can execute the interventions successfully. However, the current state of the early care and education system is that staff turnover is high and many workers lack training in child development. Additionally, intervention specialists need specific training to help them apply interventions within early care and education settings, and they must be sensitive to the challenges of working in these settings. We leave the following recommendations as thoughts to guide future and more general progress in the early care and education field:

- *Develop a peer support network.* A neutral facilitator should convene local mental health consultants (e.g., BHRS, Early Intervention, Family Links, Family Services, Duquesne University, private individuals) to collaborate on establishing practice standards that could be voluntarily adopted. The group could integrate ECELS, from the Pennsylvania Academy of Pediatrics, which addresses engaging primary care physicians and pediatricians in addressing behavioral health issues, share ideas on enhancing childcare provider capacity as part of mental health consultation, and broaden parent involvement.
- *Place greater focus on promoting social and emotional development in young children.* Research suggests that concern and responsibility for social and emotional development needs to be infused into multiple systems. Efforts must be made to increase public awareness of the correlates between social and emotional development and school readiness to increase support for fostering optimal early development.
- *Offer on-site mental health consultation.* By all reports and interviews, the best way to provide behavioral health supports to young children in childcare settings is via on-site mental health consultation. Such a delivery method addresses the needs of children in “real time” and increases the capacity of staff to provide effective interventions regardless of staff quality.

Additional Resources for Providers and Parents

The purchase and distribution of materials and training methods to help early care and education providers and parents become informed about social and emotional development was one component of Phase I of the Jewish Healthcare Foundation grant. This was accomplished in three segments:

Identification of Materials

A comprehensive survey of existing materials, ranging from single brochures and web sites to packets suitable for selective distribution or copying by ECE providers and complete training packages on specific aspects of child development, were reviewed by the Office of Child Development. On the basis of parents' reactions to format, content, and reading level and professionals' evaluation of the training packages, a listing of the most appropriate resources was developed and is included below.

Dissemination of Materials

Recommended materials (approximately 200 copies of 10 items for parents and center staff members and 10 copies of the five recommended training curriculums) were provided to the Child Care Partnerships and PAEYC libraries, where they may be reviewed by potential users.

Mailings to 900 early care and education providers summarized the recommendations, alerted them to the materials available at the libraries, and enclosed two sample brochures (OCD's "You and Your Child" and Zero to Three's "Magic of Everyday Moments.") A separate mailing with similar information was sent to ECE consultants to ensure their awareness of the available parent materials and to invite them to review the training packages at the libraries.

Establishment of a Central Contact

As a first step toward reducing the "labyrinthine" maze encountered by parents and ECE providers seeking help with children's behavioral problems, Child Care Information Services, a program of the YWCA of Greater Pittsburgh, has agreed to serve as a single point of contact. Callers will be referred to appropriate sources of help, including the Service Pathways project developed under this grant. The Child Care Information Services telephone number—1-800-392-3131—will be widely publicized throughout the ECE network.

Training Programs and Curriculums

Early Care and Education providers and consultants identified the following social and emotional development training programs and curriculums as appropriate for training ECE staff. Copies of these materials are available for review at Childcare Partnership and PAEYC libraries. The materials may also be borrowed to conduct training.

Devereux Early Childhood Assessment Program (DECA)

The DECA Program provides an assessment for social and emotional development. The "kit" includes an initial screening tool, information for parents, and classroom strategies.

Caring for Infants and Toddlers, Dodge, Dombro and Koralek
Teaching Strategies. This text is a well developed curriculum, and is designed to address the requirements for the Child Development Associates program.

The CDA Professional Preparation Program: Essentials for Child Development Associates Working with Young Children, Carol Brunsen Day, Editor
This curriculum is a text that focuses on the teacher's role and highlights that role through anecdotes.

Developing Your Curriculum, #5: Louise Child Care Management Series GOLD Curriculum, Schomburg, Smith and Tittnich
The Gold Curriculum focuses on a child's development and assessments in the natural environment. It doesn't focus on actual strategies as much as the other curriculums do.

The Safe Havens Training Project: Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in their Communities
Family Communications and the Allegheny Intermediate Unit
This program focuses on children who have been exposed to violence, but the developmental information can be used broadly. Several videos demonstrate strategies for intervention.

Responding to Individual Differences in Education (RIDE): Early Childhood
Ray Beck/Sopris West Educational Services
The Early Childhood level is designed for children ages 3-7. The videos are designed to provide teachers with classroom strategies to support children by identifying the desired behavior and classroom practices that are readily implemented.

Materials for Parents and ECE Staff

Responding to the expressed need by parents and ECE staff for more informational resources on the social and emotional development of young children and on strategies for addressing problem behaviors, OCD sought recommendations from professionals in early childhood education for appropriate print and web-based resources—and then subjected the materials to close review by parents, ECE staff, and parent mentors. The following materials were found to be engaging, informative, and readable. They include brochures that are available on request to individual parents as well as “packages” of materials that centers can duplicate and distribute to parents and/or staff. All materials are available for review and limited supplies for use by parents and providers at the Child Care Partnerships and PAEYC libraries; ordering information is provided on the Source Guide following the descriptions.

Educational Resources Information Center (ERIC) Digest

An initiative of the U. S. Department of Education, ERIC Digests are short reports that synthesize research and ideas about emerging issues in education, including the developmental assessment of preschoolers. Parents recommended this material as a good source that is easy to understand and that raises parents' level of awareness. Designed for members of the educational community, these guides provide up-to-date information on trends and new developments, with emphasis on the preschool age population. The reports are available at <http://ericae.net>, are about four pages long, and may be freely copied and distributed.

Family Cares (Family Communications, Inc.)

From the producers of Mister Roger's Neighborhood, these "easy-to-read" brochures use words and pictures to help guide parents to act appropriately when challenging situations arise with young children. Topics include: *Meal Time, Helping Your Child with Sharing, Toilet Accidents, Bedtime Struggles, Life with a New Baby, Getting Used to Child Care, Helping Children with Divorce, Helping a Child with Fears, When Your Family Moves, Making Rules Work (Preschool), Helping Your Child Be a Better Learner (Preschool), and What Do You Do with the Mad that You Feel?*

Content of the brochures, along with other useful information for parents, may be printed from the Family Communications web site, <http://www.familycommunications.org>. Brochures may be purchased singly or in quantity from FCI or from the web site.

Helping Children Learn Self-Control: A Guide to Discipline (NAEYC)

Produced by the National Association for the Early Care and Education of Young Children, this brochure focuses on how children learn self control and shows parents and teachers why discipline works better than punishment and gives pointers on preventing problems. It may be used by an individual parent or by a parent and professional together and is available from the NAEYC web site, <http://www.naeyc.org>

Magic of Everyday Moments (Zero to Three)

This set of pamphlets, organized by age of children from birth to fifteen months, gives a development overview by age categories. Free booklets are available in PDF format from their web site: www.zerotothree.org/parent.html?Load=parent_intro.html.

A Parent to Parent Information Module (University of Pittsburgh Family-Centered Preschool Project)

These information modules vary by topic but are specifically designed to provide information to parents with special needs children. Parents recommend these materials as useful reference tools for specific issues. Modules include: *Transitions: Choosing a Kindergarten; A Family Glossary; The MDE Process: Journey Through Transition; Sibling Rivalry: Ideas for Parents of Children with Special Needs; Visiting Schools: How Do I Do It?; Dealing With Stress: A Guide for Parents of Children with Special Needs; Toilet Training: A Guide for Children with Special Needs; Supplemental Security Income; Communicating With Professionals; Dealing With Challenging Behavior; The IEP Process: A Family & School Collaboration* (includes the IEP planner for families transitioning to kindergarten).

Starting Young (Pennsylvania Peace Links and Family Foundations Early Head Start)

This set of 60 activities was developed for a home-visiting staff to use with parents. The activities are organized around seven development goals for children during the first three years of life. The activities for infants and toddlers are designed to be fun as well developmentally meaningful. Parents describe these materials as easy to read and well organized, with color-coded materials that are useful for caregivers or for parents and caregivers to use when working toward goals.

Toddler Topics (Penn State Cooperative Extension)

These materials include a few articles on child behavior and development. Many of the articles focus on health, safety, and nutrition. The materials are visually attractive and easy to read. The web site, <http://allegheny.extension.psu.edu/>, will be accessible in the near future.

Toddler Topics include *Health & Nutrition; Emotional Development; Infant Brain Development; Social Development; and Safety Issues*

You and Your Child (University of Pittsburgh Office of Child Development)

These materials are a series of 50 developmental cards focusing on different behavior a child might show in the normal course of development but which might be an issue for parents. Parents tend to highly favor these materials and describe the format as inviting, with clearly stated information. These materials are simple, topical guides, with information that is easy to read and understand. *You and Your Child* also gives parents suggestions on how to respond to a child's behavior

Source Guide: Materials for Parents and Staff

TYPE OF MATERIAL	TITLE/DESCRIPTION	SOURCE/COST
Single sheet folded brochure (series)	FamilyCares <i>(Family Communications, Inc.)</i> 12 brochures on child development issues (sharing, anger management, following rules, sharing, school readiness, overcoming fears, adjusting to child care, a new baby, and divorce)	Available at http://www.familycommunications.org or order in bulk from Family Communications, Inc. 4802 Fifth Ave., Pittsburgh, PA 15213 412-687-2990; Fax orders: 412-687-1226 100 copies (one topic) \$20 + \$6.50 S/H (Can be picked up at the site to save S/H) <i>Additional materials for parents on these and other topics are available at the web site.</i>
Single Sheet folded Brochure	Helping Children Learn Self-Control: A Guide to Discipline <i>(NAEYC)</i>	Order # 572 from www.naeyc.org or 1-800-424-2460 50 cents each or 100 copies for \$12
Pamphlet/mini-book/s	Magic of Everyday Moments Pamphlets with developmental overview of children from birth to 15 months	Order from website www.zerotothree.org/parent.html?Load=parentintro.html (Catalogue of materials is free)
Series of parent modules/s	Parent to Parent <i>(The Family-Centered Preschool Project, University of Pittsburgh)</i> Designed for parents of special needs children.	Order from University of Pittsburgh 4f25 Posvar Hall, 230 S. Bouquet St., Pittsburgh, PA 15260 - 412-648-1770 \$3.50- <i>Dealing with Challenging Behavior</i>
Binder & Information packet	Starting Young <i>(PA Peace Links/Early Head Start)</i> 60 activities organized around 7 developmental goals for first three years of life	Order from Office of Child Development Early Head Start, 5600 Penn Ave./Pittsburgh, PA 15206 – 412-661-9280 Each packet-\$30
Website information/(3-5 pages per topic)	Toddler Topics <i>(Penn State Cooperative Extension)</i> Articles on child behavior and development: health, social & emotional development, safety, infant brain development.	http://allegheny.extension.psu.edu/ Order from Penn State Cooperative Extension 400 N. Lexington St, Pittsburgh, PA 15208 412-473-2540
Packets of 50 sheets on different topics	You and Your Child <i>(University of Pittsburgh Office of Child Development)</i> Developmental cards focusing on various behaviors that may trouble parents.	Order from Office of Child Development Early Head Start, 5600 Penn Ave./Pittsburgh, PA 15206 – 412-661-9280 Set of 50 guides will be sent upon request; free of charge to interested parents, professionals, agencies and organizations
Booklets	A Parent's Guide to Early Childhood Education <i>(Teaching Strategies, Inc.)</i>	Order from Teaching Strategies, Inc. P.O. Box 42243, Washington, D.C. 20015 202-362-7543 or 800-637-3652 or from http://www.TeachingStrategies.com
Booklets	Common Skills <i>(Education Policy & Issues Center (EPI)/ United Way of Allegheny County)</i> The eight booklets describe skills children learn from infancy through age 8.	Order from EPI 425 Sixth Avenue, Pittsburgh, PA 15219 412-281-2000/ fax: 412-281-3157 http://www.epi-center.org Available separately and in sets of 8. Free of charge.

The Service Pathways Project

The Service Pathways Project combines a comprehensive resource listing of services related to presenting problems as well as the capacity for aggregate data collection. It will be a valuable tool for the referral of children exhibiting behavioral problems to existing services as well as a vehicle for ongoing identification of gaps and barriers to enable long term planning to improve the availability and accessibility of needed services.

The initial database of existing services, keyed to presenting problems, has been developed collaboratively by the Office of Child Development, Child Care Partnerships of the YWCA of Greater Pittsburgh, the Allegheny County Department of Human Services (Office of Community Services, Office of Behavioral Health, and Early Intervention Program), Community Care Behavioral Health Organization, the Alliance for Infants and Toddlers, Pittsburgh Public Schools Program for Students with Exceptionalities, and the Allegheny Intermediate Unit Early Intervention Program. It will be housed on a limited access web site developed with funding from the Jewish Healthcare Foundation and maintained by the Alliance for Infants and Toddlers. Use of the Service Pathways will initially be limited to major resource and referral staff until the project has been evaluated as effective.

Each of the partners has agreed to:

- ♣ Work together to disseminate information about the existing resources they manage to enable the respective gatekeepers to better help the families and ECE providers who turn to them for guidance;
- ♣ Utilize a common process to collect data on children in need of services;
- ♣ Utilize the data collection process also to attempt to measure the barriers to receiving services; and
- ♣ Review that data and assess its implications for program modifications or development.

Utilization of Web Technology to Respond to Individual Inquiries

The Jewish Healthcare Foundation is providing for the development of a limited access web site for use by the partners. The web site will store the information on the resources available for children in early care and education in need of behavioral health supports. When parents or early care and education programs contact one of the gatekeepers, the gatekeeper can access the web site and retrieve information sorted by the child's age, residence, and insurance benefits. The information provided can also assist the caller in identifying new resources or resolving coordination concerns. The web technology will permit the collection of data across the child-serving entities involved. As inquiries are made for services, the program will respond to the caller's request for information and simultaneously aggregate the data—the callers' needs and concerns, perceived barriers, and resources available (or not available) to address the needs.

The method of data collection will honor the privacy of the caller while aggregating data on needs, barriers, and service referrals to present on a regular schedule to the partners. With that information, the partners can work with each other to address individual needs. Over time, this aggregate data will create a shared, current, locally derived, database that can guide future planning and the development of systematic changes to eliminate barriers and fill unmet needs for supports to young children in early care and education programs.

The Exploratory Study

The Environmental Scan process generated the issues related to the provision of behavioral health supports to young children in early care and education. The Service Pathways process provides a framework to facilitate access to existing resources and to understand the breadth and nature of the barriers to supports through the aggregation of data on barriers encountered. To complement that data, an Exploratory Study has been designed to respond to individual children and situations.

The Exploratory Study will help to maintain a focus on individual children, their families, and their early care and education providers, and it will serve to determine the validity of the Service Pathways process and the characterization of the barriers to service. The partners involved in the Service Pathways process are all motivated to improve supports for young children and to learn from the unique aspects related to each child.

The development of the Service Pathways model has identified five areas of concern that constitute barriers. These include:

- Joint engagement of the parents and early care and education provider
- Concerns for labeling young children during the assessment process
- Access to mental health services for young children
- Supports and services for young children not meeting eligibility requirements
- Poorly coordinated or inadequate services.

To gain a fuller understanding of these areas of concern from an individual perspective, the Jewish Healthcare Foundation, the Alliance for Infants and Toddlers, and the Office of Child Development are partnering to support a sampling of individual children who are currently encountering one or more of these barriers. The Alliance will provide a service coordinator experienced in serving young children and the resources available in Allegheny County. This coordinator will work with the family, the early care and education provider, the partners in Service Pathways, and the resources identified during the environmental scan to respond to the needs of individual children and to help families overcome the barriers. Sources of current funding or reimbursement will be sought to cover the needed services for children in the study, with Foundation resources utilized when other support is unavailable to provide an appropriate service, if one exists, or to establish one for the child in a timely fashion.

In following these children, the partners are open to discovering unanticipated strengths and problems in local services and service delivery. As we start the process, we are asking the following questions:

Do we understand the needs of the children and early care and education providers correctly?

- ♣ Do we understand the barriers correctly?
- ♣ What modifications are needed to address the various barriers?
- ♣ What do the individual experiences inform us about local practice issues? About eligibility criteria for service? About the local resources to address this issue?
- ♣ Can we generalize the lessons learned from these children to the children identified in the larger Service Pathways database?

References

- ⁱ Report by the National Research Council and Institute of Medicine. (Shonkoff, J.P. & Phillips, D.A., Eds.). *From Neurons to Neighborhoods: The Science of Early Childhood Development*, 2000.
- ⁱⁱ Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda, 2001.
- ⁱⁱⁱ Report by the National Center for Children in Poverty titled Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness, 2000.
- ^{iv} See i.
- ^v Mental Health: A Report of the Surgeon General, 1999.
- ^{vi} Heffron, M. C. (2000). Clarifying concepts of infant mental health – Promotion, relationship-based preventive intervention, and treatment. Infants and Young Children, 12(4), 14 – 21.
- ^{vii} See iii.
- ^{viii} See vi.
- ^{ix} Report by the National Research Council and Institute of Medicine. (Shonkoff, J.P. & Phillips, D.A., Eds.). From Neurons to Neighborhoods: The Science of Early Childhood Development, 2000.
- ^x See ii.
- ^{xi} See vi.
- ^{xii} See vii.
- ^{xiii} See vii.
- ^{xiv} See ii.
- ^{xv} Bagnato, S.J. & Neisworth, J.T. (1999). Collaboration and teamwork in assessment for early intervention. Comprehensive Psychiatric Assessment of Young Children, 8(2), 347 – 363.
- ^{xvi} See x.
- ^{xvii} See i.
- ^{xviii} See iii.
- ^{xix} Ibid.
- ^{xx} See vi.
- ^{xxi} The Child Mental Health Foundations and Agencies Network (FAN). Paper 2: Resource Guide to Selected Federal Policies Affecting Children's Social and Emotional Development and Their Readiness for Schools. 2000
- ^{xxii} Halfon, N. as cited in ii.
- ^{xxiii} See iii.
- ^{xxiv} See xviii.
- ^{xxv} Greenberg, M.E. as cited in ii.
- ^{xxvi} Knitzer, J. as cited in iii.
- ^{xxvii} See iii.
- ^{xxviii} Ibid.
- ^{xxix} Ibid.

Web Sites

Early Childhood Development Guide and Activities, sponsored by Enfamil
www.enfagrow.com

Parenting – Babies and Toddlers
www.babyparenting.about.com

Helping Young Children Deal with Anger
www.athealth.com/Consumer/issues/childsanger.html

Raising Children – The Key to Self Esteem
www.indiaparenting.com/raisingchild/data/raisingchild043.shtml

The Whole Child – ABC's of Child Care – Social and Emotional Development
www.pbs.org/wholechild

National Network for Child Care
www.nncc.org

FamilyCares articles by Fred Rogers, creator of Mister Rogers' Neighborhood, and other materials relevant to parents and ECE providers.
www.familycommunications.org

Federation of Families for Children's Mental Health
www.ffcmh.org

Georgetown University Child Development Center and National Technical Assistance Center for Children's Mental Health
www.gucdc.georgetown.edu

National Association for the Education of Young Children
www.naeyc.org

National Center for Children in Poverty
www.nccp.org

National Head Start Association
www.nhsa.org

Tufts University Child and Family WebGuide
www.cfw.tufts.edu

Zero to Three: National Center for Infants, Toddlers, and Families
www.zerotothree.org



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