



*New Hampshire Association for Infant Mental Health
Presents*

**Mental Health Services
for New Hampshire's Young Children and Their Families:
Planning to Improve Access and Outcomes**

Spring 2009

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**Mental Health Services for New Hampshire's Young Children and Their Families:
Planning to Improve Access and Outcomes**

Authors

Deborah Abelman, Ph.D., SERESC
Peter Antal, Ph.D., Antal Consulting, LLC
Erin Oldham, Ph.D., Oldham Innovative Research
Philip Printz, M.Ed., Early Childhood Consultant
Sandy Brallier, BS, Early Childhood Consultant
Debra Nelson, MS, NH DHHS / DCYF, Head Start State Collaboration Office
Ellyn Schreiber, MA, NH Association for Infant Mental Health
Katie Brandt, MM, NH DHHS/DCYF

A project of..

New Hampshire Association for Infant Mental Health



Community Bridges
2 Whitney Drive
Concord, New Hampshire 03301
(603) 225-4153 Fax (603) 226-3354

In collaboration with

The New Hampshire Department of Health and Human Services

Special thanks to: all of the families and service providers who shared invaluable information on the status of New Hampshire's mental health system for young children, the stakeholders who helped to guide the implementation of this project, and to NH DHHS / DCYF for supporting the completion of this report. Finally, our sincere thanks to Kim Firth of the Endowment for Health for her many contributions to this project and for being our early childhood mental health champion.

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EXECUTIVE SUMMARY

Early Childhood Mental Health is the social/emotional well being of children aged birth to six years, and promotes the capacity to:

- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn;
- demonstrate developmentally appropriate behavior.

Research has shown that supporting healthy emotional development is as crucial as teaching a child to speak or take his/her first steps. Healthy emotional relationships with primary caregivers are the foundation for the infant's growth into an emotionally healthy adult. Furthermore, as documented by research linking young children's emotional development with later school outcomes (Knitzer, 2002; Dunlap, Strain, Fox, Carta, Conroy, Smith, Kern, Hemmeter, Timm, McCart, Sailor, Markey, U., Markey, D. J., Lardieri, and Sowell, 2006; Shonkoff, & Phillips, 2000), children's emotional, cognitive, and physical development are inter-related. Thus, it is important that young children begin their school years emotionally ready for success.

When mental health service providers and families collaborate and coordinate with each other, children and families are supported. Without coordinated services among all participants, children often fall through the cracks and may go without services unless they are noticed when they get to elementary school. By this point, the child may have missed multiple opportunities for growth and learning and is therefore at increased risk of poor outcomes as they age (Walker & Sprague, 1999; Zeller, Close, Webber and Gresham, 1999). This also puts greater burden on the school system and counseling services later on as problems have the potential to compound over time if not addressed appropriately (Sprague & Walker, 2002; Dishion, French, Patterson, 1995).

Recognizing the importance of mental health services and supports for New Hampshire's children and families, the Endowment for Health awarded the New Hampshire Association for Infant Mental Health (NHAIMH) a grant to conduct a "state of the State" study on the availability, accessibility and quality of early childhood mental health supports and services for New Hampshire's youngest children (aged birth to six) and their families. In seeking fulfillment of its mission, project staff collected information from the research literature, focus groups with stakeholders and families, as well as surveys of available families and providers of services (including early care and education, health care and mental health providers) using a convenience (non-random) sampling method.

Based on the research conducted to date across national and local data sources as well as review and feedback from the project's stakeholder committee, three primary challenges have been identified for New Hampshire. First, screenings and evaluations for early childhood mental health are not consistently implemented, thus creating a barrier for families to access needed services for their young children. Second, within the Behavioral Health System, there is no approved process for determining eligibility for children birth to age four. This leads to inconsistency between community mental health centers regarding the availability of assessment and intervention. Currently, not all community mental health centers will provide evaluation and intervention services for children under the age of four. Third, even in instances where children are identified, many services are simply not available, and existing services

lack the necessary coordination to ensure that children and families get the services they need. Underlying these challenges are a range of factors that continue to influence access to effective services. It is critical for these issues to be addressed in order for children to be emotionally, physically, and developmentally ready to succeed in school and fully participate in their communities. Major challenges identified from the collected data are presented below.

- ❖ An estimated one in 38 children receiving early care and education services have been identified as needing additional mental health supports.
 - Early care and education providers indicate that they perceive as many as one in 11 children are in need of supports but are not identified
 - Half of the families surveyed were concerned that their child might have a social/emotional or behavioral condition such as autism, bipolar disorder, anxiety, etc.
- ❖ Families are most likely to turn to a physician for help in addressing mental health issues in their children.
 - Less than one in five physicians report having expertise in children's mental health issues.
 - Seven out of 10 physicians expressed a need for additional information on early childhood mental health.
 - Eight out of 10 health care providers expressed a need for additional information on challenging behaviors.
- ❖ Effective screening and referral of children is seen as an integral part of the overall mental health care system.
 - At least half of all early care and education and mental health providers indicated that one of the barriers to linking families to mental health services is that there are not enough services to which to refer them.
- ❖ The ability for providers to offer services is dependent on their ability to be reimbursed.
 - Four out of 10 providers indicated that they have problems billing for collateral services.
 - One out of five providers noted challenges in not always having a diagnosis accepted by the insurance company for billing and reimbursement.

In reflecting on the findings to date concerning myths and perceptions of infant mental health services, the lack of a consistent screening, referral and eligibility process, limited coordination of services, and scarce resources for infant mental health care, project stakeholders have identified four primary goals and a range of timely objectives which merit additional action.

- ❖ Increase understanding of who is in need of early childhood mental health services by:
 - Providing ongoing support to the Infant Mental Health Teams at the community level within the context of the statewide system that raises public awareness of early childhood mental health. *Timeframe: ongoing.*
 - Engaging in a public education campaign that clearly explains: a) the importance of mental health as an integral aspect of an individual's overall health; and b) the importance and meaning of "early childhood mental health," including the connection between social/emotional development, strong families and school success; and the relationship of behavior to social/emotional wellness. *Timeframe: development of messages and materials within one year, delivery of message ongoing.*
 - Providing awareness activities that are promoted at the State level, which will include Early Childhood Mental Health (ECMH) education and relationship building among policy makers, insurers, commissioners, department heads, and the Governor. Encourage policy makers to build on and expand effective pilot programs to demonstrate

coordinated, accessible and effective services at the local level. *Timeframe: begin expanding effective programs within two years.*

- ❖ Develop an effective screening, referral, and eligibility process as part of the overall early childhood mental health system by:
 - Creating a comprehensive, centralized early childhood mental health screening, referral, and eligibility system for children and families. The system should provide clear definitions, ensure universal access to information, tailor approaches to cultural needs, utilize valid and reliable screening and diagnostic tools, address myths of mental health care, and educate families about the effectiveness of appropriate mental health care. *Timeframe for screening and referral system: identify and field test procedures based on Watch Me Grow within one year, pilot and evaluate a regional system within three years, expand within four to seven years. Time frame for the behavioral health diagnostic assessment and eligibility determination: Complete pilot within three years, expand to all regions within five years.*
 - Addressing important billing/funding issues: including not only the impact for young children and families when services are not provided, but the increased costs, both financial and societal, when services are delayed. *Timeframe: complete research on funding barriers within one year, identify / access additional funding sources within three years, assure individuals are educated in using new funding sources within four years and ongoing.*

- ❖ Effectively coordinate services and ensure that families receive services in a timely manner by:
 - Collaborating with the Early Childhood Unified System and Early Childhood Comprehensive System initiatives with the intent of better coordinating available services in order to ensure that all young children get access to the supports they need, including early childhood mental health. *Timeframe: Develop and field test collaboration strategies within one year, implement and evaluate within three years, expand within four years.*

- ❖ Increase capacity and the level of expertise of providers in the area of children's mental health by:
 - Providing transdisciplinary course offerings at State institutes of higher education. *Timeframe: within three to five years.*
 - Developing competencies and certification in early childhood mental health to include those competencies. *Timeframe: within three to five years.*
 - Providing training for early care and education providers and foster parents required for credentials in: screening (early care and education only), referrals, behavior management, social emotional development; and accessing support. *Timeframe: within two years.*
 - Providing every Community Mental Health Center, Early Supports and Services agency, and preschool special education program with an Early Childhood Mental Health Specialist consultant or staff to provide supervision and training for staff (similar to the Head Start model). *Timeframe: needs assessment within three years, available staff within three to seven years.*

I. INTRODUCTION

A. Importance of Early Childhood Mental Health

We know that the early years are critical for a person's development. Healthy emotional relationships with primary caregivers are the foundation for the infant's growth into an emotionally healthy adult. Furthermore, a child's emotional, cognitive, and physical development are inter-related. A young child's emotional development has been found to be directly related to later school outcomes (Knitzer, 2002; Dunlap et al, 2006; Shonkoff & Phillips, 2000). Thus, it is important that young children begin their school years emotionally ready to succeed in school.

Dunlap and his colleagues conducted a meta-analysis of existing empirical literature to look at the current state of knowledge related to challenging behaviors in young children (Dunlap et al, 2006). Their focus was on prevention and intervention. Their finding in the literature was that:

When children with significant problems are neither identified in a timely way nor given an appropriate education or treatment, their problems tend to be long lasting, requiring more intensive resources and services over time. Moreover, when the challenging behavior of young children is not addressed in an appropriate and timely way, the future likelihood increases for poor academic outcomes, peer rejection, adult mental health concerns, and adverse affects on their families, their service providers, and their communities (2006, p.32-33).

From birth on, young children are learning how to regulate their behavior. As infants, they cry when they are hungry, need a diaper change, or want to be cuddled and loved. Caregivers learn how to differentiate their cries and respond accordingly. As toddlers, they learn to communicate their needs in other socially appropriate ways. This self-regulation is "a cornerstone of early childhood development that cuts across all domains of behavior" (Shonkoff & Phillips, 2000, pg. 3). There may be a variety of reasons tied to the interplay between "nature and nurture" as to why an infant and/or young child has difficulty or may not be capable of self-regulation (Shonkoff, & Phillips, 2000).

Infants and young children experience emotions. Not only can they feel happiness and joy, they can also feel grief and anxiety (Shonkoff & Phillips, 2000). When they are exposed to emotionally charged situations, or are themselves involved in such situations, it can have lasting effects that can impact the brain, particularly in the early years of development. While traumatic experiences can negatively influence brain development, therapeutic experiences can positively influence brain development, altering the effects of the trauma (Perry, 2000). Conversely, it is well documented that once social/emotional problems become established, without intervention, they can lead to chronic problems later in life (Squires, 2003). Therefore, early identification and intervention are crucial components to improving developmental outcomes.

B. Prevalence of Mental Health Conditions

In their report on prevalence, the New Hampshire Center for Public Policy Studies (NHCPPS) estimates that approximately 20% (55,756) of New Hampshire children aged 5 – 19 years could possibly have a

diagnosed mental health disorder. They estimated that about 3 – 5% of children between the ages of 5 – 19 years in New Hampshire were diagnosed with an attention disorder, 0.7% were diagnosed with an autism spectrum disorder, and 0.2 – 0.8% were diagnosed with an obsessive compulsive disorder (Tappin & Norton, 2007, September). It was more difficult to identify specific mental health disorders, particularly at the younger ages.

The prevalence rate nationally for young children with a mental health disorder is unknown. Dunlap and his colleagues estimate that approximately 10% - 20% population of preschool children has experienced significant challenging behaviors. They suggest that this is an underestimation, however, citing differing assessment methods and sample populations among the studies reviewed (Dunlap et al, 2006). Using Dunlap's conservative estimate of 10% and the 2007 census estimate of 75,022 children under 5 living in NH, the NHAIMH estimates that over 7,500 of New Hampshire's children would need mental health services.

C. Mental Health Services and Supports in New Hampshire

“This subject is extremely important to me. I feel the children of NH and the parents who care for them struggle daily to get the care they need for them. Many do not know where to turn and do not know how to go about fighting for their child... These children are our future and many are, can, and will be, with the proper care...great men and women years from now!”

– Family Respondent

Anecdotal reports from professionals in the field of early childhood indicate that mental health services and supports for young children, birth to age six, and their families in New Hampshire are quite scarce. Even in those areas of the State where services and supports exist, they are not always easily accessible. In its September 2007 report, *Few and Far Between? Children's Mental Health Providers in NH*, the NHCPPS noted that the greater portion of the North Country and parts of the Lakes Region have been designated as Mental Health Professional Shortage Areas (MHPSA) (Norton, Tappin, & McGlashan, 2007).

The report also acknowledged the difficulty in obtaining reliable data on the mental health workforce, partially due to the growing variety of professions and their changing roles. There is no one database of all the mental health professionals providing services. This difficulty is compounded when looking at mental health services for young children, birth to age six, and their families. For example, services for infants are often provided within the context of maternal and/or family therapy. Mental health services may also be provided to assist early care and education providers. In these programs, young children do not always receive direct mental health services. Thus, these services are rarely reimbursed through insurance, one of the methods used for tracking services (Tappin & Norton, 2007a, September).

For today's young children, child care and preschool programs provide a substantial portion of their care and learning throughout the day. Yet often these programs cannot meet the social and emotional needs of the children in their care. Nationally, rates of expulsion from child care and preschool programs due to challenging behaviors are three times greater than those of kindergarten-12th grade students (Gilliam, 2005).

In 2001, the NHAIMH collaborated with the Head Start State Collaboration Office to conduct an informal survey on child care expulsion rates. Their results indicated that 53% of early care and education providers (N=194) had enrolled at least one child in a 15-month period who had previously been expelled from another child care setting, and/or had expelled at least one child from their program. Of those

children who had been expelled from another child care setting, 29% were later expelled from the child care setting responding to the survey. “These children, who have not yet entered first grade, have already been expelled from at least 2 child care settings” (NHAIMH, 2001).

Child care expulsion rates have been reduced when mental health support is provided within the early care and education setting. Effective supports include training for teachers, implementation of a positive behavioral support program, consultation regarding environmental changes that support optimal learning, modeling positive interactions for teachers and families, suggestions for developing administrative structures that contribute to staff morale, and methods for direct intervention with children (Knitzer, 2002).

The Preschool Technical Assistance Network (PTAN) at SERESC provides free consultation services to child care programs in New Hampshire through a grant funded by the NH DHHS Division for Children, Youth, and Families, Child Development Bureau. According to their FY’07 year-end report, “85% (N=129) of the children for whom consultation was requested were reported to be at risk for expulsion. Three to six months post consultation, 88% of those children had not been expelled” (Izen, 2008).

D. Overview of the Project

Recognizing the critical importance of mental health services and supports for New Hampshire’s children and families, the Endowment for Health launched a five-year mental health initiative in 2008. As part of this initiative, the Endowment for Health funded a collaborative project between the NHAIMH and NH DHHS that utilized qualitative and quantitative methodologies to conduct a “state of the State” analysis on the availability, accessibility, and quality of early childhood mental health supports and services for New Hampshire’s youngest children (aged birth to six) and their families. The “Mental Health Services for New Hampshire’s Young Children and Families: Planning to Improve Access and Outcomes” project also generated recommendations to improve the quality of services based on findings.

To begin, a talented group of national, State, and regional leaders were convened who served in various capacities, including consultants, contractors and partners. The management team consisted of representatives from the NHAIMH Board, the Department of Health and Human Services, the project director and the project coordinator (see Appendix A for management team members and project staff).

The management team, facilitated by the project director, met on a regular basis to provide ongoing guidance on project activities and review progress on objectives. Each State agency partner was responsible for linking the project with his or her respective constituency groups (child care providers, foster care providers, Head Start staff, home visitors, early intervention professionals, health care and mental health professionals, etc.). In order to cast the widest net possible for data collection, all partners participated in developing and disseminating survey tools, generating recommendations, and designing a State plan.

Project staff undertook three major data collection initiatives to gain information on the service systems available in New Hampshire that address the mental health needs of very young children:

- 1) A series of focus groups held with key stakeholders during the project's kick off event to identify the range of services available and begin initial discussions to guide the project;
- 2) Surveys administered to families and early care and education, health, and mental health providers to gain broader perspectives on the dynamics of mental health services for very young children and their families;

3) Focus groups held with three sets of families to obtain a deeper understanding of some of the issues involved in obtaining services.

The first task was to define early childhood mental health and a comprehensive system of early childhood mental health services. By researching the literature and seeking feedback from stakeholders, the following definitions were adopted (CEED, no date; FPG Snapshot #50, 2008; Georgetown University Center for Child and Human Development, no date; Hepburn, et al, 2007; Hoover & Zundel, no date; Knitzer, 2002; Knitzer, 2004; Regional Research Institute for Human Services, 2008; Vermont Northern Lights Career Development Center, 2007).

Early Childhood Mental Health is the social/emotional well being of children aged birth to six years, and promotes the capacity to:

- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn;
- demonstrate developmentally appropriate behavior.

A Comprehensive System of Early Childhood Mental Health Services is a coordinated network of mental health and other necessary supports and services designed to meet the multiple and changing needs of young children (age birth to six years) and their families. The supports and services in this system include (but are not limited to):

- behavioral and mental health counseling and therapies for young children and their families;
- early childhood behavioral and mental health consultation;
- anticipatory guidance and parent education regarding social/emotional development;
- accessible information and resources on social/emotional development for families and providers.

II. Methodology

A multi-prong approach was utilized to gather data and information for this study that included: an initial focus group with key stakeholders prior to data collection; family and provider (early care and education, health care and mental health) surveys; focus groups with families; and a focus group with key stakeholders on the preliminary findings. The methodology for each approach is described next, followed by a discussion of limitations and appropriate uses of data in the report.

A. Initial Focus Group with Key Stakeholders

On August 20, 2008, a “Kick-Off” event was held to introduce the project to key stakeholders and policy-makers. At the event, five focus groups were organized to determine the participants’ perspective on the following questions:

1. What behavioral/mental health services are currently provided to young children (birth – six years) and their families? Who provides them?
2. What do you believe are the most effective aspects of these services?
3. What can be done to increase access to/availability of effective behavioral/mental health services?

Members of the Management team assisted project staff and consultants in facilitating the focus groups and recording responses (see appendix B for a summary). There was consensus across groups for all three questions. The major differences were in the first question. Specific services currently provided varied from region to region. Some services also varied by different eligibility criteria.

B. Family and Service Provider Surveys

Survey Creation

Building upon evaluation and research work from across the nation, four audience-specific surveys were constructed (please see Appendix C for copies of the surveys). These audiences included: families, mental health providers, health care providers, and early care and education providers.

A stakeholder group was convened on July 8, 2008 to provide input on the surveys’ creation to ensure that they captured the New Hampshire perspective. Field testing of the surveys was done through e-mail.

The surveys included questions regarding:

- ❖ demographic information about survey respondents and agencies providing services;
- ❖ existing supports and services including eligibility criteria, population served, effectiveness, program/service characteristics, funding, barriers/challenges, and access to services; and
- ❖ demographic information on young children and families in need of and/or receiving mental health supports and services in New Hampshire.

Specifically, the following research questions were explored:

- ❖ How are mental health services and supports for young children (birth to six years of age) and their families defined throughout the State?
- ❖ Who is providing mental health services and supports to young children and their families throughout NH?

- ❖ What mental health services and supports are currently available throughout the State for young children and their families?
- ❖ How accessible are mental health services and supports for young children and their families throughout NH?
- ❖ What are the perceived barriers and challenges to providing mental health services and supports to young children and their families throughout NH?
- ❖ What are the recommended solutions for providing better mental health services and supports to young children and their families?

Survey Implementation

Due to the lack of a comprehensive dataset from which to draw out a random sample pool for the target groups in the research plan, project staff pursued a convenience sampling frame.

Respondents were given the option to answer the survey either on-line at surveymonkey.com or by paper. Invitations to participate in the survey were sent via e-mail (see Appendix D for copies of e-mail invitations). Invitees were asked to share the e-mail with others who may be interested in participating as well.

The email invitations were sent in the following order:

Table 1: Survey Timetable

Survey	Date Opened	Date Closed
Early Childhood Mental Health Providers, Consultants and Specialists	➤ November 12, 2008	➤ December 3, 2008
Health Care Providers Survey	➤ November 21, 2008	➤ December 5, 2008
Family Survey (round one)	➤ December 4, 2008	➤ December 23, 2008
Family Survey (round two)	➤ January 12, 2009	➤ February 3, 2009
Early Care and Education Providers	➤ December 8, 2008	➤ December 23, 2008

As previously discussed, surveys were disseminated to constituent groups for wider distribution across target audiences (see appendix D for invitation and list of constituent groups).

We also inundated the Family Resource Centers and Head Start's state Parent Advisory Council with paper copies and asked Home Visiting Providers to share paper copies with families. This increased our responses for the family survey by almost two-thirds.

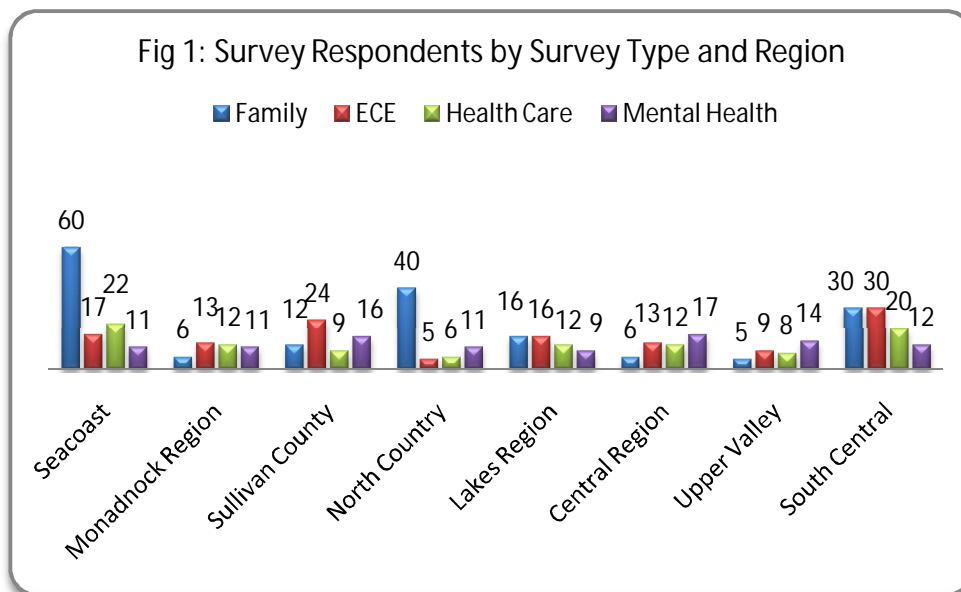
Good Beginnings of Sullivan County, a family resource center serving Sullivan County families, was simultaneously surveying families and providers in the area of early childhood mental health through a study funded by the American Academy of Pediatrics and the Health Resources and Service Administration through a Healthy Tomorrows grant. A resource and data sharing partnership was formed to maximize resources, improve validity, and increase continuity between the projects.

Surveys were distributed via mail and e-mail by collaborating with organizations and leadership individuals who have contacts and relationships with the respective constituent groups. Individuals who elected to help with distribution at the 8/20 kick off meeting were also included.

Responses

We received surveys from 178 families, 119 early care and education providers, 72 health care providers, and 57 mental health providers. Characteristics of each responding audience are noted below.

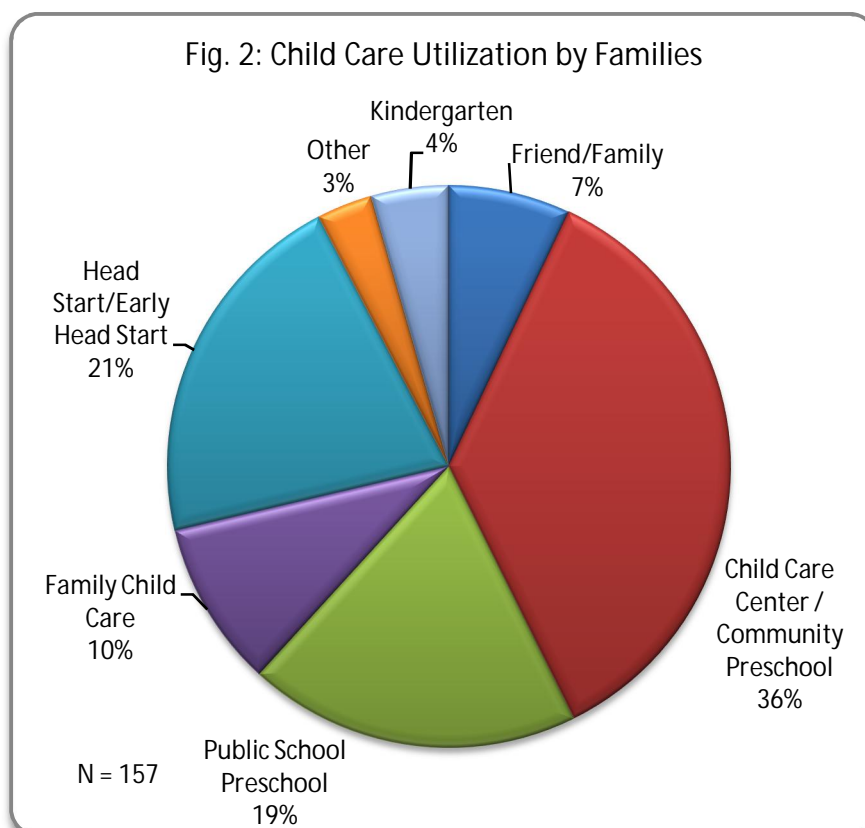
Figure 1 identifies the number of responses from each target audience across eight regions of the state. When asked in which region they provided services, providers were able to choose as many regions as were appropriate. For example, a mental health provider might have responded that services were provided in the Monadnock Region, Sullivan County, and the Upper Valley.



Note: All respondents, except for families, had the option of checking more than one region as they may be providing services in more than one region of the State.

Family Respondents

- ❖ Ninety-six percent (N=174) of respondents report having health insurance for their children.
- ❖ Eighty-eight percent (N=142) of respondents identified themselves as “Mother.”
- ❖ Seventy-seven percent of respondents (N=177) were 31 years of age or older and 77% (N=177) reported themselves as married or in a civil union.
- ❖ Only 5% of respondents (N=177) noted having less than a high school diploma and 40% reported having a four-year degree or higher level of education.
- ❖ Respondents reported utilizing a range of child care options (includes multiple responses per family).



Early Care and Education Provider Respondents

- ❖ Thirty-five percent (N=118) of responses came from center-based child care providers, 21% came from family child care providers, and 14% came from preschool special education programs.
- ❖ Forty-four percent (N=114) report using screening tools related to social/emotional or behavioral health and 40% report conducting formal assessments on children related to social/emotional and/or behavioral issues.
- ❖ Seventy-one percent (N=110) report having access to early childhood mental health services, such as a consultant, when social/emotional or behavioral issues came up.

Health Care Provider Respondents

- ❖ Thirty-three percent (N=71) of responding health care practitioners were pediatricians and 28% identified themselves as family practice physicians.
- ❖ Thirty-two percent (N=72) reported having been in practice for less than 10 years and 38% reported being in practice for 20 years or more.
- ❖ Sixty-five percent (N=71) of respondents reported that they do not offer early childhood mental health services to children. Sixty-nine percent (N=70) report using screening tools related to social/emotional or behavioral health.

Mental Health Provider Respondents

- ❖ Forty-nine percent (N=57) of responding mental health providers identified themselves as either “therapist” or “psychologist.” Thirty percent identified themselves in the “other” category which included administrators, case management coordinators, physicians, home visitors, Head Start staff, a child care worker, an intern, and a marriage and family therapist.
- ❖ Fifty-eight percent (N=56) of providers report having a master’s degree and twenty-six percent report a doctoral level of education. Sixty-three percent of providers report being licensed in their field.
- ❖ Twenty-seven percent (N=56) of providers report having extensive training in the field of early childhood mental health. Only one provider reported having “little or no expertise.”

C. Family Focus Groups

Three focus groups were held to gather in-depth information from families and to gain a more comprehensive understanding of the responses from the family surveys. Good Beginnings of Sullivan County held the first focus group at the Diana Love Family Resource Center in Claremont in February of 2009 during a regularly scheduled mothers’ journaling group with nine participants. The second focus group was held in March of 2009 with families at the Somali Refugee Center in Manchester with nine participants, with one couple providing translation services for the entire group. The third focus group was held in April of 2009 at the Lebanon Head Start with three participants.

There were four core questions that were used to facilitate discussion. These were:

- ❖ For those of you that have had concerns or been told of concerns about your child's mental health or behaviors, can you describe what that experience was like and who (person/agency) was the most helpful to you?
- ❖ Did you feel like you and your child(ren) received the help and support that you needed?
- ❖ Did you have any frustrating experiences? Was there anything that got in the way of your child(ren) receiving the services you believed were needed? (e.g., financial, transportation, communication problems)
- ❖ What were some positive things that came out of this experience? Any negative things?

D. Focus Group with Key Stakeholders on Preliminary Findings

On April 16, 2009 the project convened a focus group that included 19 key stakeholders, the management team and project consultants to collect feedback on major findings and to generate recommendations for the State plan based on these findings. Invitations were issued via email to all participants in the initial (“roll out”) focus group, as well as to other individuals who had been nominated by the management team based on their early childhood mental health expertise or interest in the field. Stakeholder participants included four early care and education providers, seven mental health services providers, four health care providers, three State agency representatives, and a representative from the Endowment for Health. Participants were asked about their initial response to the report (including whether or not any of the findings were a surprise) and then joined one of four workgroups to generate recommendations.

Workgroup topics included: ECMH training programs, effective coordination of services, increasing public awareness, and addressing issues of screening, referrals, and eligibility.

E. Limitations & Appropriate Uses of Data in the Report

Due to the lack of data regarding the actual numbers and types of providers in New Hampshire's early childhood mental health system, as well as the accompanying need to adopt a convenience sampling frame for this project, the data presented herein cannot be used alone to represent the perspectives of all those in New Hampshire involved in the mental health supports system for young children.

While the data do not provide a comprehensive picture of what is happening across New Hampshire, a broad array of previously unavailable but critical perspectives from the field is represented, including the direct experiences of 178 families, 119 early care and education providers, 72 health care providers and 57 mental health providers. To the extent that each of these respondents represents both broader family networks and thousands of other individuals who either receive or provide services within early care and education settings or clinics, the major challenges and strengths that are highlighted in these results are worthy of consideration and utilization as part of a multi-pronged effort to improve the broader system of services. This data, in conjunction with stakeholder review of findings, integration of service provider and State planner perspectives, as well as additional research from the field, provides critical information for building an effective State plan for improving services.

In determining next steps for the initiative, reviewers should note some important differences between those responding to the survey and what we know about the general population for each of the target groups surveyed. In particular:

- ❖ Families:
 - Ninety-six percent of the families who responded to the survey reported having health insurance. We don't have substantive information on the experiences of those families who do not have health insurance. Additional research is needed to determine the extent to which mental health services are available and accessible to them and their children.
 - Seventy-seven percent of family respondents were 31 years of age or older and one could presume that they had some experience with systems and how to navigate them to get the services they might need. We don't know whether age is a factor and whether younger parents might have more difficulty navigating the mental health system than older parents might have. Level of education could also be a factor in navigating the system. Only 5% of respondents noted having less than a high school diploma and 40% reported having a four-year degree or higher level of education. Additional research is needed to determine if those parents with less education have more difficulty accessing mental health services for their children and family.
 - Seventy-seven percent of families reported themselves as married or in a civil union. We don't have as much information on the difficulties single parents might encounter in accessing mental health services and the unique barriers that they face in obtaining needed care.

The reader should note that, particularly for the early care and education, health care and mental health care providers mentioned below, the lack of a comparative state-wide data set makes it difficult to appropriately infer findings to the rest of the State. The caveats mentioned below are based on

stakeholder review of the data, what was known about initial methods of outreach to complete the surveys, and stakeholder interpretations on the likely implications this would have for data interpretation.

❖ Early Care and Education Providers:

- Although members of the management team agreed that responses were a good reflection of Head Start and Early Head Start programs, it was noted that there was limited representation in the results by unlicensed home care providers. To the extent that this group is responsible for a substantial number of children statewide, it will be important to provide additional outreach to this group to ensure that they have appropriate links into the evolving system of services.

❖ Health Care Providers:

- In reviewing characteristic data on health care provider respondents, members of the management team believed this data set to provide a balanced representation of pediatrician and family practice doctors.

❖ Mental Health Care Providers:

- Due to the initial outreach of surveys to those centers that were already working with young children's mental health issues, the data from these respondents are believed to be heavily weighted towards those that have more experience with early childhood mental health and is therefore likely to under-represent the challenges and barriers experienced by mental health care providers statewide.

III. FINDINGS

A. The Need for Early Childhood Mental Health Supports and Services

Out of the 119 early care and education programs surveyed with reported child counts, an estimated one in 38 children¹ were identified as needing early childhood mental health services. When asked about the number of children who needed additional supports in this area (but who were not necessarily identified), the minimum number rises to one in eleven children.

Additionally, families also reported that they were concerned that their child may need help learning how to behave (58.3%) or how to manage their feelings (59.3%). Half (50%) of the families surveyed were worried that their child might have a social emotional or behavioral condition.

To provide the reader with a better understanding of the dynamics underlying respondent experiences around mental health supports and services, results were divided into four categories of research questions (characteristics of the system, family satisfaction, barriers and challenges, and recommendations), as follows:

- ❖ *Characteristics of the system.* What early childhood mental health supports and services are available to young children and their families throughout New Hampshire and who provides them? How are children identified and linked in the system of services? What are some of the most effective aspects of the current system?
- ❖ *Family satisfaction.* How satisfied are families with their ability to access and utilize services?
- ❖ *Barriers and challenges.* What are the perceived barriers and challenges to providing mental health supports and services to young children and their families throughout New Hampshire?
- ❖ *Recommendations.* What are the recommended solutions for providing mental health supports and services to young children and their families?

Results related to each research question include data from both surveys and focus groups.

¹ Text provides the lowest range of the estimate. The estimate was created based on two survey responses: [number of children served at the center] and [percent of children needing early childhood mental health services for social/emotional, behavioral or other issues]. The percent of children variable had options for 1-20%, 21-40%, 41-60%, etc. The low end of the response for each individual provider (1%, 21%, 41%....) was multiplied by the number of children served (with a minimum of at least one child for valid cells). The same process was completed for a question which asked providers about the percent of children who they thought needed services but were not necessarily identified.

B. Characteristics of the System

This section presents information about the availability of early childhood mental health services as gathered from mental health experts in the “stakeholder focus group.” We will then present information about the level of expertise of health care and mental health providers in regards to early childhood mental health to get a better sense of the availability of services for young children.

Availability of Mental Health Services

Specific services currently provided varied from region to region. Some services also varied by different eligibility criteria. Participants’ perceptions of the basic services and who provides them are shown in Table 2, demonstrating the sometimes sporadic availability of services across the state.

Table 2: August 20th Stakeholder Focus Group's Participants' Perceptions of Available ECMH Related Services by Type. Shaded Cells indicate presence of service.

Provider Type/Type of Service	Assess./ Diagnosis	Case Mgmt. / Service Coordination	Therapies	Emer. / Trauma Services	Social Skills Training / Behavioral Supports	Consultation to Early Care and Education Programs
Community Mental Health Centers ¹						
Early Supports and Services ²						
Child Development Clinics						
Private Practice						
Early Care and Education/ Preschool Special Education ³						
Early Head Start/ Head Start						
Primary Care Physicians/ Health Care ⁴						
Division of Children, Youth and Families						
Community Home Visiting Programs ⁵						
Private Non-Profit Mental Health						
Preschool Technical Assistance Network (PTAN)						

¹services vary regionally

²mental health services and consultation services vary regionally

³services vary by district eligibility criteria

⁴services vary by practice and regionally

⁵services vary regionally

As can be seen from Table 2, the perception of the Stakeholder focus group participants was that the Community Mental Health Centers are providing the bulk of the services. However, all services are not available in each region of the State. For example, Community Mental Health Centers are the only ones providing emergency and trauma services. Table 3 lists the services provided by the Community Mental Health Centers by region (see Appendix E for the listing of Community Mental Health Centers).

Table 3: Therapy/Services Provided by Community Mental Health Centers. Shaded cells indicate presence of service.

	Mental Health Region									
	1	2	3	4	5	6	7	8	9	10
Assessment										
Crisis Management										
Group Therapy		*								
Individual Therapy										
Family Therapy										
Medication Monitoring										
Case Management										
Respite										
School-based Services										
Psychiatric Evaluations										
Parent Education										
Home Based Therapy										

* provided 2x/yr

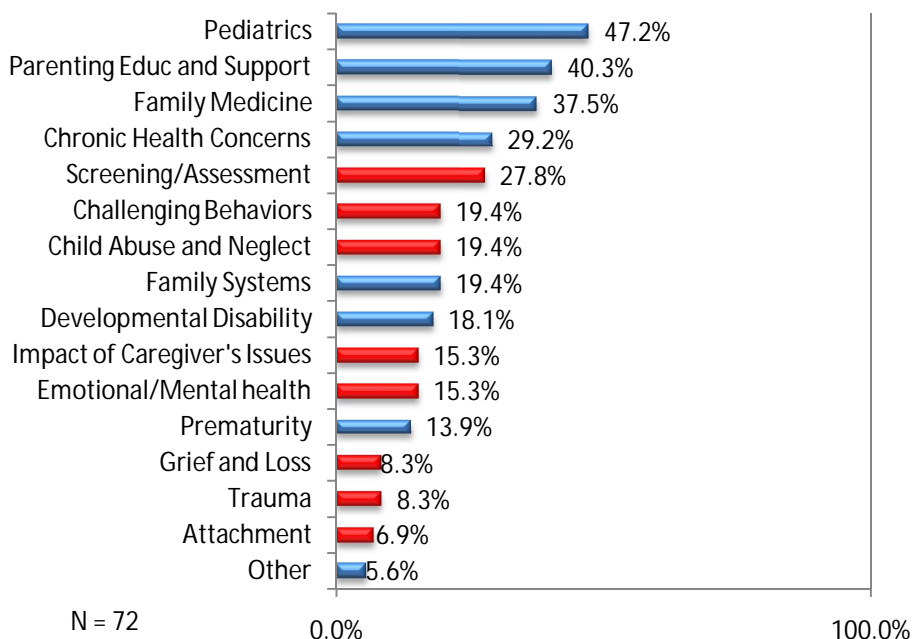
Concerning Tables 2 and 3, it should also be noted that, even where services are indicated as being available, substantial variation is likely (e.g. in terms of intensity of services offered, comprehensiveness, and training/skill level of those offering services).

While all mental health regions provide assessments, programs providing case management/service coordination to help the family find and maintain appropriate services are less available. Therapy and support services are not equally available throughout the State. As a result of the inconsistent availability of intervention, a child may receive a diagnosis but the family may then be left with no place to go for assistance and treatment.

Areas of Expertise

Fifteen percent of health care providers (N=72) who responded to the survey reported an expertise in early childhood social/emotional or mental health. Similarly, 15.3% of the health care providers reported an expertise in how a caregiver's mental illness impacts a child's development. Except for screening and assessment (28%), other areas related to mental health care were particularly low, with generally less than one in five respondents indicating expertise.

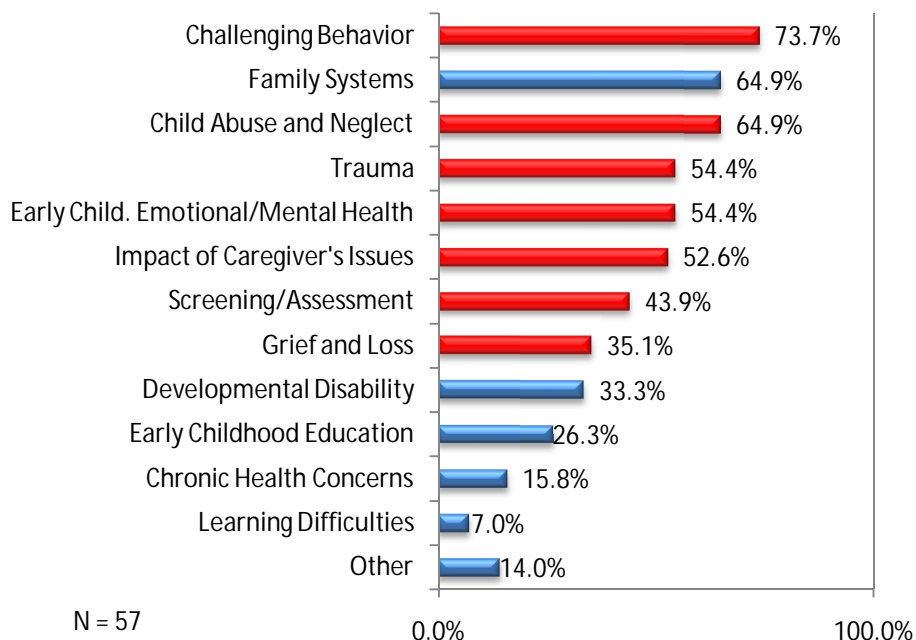
Fig 4: Expertise of Health Care Providers Participating in the Survey



Fifty-four percent of the mental health providers who responded to the survey (N=57) reported an expertise in early childhood emotional or mental health. Fifty-three percent of the mental health providers reported an expertise in how a caregiver's mental illness impacts a child's development.

Of note, 50% of the mental health providers identified themselves as either "therapist" or "psychologist." The other 50% identified themselves as licensed clinical social workers, licensed clinical mental health

Fig 5: Expertise of Mental Health Providers Participating in the Survey



counselors, case managers, administrators, one marriage and family counselor, one family support worker, and one respondent described him/herself as "...a therapist at a community mental health center in Northern NH. Like most of us, I am a generalist, treating adults, families and some children. I do not treat young children directly but I do treat their parents in the context of family therapy." This may be true for a number of the mental health provider respondents.

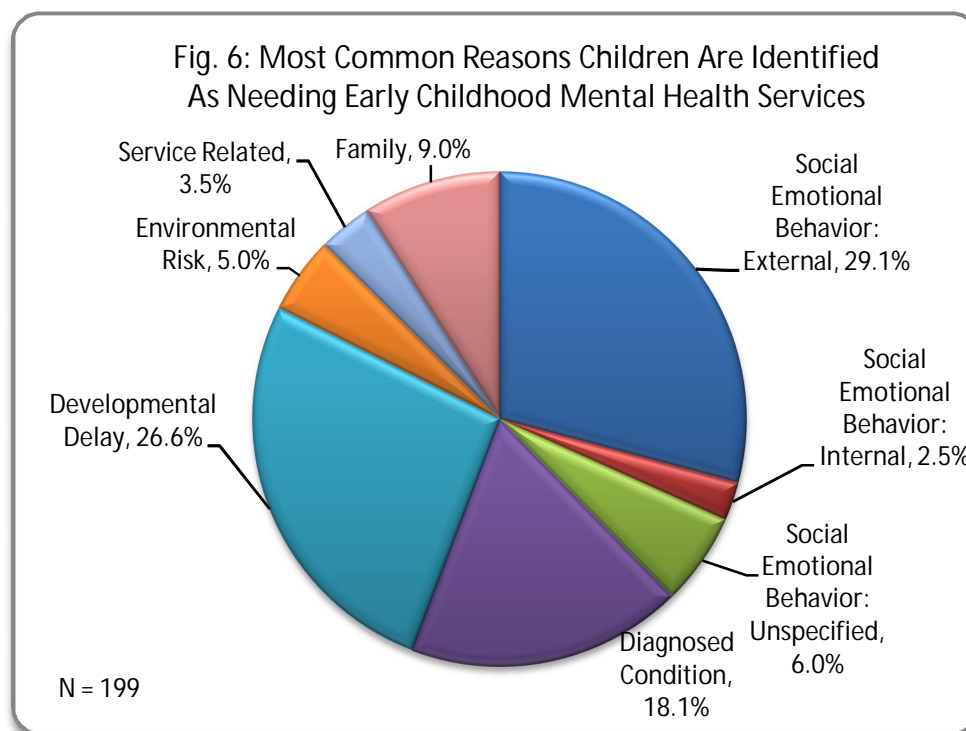
Identification of Children's Mental Health Needs

Families depend on early childhood programs, health care and mental health providers to help them identify mental health issues in their children. As evidenced below, not all providers of care are screening children for mental health issues.

Among early care and education programs...

- ❖ Less than half (45.3%) reported using screening tools to identify mental health issues.
- ❖ Less than a third (29.9%) responded that they routinely screen all of the children in their program. Because federally funded programs such as Early Head Start, Head Start, and DCYF are required to screen or refer children enrolled in their program for comprehensive evaluation, these programs would have the highest rates of screening.

In terms of which children were most likely to be identified for needing mental health services, early care and education providers noted that issues such as behavior (particularly external), developmental delay or diagnosed conditions were the highest drivers. Providers were less likely to indicate that factors such as family concerns, internal or unspecified behaviors, environmental risk issues (such as abuse / neglect), or service related reasons (primarily related to screening) were primary drivers for identification.



Additionally, we know that among health care provider respondents...

- ❖ Sixty-nine percent responded that they use a social/emotional or behavioral health screening tool in their work with children.
- ❖ Forty-one percent reported they routinely screen all children. Other providers responded they only screen a child when a parent has a concern or the provider has a concern.

Among mental health providers...

- ❖ About half of those respondents (51.7%) reported that they routinely screen children and 43.6% reported that they conduct formal assessments on young children related to social/emotional and/or behavioral issues. Sixty-four percent reported that they typically conduct formal assessments only when a provider makes a referral requesting an assessment.
- ❖ About half (52.6%) reported they used screening tools related to social/emotional or behavioral health in their work with young children aged birth to six and families. Some of the tools they reported using included: the Devereaux Early Childhood Assessment (DECA); the Conners' Scale; the Achenbach; the Ages and Stages Developmental Questionnaire (ASQ) and the Ages and Stages Social Emotional Questionnaire (ASQ-SE); and the Brief Resiliency Checklist (BRC).

Most Effective Aspects of Mental Health Programs in New Hampshire

Stakeholder focus group participants perceived the following aspects of services to be most effective, in the areas of system coordination and family systems:

System Coordination

- ❖ Infant Mental Health teams which have in place a network of agencies primary to the needs of young children and can be utilized for the purposes of further interagency coordination
- ❖ Integrated mental health and medical health
- ❖ Community Health Centers – comprehensive care vs. individual clinician model (though members questioned [or members had questions regarding] as to who pays and whether there's a tool to share information)
- ❖ Emerging tele-technology
- ❖ Multidisciplinary teams which can offer diagnosis, recommendation and follow up for a variety of concerns.
- ❖ Willingness of professionals to work collaboratively
- ❖ Early Head Start - Mental Health Consultations - create collaborations working with parents – prenatal up through start of kindergarten
- ❖ PTAN (Preschool Technical Assistance Network) – free, regional coordinators understand regional needs. Referrals are easy, very responsive; provides training, consultation to childcare

Family Systems

- ❖ Family-centered (Who the family decides is family, e.g. dad, mom, siblings, blended, extended)
- ❖ Family-directed (e.g., 5 a.m. Sunday visit)
- ❖ Strengths-based, a perspective that works from recognizing and supporting positive attributes in the system to make change rather than a deficit driven approach
- ❖ Early Supports and Services (ESS) – home-based, family/global view, service coordination, good access if eligible
- ❖ Public awareness of family support and services – 211 information line for services

- ❖ Interagency regional infant mental health teams identifying and supporting family needs
- ❖ Respite Care – billable in Community Mental Health Care (CMHC) system
- ❖ General family support and involvement

Focus group participants described different ways professionals were working collaboratively, both among colleagues and with families. They also expressed the importance of a philosophy of family-centered/family-focused services.

Within the surveys, early care and education and mental health providers were asked to report on the most effective aspects of the mental health services that they provided to young children.

Early Care and Education Providers described effective practices that include:

- ❖ **Consistent, routine, and predictable schedule** for children and families.
- ❖ **A positive environment** that encourages social and emotional development that encourages children and families to feel a sense of belonging.
- ❖ **Highly trained staff** who can recognize potential issues and know where to go for support.
- ❖ **Stable staff** (lack of staff turnover) to offer added consistency and stability to the program.
- ❖ **Trusting relationships with families** with consistent and clear communication. When families are treated like a partner in their child's care and education, consistency is improved between school and home.
- ❖ **Collaborative relationships with outside agency providers and local public schools**, recognizing that the team approach in offering services and support works best for children and families.
- ❖ **Low staff-child ratios** to allow teachers to get to know the children individually and better meet each child's needs. Getting to know the whole child and not just their behaviors helps promote an environment of trust and respect between the child and teacher.
- ❖ **Access to trained mental health personnel** whether it is through the local school (i.e. guidance counselor or social worker) or community agencies (i.e. mental health consultants) is an effective means of support when a problem arises.

Mental Health Providers described effective practices that include:

- ❖ **Family therapy and parent support** to help parents understand their child's behaviors and developmental needs as well as a mechanism to contain their anxieties is an important piece of mental health providers' work. Offering suggestions (i.e., daily routines, discipline, what to expect at different developmental stages) is also a role of mental health providers. These services are especially effective if they can be delivered within the child's home.
- ❖ **Individualized Team-based approach in providing services** to help children effectively meet their goals.
- ❖ **Work that promotes attachment** is especially effective with young children. Attachment-focused work with the parent present as well as interactive play therapy is often successful for both the child and his/her family.
- ❖ **Warm, nurturing placements** for children with consistent routines can especially help foster positive early childhood mental health.

C. Family Satisfaction

This section documents the extent to which families are satisfied with their ability to access and utilize services drawing on input from both family focus group and survey results.

Family Focus Groups

*Mothers' Journaling Group, Claremont
Nine female participants, February 2009*

Key Concerns Identified:

- ❖ Need for increased screening opportunities prior to school entry
- ❖ Lack of understanding on the part of insurance companies for early childhood mental health services, causing delay in payment
- ❖ Scheduling and transportation to outside appointments was a barrier to attending
- ❖ Lack of connection between school referrals and response from mental health agencies

These mothers would like to see more child psychologists in their community. They would like more in-home visits. They believe that increased special needs screening prior to the school year and increased communication between school and parents about child's behavior will lead to better outcomes for children's mental health in their community.

One mother noted that Healthy Kids Insurance refused to pay for a psychologist's services stating the patient (three years of age) was too young to need mental health services. The psychologist had to write a letter explaining the need for services, only then was payment made.

Mothers in this group found child psychologists and visiting nurses to be the most helpful to them. They all agreed that they would definitely prefer in-home services (both for ease of scheduling when there were other children in the family and/or for the comfort of the child). Scheduling appointments is often hard – it is difficult to make appointments when also caring for other children.

All of the mothers who attended this group noted a lack of confidence when a referral was suggested by the school. It was not a supportive experience for them. It was confusing, as it was not a facilitated process with a mental health agency. There were also disagreements with diagnoses.

*Parent Focus Group, Lebanon
Three female participants, April 2009*

Key Concerns Identified:

- ❖ Mental health agency is short staffed
- ❖ Three to four week wait time after referral for assessment and intervention
- ❖ Difficulty finding respite services
- ❖ Lack of confidentiality in small town

One parent reported that her child is not currently receiving direct service due to successful transfer and implementation of interventions in the home and child care settings. The parent indicated she would seek further intervention if necessary.

One parent with two children receiving services provided information in a phone interview. Getting the younger child (3 at time of referral) referred and into services took significantly more time than it did for the older child. Counselors meet monthly to discuss the children with parents. The parents are taking a parenting class and receiving couples counseling. The parents found this approach helpful.

A single mother with four children who is not from the community talked with us about her concern that in a small town there is a lack of confidentiality. She has found it difficult to get respite services and to have child care when she needs to go for her own appointments. Transportation is also an issue sometimes. She knows that she needs to have a consistent schedule to get to all appointments, try to arrange child care, and make sure she has transportation. Any changes can cause everything to fall apart. This mother is also taking on-line college courses.

One of the parents stated that when a counselor left there was no transition plan for her son who had severe post traumatic stress disorder. She believed that he experienced a significant setback. "I feel that this is the second time I see him almost back at the beginning of where he was when he first started receiving services here."

Overall parents indicated that wait time averaged about three to four weeks after referral before testing and intervention occurred. They said the local mental health agency was easy to access. Counselors, doctors, and therapists were skilled and worked well with these three families who self-identified with significant issues.

Parents stated that the mental health agency generally appeared to be short-staffed. The mental health agency staff had told parents they had high numbers of clients. Difficulty in maintaining a regular schedule of appointments, staff turnover, and inconsistent case management were highlighted in the discussion.

Two parents indicated that the local visiting nurses association was helpful in making services more accessible and providing continued support. All parents expressed that the Head Start program was also important to continuing success with their children. The program follows through well to help achieve positive outcomes for children.

Considerations for Special Populations

“If I cannot buy soap for my son to bathe, he goes to kindergarten, the school thinks me a bad parent, my son surely is having his mental health affected. It breaks my heart.”

– Family Focus Group Member, Somali Refugee Center, Manchester

The NH AIMH and NH DHHS recognize that some families require specialized services due to culture, ethnicity, or unique experiences. In order to gather information that would capture the concerns of parents managing cultural barriers in addition to the typical stressors of family life, a focus group was conducted at the Somali Refugee Center in Manchester. This session was attended by six men and three women, all parents. One man and woman were a couple and acted as translators for the group. None of the other participants spoke or understood English. They expressed deep frustration with their attempts to get basic services.

Key Concerns Identified:

- ❖ Lack of best practices surrounding translation and interpreter services
- ❖ Difficulty getting beyond “gatekeepers” to gather basic information about where services are located and what documentation is required to receive them due to language barriers
- ❖ ESL courses are not often offered at accessible times
- ❖ Lack of services to help meet basic needs (childcare, food, etc)

The community is very concerned about what they consider a lack of community service agencies’ understanding of their needs and the structure of supports that would represent best practice. As one man said “I receive a letter from the agency for an appointment. I then need to get the letter translated. I go to the appointment. There is no one available to translate for me. I can’t understand what is being said. I do understand someone will call me. I do get a call, however, that person is speaking English. I don’t understand. It is very frustrating.” The lack of translators and information about what is needed to receive services was expressed by all attendees.

Participants reported taking English as a Second Language (ESL) courses upon arrival in Manchester, but they don’t have the time to continue courses because most have one or two jobs, as it is essential to work and try to meet basic needs for food, housing, clothing, and medical services. All attendees also expressed a concern that they wanted to be Americans, and were willing to do what was necessary to learn the language. However, ESL courses need to be offered at a time that fits into working people’s schedules.

Participants also openly spoke of the impact of the lack of basic services on their families and their children's mental health. A mother talked about the mental health issues being created because they couldn't afford to put food on the table for their children. She has been trying for over a year to get childcare services for her child. She had tried again about a month ago. She asked, “Can you help me? Where do I need to go?”

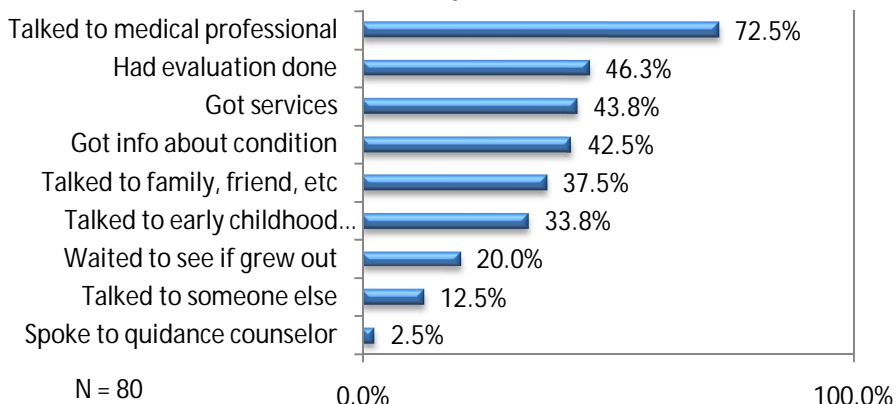
A father spoke about his concerns. He and his wife have two children - one is 7 months and one is 18 months old and is not talking. They know there is a problem. They do see the doctor. They have been trying to understand how to get services for over six months, however, they have been unable to overcome the language barriers as there is no one in their family who speaks English. The family feels disenfranchised because they realize no one on the other end of the phone can speak their language.

One man said, “We are losing our dreams for ourselves and our children.”

Additional Perspectives from the Family Survey

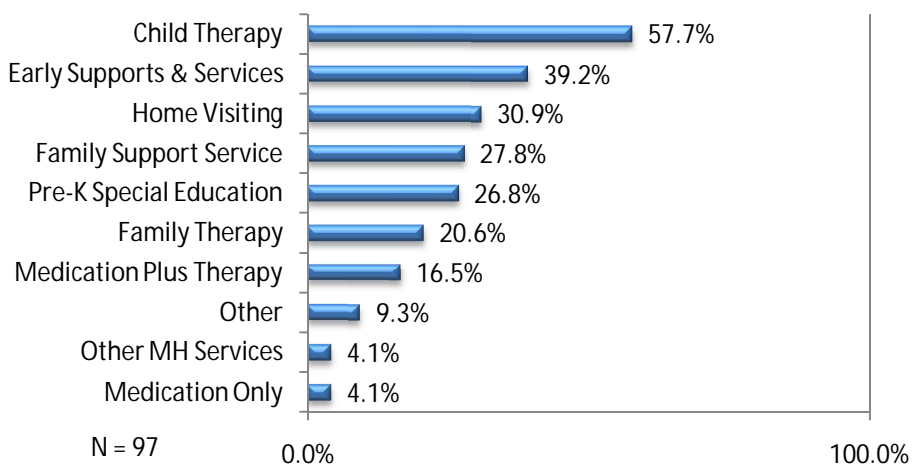
Of 173 families, 46.2% were worried that their child might have a social emotional or behavioral disorder. When asked what they typically did to follow up, the most frequent response was to talk to a medical professional (72%, N=80). One-fifth waited to see if their child would grow out of the problem.

Fig. 7: If worried that your child might have a social/emotional or behavioral condition, what did you do?



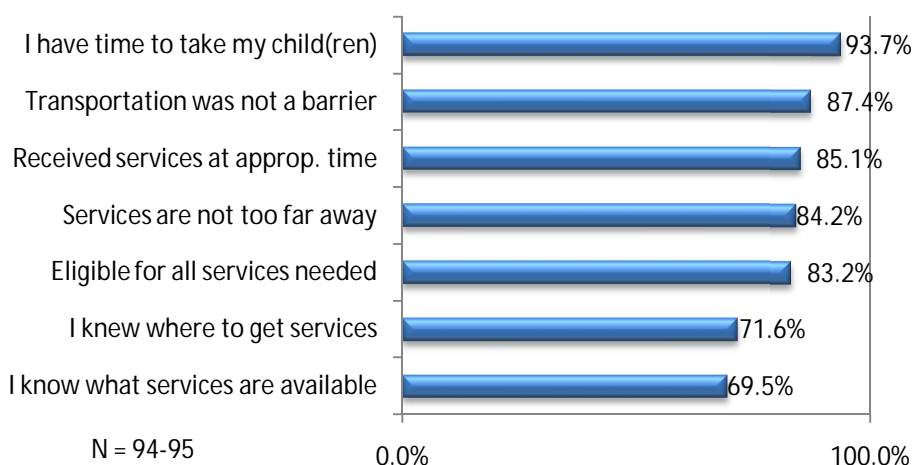
Of the 125 families who wanted services for their children, 78% indicated that they received them. Of these (N=97), child therapy was the most frequently sought service (57%).

Fig. 8: What services did your child receive?



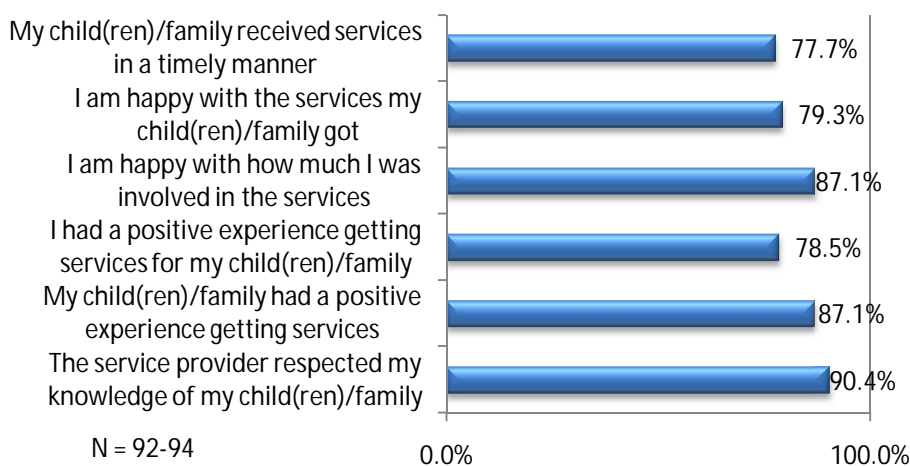
When asked about their ability to access services, over 80% noted that they had sufficient time to take their children, that services were not too far away, that transportation was not a barrier, and that they were eligible for all services needed. Also of note, over a quarter of respondents indicated that they did not know where to get services (28%) or even what services were available (30%).

Fig. 9: Ability to Access Mental Health Services



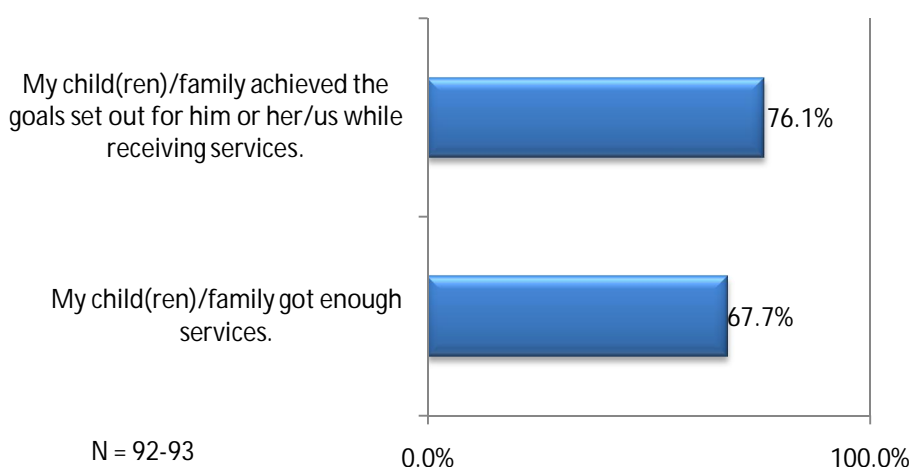
Upon receiving services, close to nine in ten respondents were generally satisfied with how they were treated and their involvement in the provision of services. Families were less satisfied with their experience in trying to obtain services (78%).

Fig. 10: Perceived Satisfaction With Services



Concerning whether or not their needs were actually met, 76% of families indicated that they achieved their goals and 68% felt that they had received enough services.

Fig. 11: Were needs met as a result of services provided?



D. Barriers and Challenges

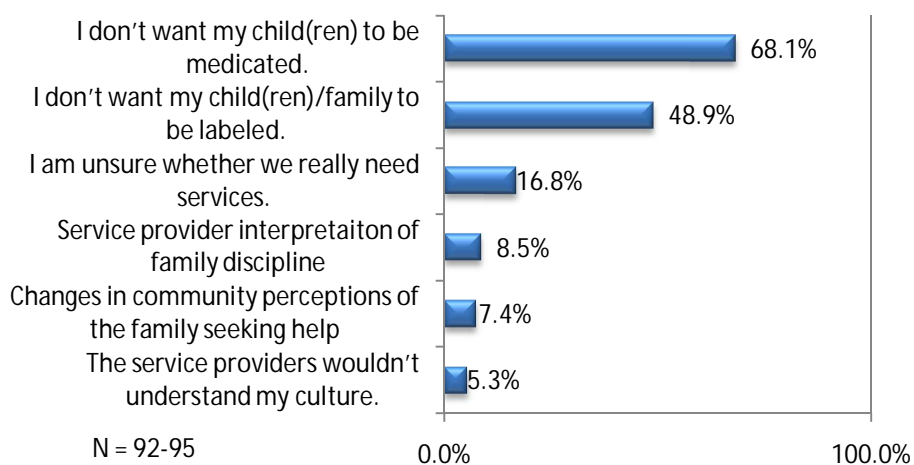
The review of research related to barriers and challenges resulted in four identified theme areas: barriers of fear, social stigma, and cost; a need for better training and educational opportunities; fiscal barriers tied to insufficient or lacking reimbursement practices; and limited coordination of referrals and services among families and different provider types.

Barriers of Fear, Social Stigma, and Cost

"...most parents understand their children way better than a health care provider who sees them once a year! And not to over medicate these children, most of them just need some understanding and someone to listen and take the time to make their living and growing environment something that suits them." - Family Survey Respondent

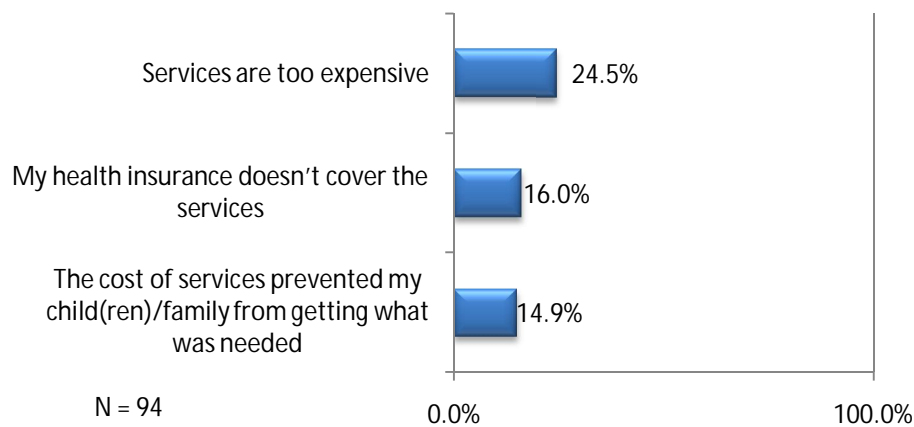
The biggest challenge in accessing mental health services as perceived by families is that they did not want their child medicated. About seven out of ten families reported this fear (68.1%). Half of families told us they did not want their child labeled by accessing mental health services (49%). Seventeen percent reported that they are unsure of whether their child needs mental health services.

Fig. 12: Barriers to Families Seeking Services



Concerns about cost were also addressed. In this respect, about one quarter (24%) felt services were too expensive, 16% thought that their health insurance would not cover services, and 15% felt that the cost of services prevented them from getting what was needed. Of note, responses were similar for families with either private insurance or Healthy Kids Gold.

Fig. 13: Family Concerns on Cost of Mental Health Services



The Need for Training and Educational Opportunities

One of the areas highlighted by the survey was the need for education and training in key areas.

Educational Needs

Among health care providers, a lack of knowledge across a range of childhood mental health issues was cited by many.

Eight out of ten health care providers expressed a need for additional information on challenging behaviors (80.9%). Seven out of ten health care providers expressed a need for additional information on early childhood mental health, screening and assessment (71.4%). Forty-five percent of health care providers expressed a need for additional information on attachment bonding.

Additional areas of information requested included parent education and support (52%), impact of caregiver issues (45%), treatment of children with chronic health conditions (33%), family systems (33%), and early childhood education (21%).

Fig. 14: Percent of Health Care Providers Seeking Additional Information on Mental Health Issues

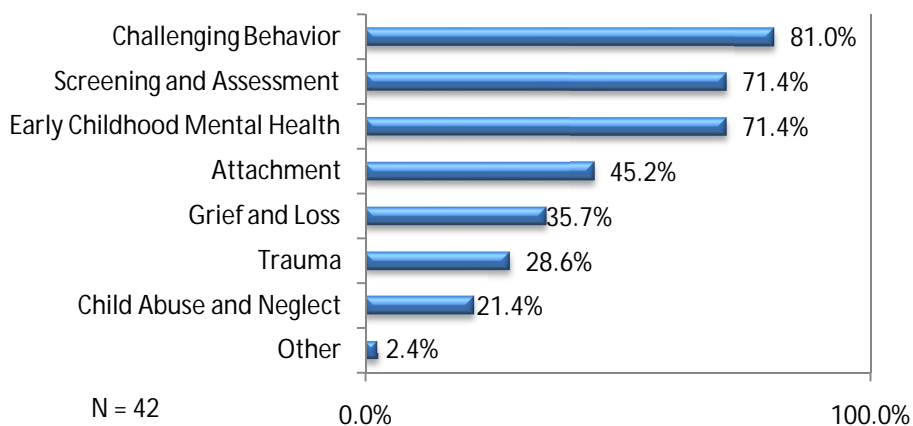
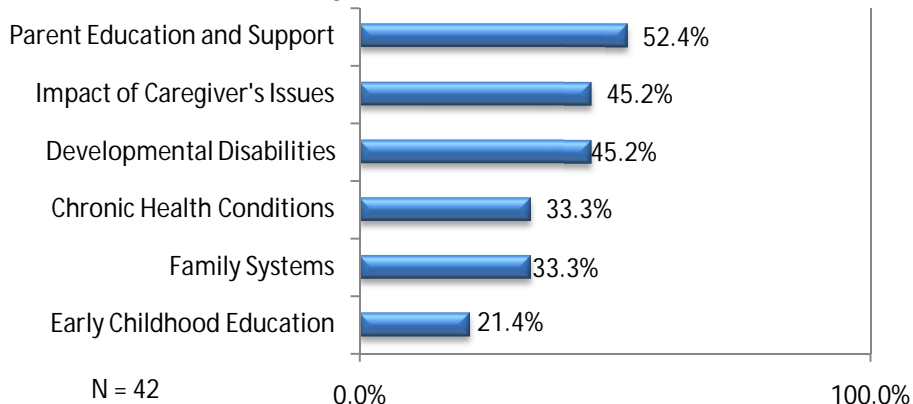


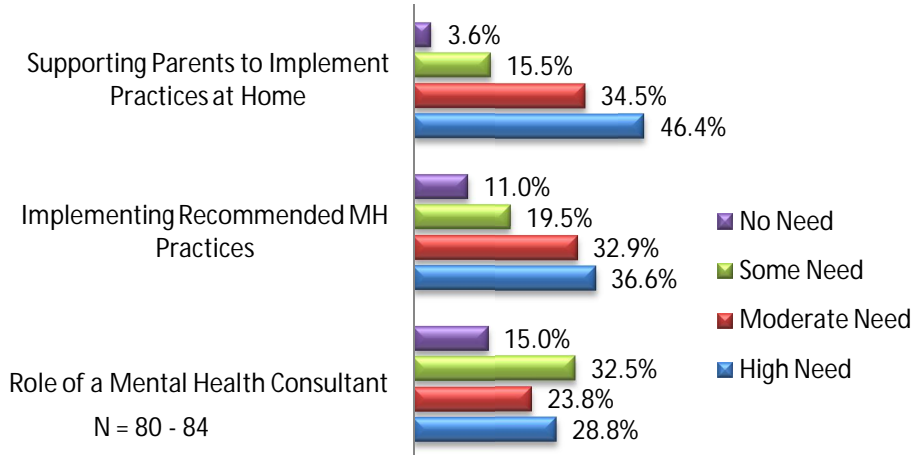
Fig. 15: Health Care Providers Seeking Additional Information on Issues Affecting Mental Health of Children



Training Needs

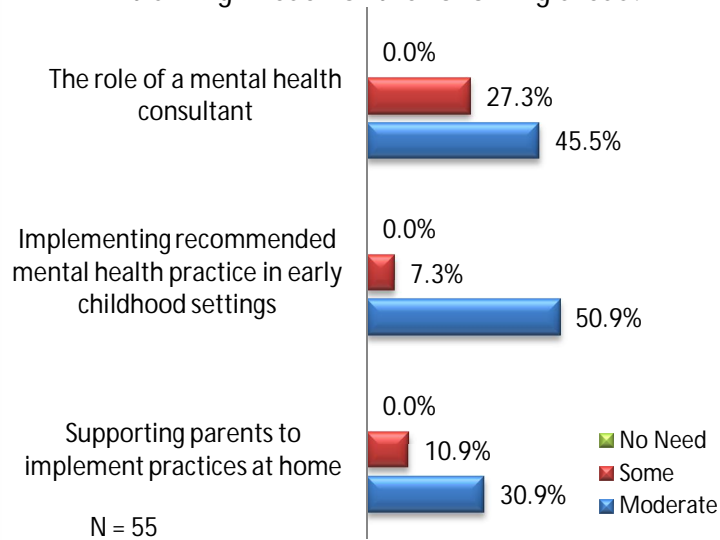
A majority of early care and education (ECE) providers indicated a moderate to high need for training in the areas of supporting parents in implementing practices at home (80.9%), implementing recommended mental health practices on site (69.5%), and better understanding the role of mental health consultants (52.6%).

Fig. 16: How important are the following training areas for ECE providers?



When we asked mental health providers similar questions concerning the types of training that ECE providers most need, there was majority agreement concerning training supports for ECE providers to better understand the role of a mental health consultant (72.8%) as well as for implementing best practice (58.2%). Nearly half (41.8%) felt that ECE providers needed training in supporting parents to implement practices at home.

Fig. 17: What is the need for ECE provider training in each of the following areas?



Fiscal Barriers

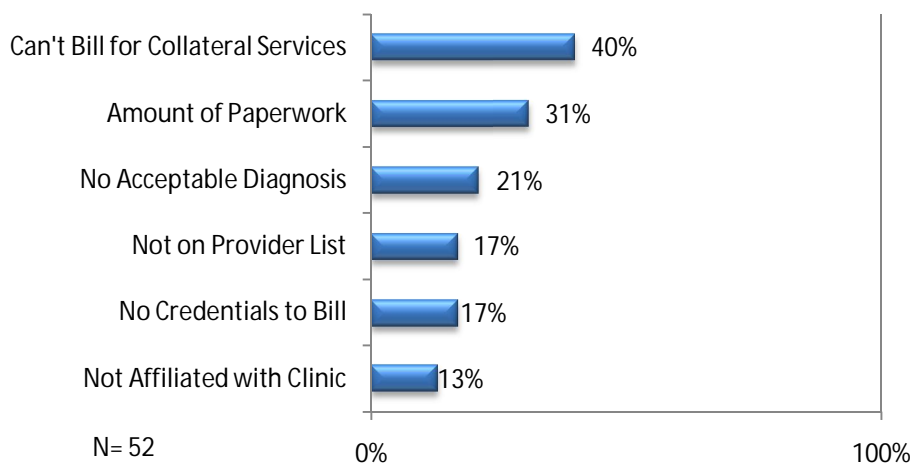
We asked mental health providers about the particular challenges they faced in billing third parties for their services.

Four out of ten (39.6%) mental health providers responded that they cannot bill for collateral services (e.g. services that reinforce the assessment/evaluation or treatment of the child such as paperwork, meetings with a child care director, or meeting with a parent).

About a third (31.1%) of mental health providers reported that the paperwork to bill for third-party reimbursement is a barrier.

Twenty-one percent of mental health providers did not have a diagnosis for the child that qualified for reimbursement, 17% of mental health providers did not have the credentials to bill for services or were not on the provider list, and 13% indicated that not being affiliated with a clinic was a barrier.

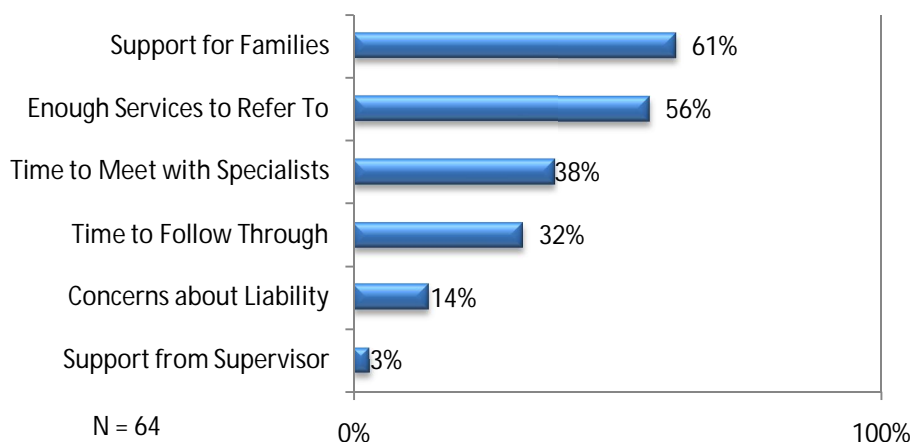
Fig. 18: What are some of the barriers related to billing?



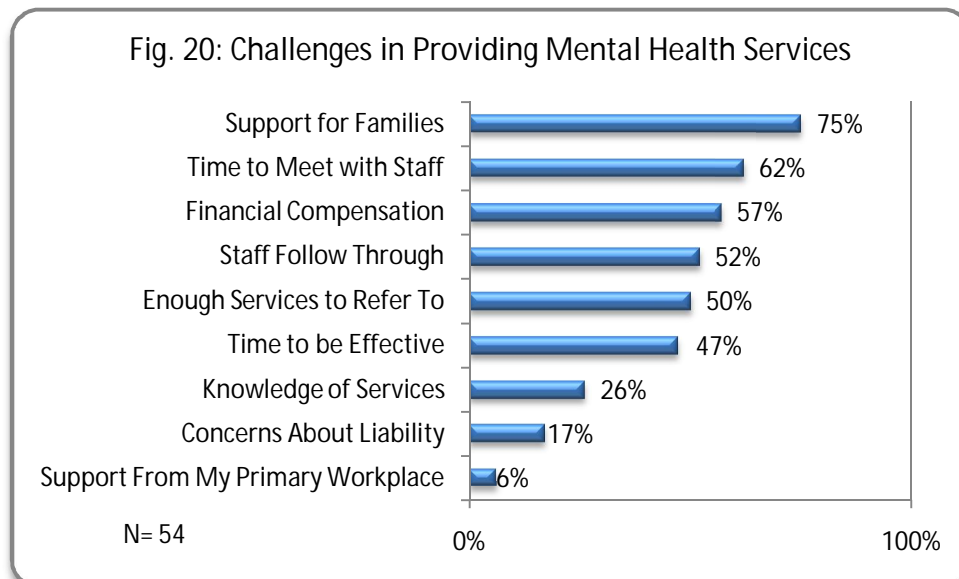
Interaction between Early Care and Education Providers and Mental Health Providers

Early care and education providers reported that the biggest challenge to working with children's mental health issues is having enough support for families to implement practices at home (61.3%). More than half (59.9%) of early care and education providers reported that there are not enough mental health services to which to refer children. More than a third (37.9%) of early care and education providers reported that there is not enough time to meet with mental health specialists and follow through with their recommendations.

Fig. 19: ECE Provider Challenges in Working with MH Specialists



Mental health providers also reported that support for families with regard to follow up on mental health issues at home is a challenge. Almost three quarters (74.5%) of mental health providers reported this.



Almost six out of ten (61.5%) mental health providers reported that finding time to meet with staff is challenging. Other barriers to service include: seeking financial compensation (56.9%), ensuring early care and education staff are following through with their recommendations (52.2%), finding places to which to refer children (50%), and not having time to be effective with children (47.2%). Additionally, a quarter of mental health providers (25.5%) reported a lack of knowledge about what mental health services are available for young children. Seventeen percent had concerns about liability, and only 6% raised the issue of a lack of support from the workplace.

E. Recommendations

Lastly, this section documents some of the recommended solutions for providing mental health services and supports to young children and their families. Focus of feedback received is on improving availability as well as access to mental health services and supports. Additional recommendations centered on provider training and awareness education, as well as addressing resource and regulatory issues.

Improving Availability of Early Childhood Mental Health Services

The solutions suggested in the surveys for increasing availability of mental health services are similar to those discussed by the attendees at the August 20th focus groups. These are shown in Table 4. There is a scarcity of providers with expertise in the field of early childhood mental health. Advocates, service providers, and legislators must determine ways to bring more trained professionals to the State and to keep them here. New Hampshire needs both pre-service training programs as well as in-service programs for those professionals already working.

Table 4: Solutions for Increasing Availability of Mental Health Services

	More trained professionals in the field	Increased public awareness	Effective coordination of services	Training programs in early childhood mental health
Families				
Early Care and Education Providers				
Health Care Providers				
Mental Health Providers				

The following material provides a more detailed look at specific suggestions by each of our target groups.

Families' priority recommendations to increase availability:

- ❖ **Readily available information and referrals** so families know where to go locally for help. Information on what children are entitled to under special education laws and how families can advocate for their children would provide additional help for families.
 - *“I would like to see in my community more advertising about what is available, phone numbers, names, etc. Maybe at the start of each school year a flier or email can be sent out. Something also that takes more guess work out of the process. It was always confusing who provided what. In our experience the county was VERY slow, 2 months for evaluations and another 2 months for services. But the school system was very quick.”*
- ❖ **More trained professionals in the field** that are available locally for families. Innovative ways of recruiting young professionals to the field need to be considered especially in areas with limited services due to lack of properly trained professionals.
 - *“Definitely need more workers who know where there are resources. I had a visitor from the parent-friend program in Concord and she did not even live in NH. She was from Maine and did not know any resources, hardly ever showed up for appointments with me and was always asking me for help for other families.”*
- ❖ **Providing access to mental health services in pediatricians'/physicians' offices** to promote community-based support.
 - *“Make it part of primary care settings, have greater flexibility about appointments or make it community based. If a family “no shows” a provider they and their children can get shut out of the system, and ironically, these are the most vulnerable families who would benefit most from early services and supports.”*
 - *“Mental health services available at doctors' office - this would normalize the services.”*
- ❖ **Coordination of services** between physicians, mental health providers, and early childhood settings. Better coordination ensures better communication and less confusion regarding what services the child is receiving and why.
 - *“More professionals, more training, more funding, better coordination. In particular, I wonder if pediatricians too often 'write off' parents' concerns and take a 'wait and see' approach when they should be referring to the appropriate professional for assessment. Our child is now 6 and is receiving excellent [Special education] services in school, but we wish we had known what questions to ask or who else to go to when we first noticed some behaviors/lagging development when she was around 2. Her doctor suggested that what we*

were describing fell into a pretty broad range of 'normal' and we were to ready to accept that, I think.”

Early Care and Education Providers’ priority recommendations to increase availability:

- ❖ **More mental health providers** in rural areas as well as those with additional expertise in early childhood mental health.
- ❖ **Professional development** on mental health that is low cost (or free) during non-working hours. Also, professional development for those mental health providers/clinicians on the unique needs of young children and their families.
 - *“Provide training to those doing direct care/support with children and families who are uncomfortable working with children 0-3.”*
- ❖ **Support to early childhood programs** to include assistance from consultants, more professional development opportunities, and knowledge of community resources and how to best access those resources.
 - *“More places like Community Partners or Craft Cottage ... (that provide an array of services at a single location), [with available personnel to give information and support to parents]”*
 - *“I love the supports PTAN gives to early childhood centers. Would love to see more workshops that teachers AND home visitors could attend.”*
- ❖ **Increased public awareness** on the importance of early intervention and how early intervention can eliminate or reduce problems later on in life.
- ❖ **Access to local information** through resources and referrals with updated directories of information to help staff as well as families know where to go for resources.
- ❖ **Better coordination** to support children in transition and to ensure support is in place through the transition and beyond, if necessary. Also, careful examination of the service delivery system in order to provide coordinated services to children and their families.
 - *“ESS gives families much support during the first 3 years. Once the child transitions from ESS to public school, the school’s focus is on the child in the classroom community. Families experience a loss, as there is no longer the parent modeling by a trained service provider or support in the home to help parents brainstorm how to address the child or family needs at home. Through all the efforts to ‘streamline’ the transition on paper from ESS to schools by age three, this loss of support for families and the impact it has on the children has been completely overlooked and is an area that I believe early childhood mental health could have an impact on.”*
 - *“We should take a look at the delivery system in order to provide more coordinated services and to allocate resources to those areas that most need them, parent support and support for child care programs. These services need to be more intensive than consultation and PBIS [Positive Behavioral Interventions and Supports] which does not address children with significant needs.”*
 - *“I think the children’s doctors need to take concerns seriously when we address them with a parent and they bring it to their attention.”*

Health Care Providers’ priority recommendations to increase availability:

- ❖ **More providers in the areas of psychiatry and therapy.** Recruitment and retention of qualified staff to work with young children is always a need. How cases are triaged based on areas of need also needs to be re-examined in light of a shortage of professionals.
 - *“There need to be more providers of therapy and psychiatry. There needs to be a triage system, either regional or statewide to assure that children are referred appropriately, are prioritized by need, and that there are no duplications or unnecessary overlaps of services.”*

- ❖ **Increased awareness of where services are available.** Providing information on a referral web site would help all of those involved looking for services.
 - *“A referral service I could call to find out what professionals provide what type of treatment and what their availability is, more options for uninsured or those with Medicaid.”*
- ❖ **Effective screenings** that are conducted periodically can help with early intervention and getting services for young children in a timely manner.
 - *“Screen early, screen often and make referrals. A closer connection between the Community Mental Health Centers and Physicians and a system that allows correspondence between the PCP and the Mental Health Providers. Increase the number of certified/credentialed early childhood mental health providers in NH.”*
- ❖ **Enhance community-based services** to meet the needs of children to eliminate or reduce the barrier of having to travel hours to receive services.
- ❖ **Improved coordination of services** between health care professionals, mental health providers, the State of New Hampshire, and families.
 - *“Assure that there are enough community based services with properly educated teams of nurses and social workers who can work to coordinate care in regions of the state. Be sure that all services overcome time and transportation barriers for parents, especially economically challenged parents (improve services for highest risk populations, such as DCYF and residential services). Acknowledge that children have mental illness that needs treatment and that many of the illnesses can cause violent behavior that endangers families and communities; the state has a role in supporting and treating these children.”*
 - *“Link to OB offices... Postpartum assessment for risk factors... Educate the licensed daycare providers in knowing the signs to look for in children at risk... Recruitment to fulfill the unmet needs in the mental health arena... Providers specializing in children's issues are critical.”*
- ❖ **Look carefully at the eligibility qualifications for children birth to age 3.** Catching concerns as early as possible may mean less intervention later on.
 - *“Change the qualifications for birth to 3 services to something less than 33% delay. A 20% delay should be sufficient to qualify for early intervention. The goal of the program is to catch delays early and, with therapy, significantly improve a child's ultimate outcome.”*

Mental Health Providers’ priority recommendations to increase availability:

- ❖ **An increase in providers who are willing to work with younger age groups.** Developing a community mental health system that has the capacity to support young children (birth through 5) in the setting which are most appropriate including homes with their families and/or early childhood settings.
 - *“Create Medicaid supported community mental health eligibility system for 0-5 using DC 0-3 [Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised]; create service delivery entry point through parents-even if not Seriously Emotionally Disturbed; provide direct consultation and support to community level programs; imbed IMH practices and competencies in training curricula for all ESS providers, educators, social workers, family therapists, etc.; support regional IMH teams.”*
- ❖ **Develop a training program in early childhood mental health** that could result in some sort of degree or certificate to ensure that mental health providers are properly trained in delivering services to young children.
 - *“More training of mental health providers. (I have found that an individual consultation relationship has been the best way to develop my own skills). State policy changes that promote mental health work with the under-3s--adopting the DC:0-3R crosswalk to ICD*

[International Classification of Diseases] diagnoses, and a behavioral health eligibility procedure for children under age 3”

- *“Training is a critical component. All professionals who deal with young children should have training in how to screen and intervene when there is a social-emotional concern. They should also have good training and regular reflective supervision around how to work with parents. The state of Vermont has published a set of childhood and mental health competencies which they are now trying to imbed into the training requirements for a variety of professions that serve young children. The basic competencies are: professional orientation, family systems, child development, assessment, addressing challenges, and systems resources. NH should do something similar. The 14 regional IMH teams have also worked hard to support the growth of knowledge in NH. They are now facing the ending of funding. These dedicated multi-disciplinary teams should continue to be supported SOMEHOW to increase the capacity and access to early childhood mental health services.”*
- ❖ **Providing more public awareness on early childhood mental health** with families and the community to build a better understanding of the importance of early intervention later in life.
 - *“Help parents to access services, help them to understand benefits of services, help them to understand that they and their child are not labeled if they seek services.”*
- ❖ **Adequate compensation for trained providers** based on measurable outcomes.

Improving Accessibility of Early Childhood Mental Health Services

All four survey groups indicated that accessibility could be improved by working on screening and referrals, ensuring better follow through and support to families, and via effective coordination of services. Respondents agreed that regular screenings in physicians' offices were critical: *“Have screenings done at physician visits. Listen to what parents say about what is going on with their child.”* Following up with referrals was also important: *“Perhaps screening children and paying attention to the red flags. Having systems in place for referral, assessment, and follow up.”* *“More follow-up on referrals.”*

Families’ priority recommendations to increase accessibility:

- ❖ **Better screening** during well-child checks and more education for early childhood mental health may help determine what needs the child may have and what early intervention services could be helpful.
 - *“Better screening by pediatricians. Ask more probing questions of the parents at well visits.”*
 - *“Greater education of doctors and nurses (both in office and in emergency rooms) around childhood mental health services.”*
- ❖ **Educate families on the early warning signs** of mental health and how to get more information if there is a concern.
- ❖ **Follow-through with families** so that they better understand that they are truly partners in their child's getting services. Follow-through can also help increase a family's knowledge of their children's mental health needs.
- ❖ **Effective coordination of services** to ensure that continuity of care continues for the child as they age and develop.
 - *“Continuity and integration of care is very important. Everyone needs to exchange information and everyone needs to be on the same page. The parent needs to be an advocate for the child, but the providers need to communicate not only with the parent but with each*

other and there should be a case manager who communicates between everyone and the parent so the parent is not trying to keep all the information straight and care for the family and the child(ren)."

Early Care and Education Providers' priority recommendations to increase accessibility:

- ❖ **Effective referral and follow through** with clear and consistent communication regarding the next steps in the process. Information on what resources are available and wait time for evaluation and service would help to increase better understanding of the process.
 - *"Following through with services, more communication between early intervention teams and the Pre-K Special Education teams to ensure services are actually being provided."*
- ❖ **Providing support to families as well as the children** to help ensure that families understand the importance of early intervention. Also, bringing services to the family promotes effective interventions.
 - *"Improve quality and make it (intervention) family-centered rather than child-centered, labeling the child with some disorder."*
- ❖ **Education for teachers on screening and assessment tools** to ensure that teachers are observing and assessing children correctly and using results to best meet the needs of the child. Further training on programming in supporting children with special mental health needs is needed as well.
 - *"Consistent observation and assessments, staff trainings, follow-up on non-responsive programs, perform developmental checklists, etc."*
 - *"Programs just need to be educated on how to adjust each program to the child's needs rather than expecting a child to adjust to the program. It is demanding to keep children with needs, but taking exclusion off the table all together helps teachers, parents and administrators make adjustments to their personal philosophies and center philosophies to help make it work."*

Health Care Providers' priority recommendations to increase accessibility:

- ❖ **Regularly scheduled screenings** during doctor's visits and allowing enough time for families to really talk with their health care provider about their child's growth and development and any concerns they may have.
 - *"EVERY child should be screened annually and have parental and family screening. NPs [nurse practitioners] and Community nurses can provide this service within the family/parent context (the best place to do so) and in a provider's office. Understanding unique family and cultural concerns is essential."*
 - *"Organize statewide screening initiative through NH Pediatric Society (in conjunction w/CHaD [Children's Hospital at Dartmouth])."*
- ❖ **Developing trusting relationships with families** in an effort to provide help in a way that ensures effective follow-through of services. Providing educational opportunities for parents to learn more about their children's needs would also help parents better understand the importance of the services that their child is receiving (or going to receive).
 - *"I'm eager to help parents with specific behavioral guidance. If we could identify the problems earlier with simple screen tools (like MChat), but where's the funding for this? As I'm sure you know, staffing for mental health is a huge problem. Reimbursement for the range of services in this realm is also necessary to get practitioners to stay in our communities."*

- ❖ **Improvements in integrating services** along with better coordination between all of the systems involved with children to promote better service delivery.
 - *“Integrate services with primary care. Improve Early Intervention services. Provide ongoing parenting education classes to any parent wishing to improve their skills. Provide intensive, problem-focused, home-based support for families in crisis.”*
 - *“Better care coordination. A care coordinator should be part of every child's medical home.”*

Mental Health Providers' priority recommendations to increase accessibility:

- ❖ **Providers should be willing to work with children and systems together** as most children are part of some sort of system in which they spend the bulk of their time.
 - *“Have services provided in the location where the children spend their days. Transportation and parental commitment are on-going issues that limit the services children receive.”*
- ❖ **Improve communication systems with families to help them better understand** the needs of their child and the importance of following through with services.
 - *“Communication with families and consent to communicate with the Mental Health Agency that is working with the families and children.”*
 - *“Help parents to understand that seeking services is being a responsible, supportive parent.”*
- ❖ **Screenings and referrals should be made available in a variety of settings** that include child care settings and primary care settings.
 - *“Work with physicians to improve collaboration. Try to get early childhood mental health and developmental screening as well as mental health consultation into medical practices and into childcare centers. Improve collaboration between early childhood mental health consultants and DCYF.”*
- ❖ **More effective transitions** from early childhood placements to school so that services are not interrupted at a critical period of change for the child.
 - *“Better transition and increased accountability from ESS and Preschool Special Education for preschool transitions and Child Find*

Additional Recommendations for Improving Access and Availability of Services

When asked what could be done to increase access to and availability of services, the overwhelming response by stakeholder focus group participants cited both the need for increased training at all levels for mental health providers and increased community awareness.

Education/Training for Providers

- ❖ Increase mental health expertise to ESS programs
- ❖ Make higher education affordable: incentives to enter and stay in field; increase programming
- ❖ Provide infant mental health mentorship/support
- ❖ Provide education for early care and education for providers
- ❖ Better mental health training for medical community
- ❖ Increase providers of child psychiatry

Awareness Education of Mental Health Issues

- ❖ Empower parents
- ❖ Provide awareness education for those with special needs

- ❖ Create referral network – more education about services available
- ❖ Disseminate information where families are – festivals, libraries, laundromats, fast food, etc.
- ❖ Advertise – public service announcements in a positive way – coordinate with radio stations, Born Learning tool, McDonald's placemats
- ❖ Get information out to judges, pediatricians, PCPs, guardians ad litum, visiting nurses
- ❖ De-stigmatize mental health by increasing awareness

Resource Issues

- ❖ Increase home-based services
- ❖ Keep highly trained people in NH through providing mentoring and supporting competitive salaries.
- ❖ Increase prevention services & funding
- ❖ Restructure reimbursement for preventive care – public/private
- ❖ Reimburse community consultations (non-case specific)
- ❖ Fund non-Medicaid home visiting
- ❖ Provide education, training and support for reintegration for incarcerated parents and their children
- ❖ Increase capacity for interagency coordination
- ❖ Increase child psychiatry providers
- ❖ Provide universal health care (currently no ability to serve under-insured population)
- ❖ Increase availability of public transportation
- ❖ Provide Telehealth services

Regulatory Issues

- ❖ Require less restrictions on IEP/Part B process (behaviors) – look at eligibility and service delivery
- ❖ Develop infant mental health competencies
- ❖ Lobby for Medicaid reform - allow use of DC 0-3 (diagnostic guide)
- ❖ Develop universal mental health screening of pre/post partum mothers

IV. DISCUSSION

A. Overview of Need

We know that there is a compelling need for services. Out of the 119 early care and education programs surveyed with information on the number of children served, an estimated one in 38 children were identified as needing early childhood mental health services. When asked about the number of children who needed additional supports in this area (but who were not necessarily identified), the minimum number rises to one in eleven children. Family perception of need was substantially higher, as nearly half of them were worried that their child might have a social/emotional or behavioral condition.

The one in eleven estimate of children who likely needed additional supports is similar to the low end of prevalence rates reported nationally by Dunlap and his colleagues in 2006. However, their study noted, the approximately 10% - 20% of the population of preschool children who have experienced significant challenging behaviors is most likely an underestimation.

The most common reason cited by early care and education providers for those children identified as needing mental health services was for external social emotional behavior (29.1%), that is those children who are acting out. Compare that to only 2.5% of children being referred to mental health services for internal social emotional behavior. It is difficult in a childcare setting to work with children who are exhibiting challenging behaviors, but the child who withdraws to a corner does not cause trouble or disrupt the classroom. Yet that withdrawn child is no less needy than the child who is acting out his or her emotional issues.

B. Availability of Services

The findings of this study corroborate that of the New Hampshire Center for Public Policy Studies' September 2007 report on the children's mental health workforce (Norton, Tappin, & McGlashan, 2007, September). There is a lack of providers with expertise in the field of early childhood mental health in New Hampshire. Effective strategies are needed for increasing the trained workforce. This includes increasing the level of expertise in the existing workforce, bringing more trained professionals to New Hampshire, and improving retention of highly trained providers. Both pre-service and in-service training programs are needed. Training options must meet the varied clinical and logistical needs of a diverse work-force base for those professionals already working.

The solutions suggested in the surveys for increasing availability of mental health services are similar to those discussed by the attendees at the August 20th focus groups. Primary recommendations focused on the need for increased public awareness, training programs in early childhood mental health, more trained professionals in the field, and effective coordination of services.

The families participating in focus groups echoed survey respondents. Families and professionals agree that there are not enough providers or services available.

C. Expertise

Health care providers reported a lack of knowledge across a range of early childhood mental health issues. Seventy-one percent of health care providers expressed a need for additional information on early childhood mental health. Eight out of 10 health care providers expressed a need for additional information on challenging behaviors (80.9%). Seven out of 10 (71.4%) health care providers expressed a need for additional information on screening and assessment. Forty-five percent of health care providers expressed a need for additional information on attachment for young children and the impact of caregiver mental health issues on children. Yet for many families the physician's office is the first place they may go to seek help.

Fifty percent of the mental health providers identified themselves as either "therapist" or "psychologist." The other 50% identified themselves as licensed clinical social workers, licensed clinical mental health counselors, case managers, administrators, marriage and family counselors, family support workers. Only 54.4% of the mental health providers report an expertise in early childhood social/emotional development or mental health. It seems as if many of the mental health providers themselves felt unable to provide the appropriate service.

Lack of information or expertise by both health care providers and mental health providers is a contributing factor to the lack of availability of services. It can become a frustrating circle for families. If they go to their physician seeking help, and their physician sends them to a mental health provider, but that provider, lacking expertise, then refers them elsewhere, the family may give up seeking services.

D. Identification and Referral

Only half (52.6%) of responding mental health providers reportedly used screening tools related to social/emotional or behavioral health in their work with young children aged birth to six and families. Some of the tools they reported using included: the Devereaux Early Childhood Assessment (DECA); the Conners' Scale; the Achenbach; the Ages and Stages Developmental Questionnaire (ASQ) and the Ages and Stages Social Emotional Questionnaire (ASQ-SE); and the Brief Resiliency Checklist (BRC). Only half of this group (or one-quarter of all responding mental health providers) reported that they routinely screen all children, and 43.6% reported that they conduct formal assessments on young children related to social/emotional and/or behavioral issues. Sixty-four percent reported that they typically conduct formal assessments when a provider makes a referral requesting an assessment. Eighty-four percent of mental health providers reportedly make referrals for the treatment of social/emotional and/or behavioral issues in young children. When asked to whom/where did they refer, 81.3% responded that one of the providers to whom they referred was the physician/pediatrician. As previously stated, this becomes problematic when we know from the health care providers that they do not have expertise in early childhood mental health.

E. Gaps in the Service Structure

"Find a way to recruit and pay specialized staff and retain them so they want to live in Northern New Hampshire. Many can't afford to live in such an economically deprived area...These kids will be the community members of tomorrow." – Mental Health Practitioner Respondent

Often the pediatrician's or family practice physician's office is the first place a family member will go seeking help. Yet less than 16% of the health care provider respondents reported any expertise in early childhood mental health and 71.4% expressed a need for additional information on early childhood mental health. Eight out of 10 (80.9%) health care providers expressed a need for additional information on challenging behaviors.

If a physician refers a family to a mental health professional or the family goes directly to a mental health professional, only a little more than half (54%) reported having expertise in early childhood mental health. As a result, either the child doesn't receive the service due to lack of availability of appropriate services, or the child receives services which may not be appropriate due to lack of knowledge/skill by the person providing the service.

Of note, 71.7% of early care and education programs reported that they had some access to help with early childhood mental health issues. Help typically came from Early Supports and Services, preschool special education programs, the Preschool Technical Assistance Network (PTAN), and psychologists. These programs and professionals may provide consultation services to the child care programs. When early care and education programs receive consultation help (35.6%), the majority of those respondents reported that the emphasis of the early childhood mental health specialists' services was directed toward the program staff, the child, and family. This type of consultation typically consists of helping program staff work with the child and family within the program.

Early care and education providers agree that it is important that families be involved in the services that their child is receiving. However, when early care and education programs receive consultation services, 61.3% of early care and education providers reported that the biggest challenge to working with early childhood mental health specialists was providing support for families to implement practices at home. A majority (80.9%) of early care and education providers indicated a moderate to high need for training in the area of supporting families in implementing practices at home. If the child and/or family needs more intensive or other types of mental health services, more than half (55.9%) of early care and education providers reported that there are not enough other mental health services to which to refer children.

F. Barriers to Service

More than a third (37.9%) of early care and education providers reported that there was not enough time to meet with the mental health specialist and/or follow through with his/her recommendations. These challenges are resource issues. Many early care and education providers have limited resources to meet their own day to day requirements, such as allotting time outside of the classroom for teachers to plan their daily activities and curriculum. To spend time to help an individual child and his/her family, time must often be taken away from the rest of the children in the classroom or group. This can make a difficult situation even more trying.

Findings from the mental health providers survey support the findings of the early care and education survey. For 75% of the mental health providers the biggest challenge to providing consultation to early care and education programs was helping them to support families in implementing practices at home. They also reported that time to meet/plan/coordinate with others regarding mental health services for families serviced by multiple organizations (62%) and the capacity of community programs to follow through on their recommendations (52%) were challenges. Just as early care and education providers reported, 50% of mental health providers who provide consultation services to early care and education programs indicated that availability of children's mental health services to which to refer children is an

issue. Clearly there is a lack of mental health providers to whom to refer young children birth to age six and their families for mental health services.

Providing services involves more than seeing the child and family in the office or clinic for an hour. For example, one might complete paperwork, such as evaluation reports, or meet with others who also provide services such as childcare or school personnel. Families and providers alike described collaboration and case management as being among the most important and effective services. However, as noted, these services are not consistently available, and are often not reimbursable. Private insurances do not reimburse for this type of indirect service. Healthy Kids Gold has recently made changes to its case management system which make it more difficult to bill for these essential services. More than a third (39.6%) of mental health providers reported that they couldn't bill for collateral services such as these. Medicaid and insurance companies utilize the DSM-IV-R for diagnostic codes required for billing. Yet most of the DSM-IV-R diagnoses are inappropriate for children birth to six years. Two out of 10 (21%) mental health providers reported that they didn't have a diagnostic code for the service that was provided that qualified for reimbursement.

Insurance companies contract with the community mental health centers for services. This means that licensed providers outside of that system are not contracted to provide mental health services. Therefore, a licensed mental health provider working in the Early Intervention system is not currently able to receive reimbursement from a private insurance company for providing a billable mental health service to a child; even if the mental health center does not provide services to children under the age of three. These types of billing issues significantly hinder the provision of services.

The community mental health centers lack a unified policy around accepting young children for evaluation and intervention. This lack of clarity can block access to services for children and families in need. Additionally, the behavioral health system does not have in place an approved eligibility process for children under the age of 5. The lack of such a process means that within the community mental health system, there is not a consistent way in which young children are assessed and eligibility is determined. These systems issues can form a significant barrier to services.

G. Improving Access to Services

Integration and coordination of services seems to be key not only for service availability, but also for accessibility. "Continuity and integration of care is very important. It is not a contest. Everyone needs to exchange information and everyone needs to be on the same page. The parent needs to be an advocate for the child, but the providers need to communicate not only with the parent but with each other and there should be a case manager who communicates between everyone and the parent so the parent is not trying to keep all the information straight and care for the family and the child(ren)." (Family respondent)

Respondents agreed that regular screenings in the physician's office were critical. "Have screenings done at physician visits. Listen to what parents say about what is going on with their child." Following up with referrals was also important. "Perhaps screening children and paying attention to the red flags. Having systems in place for referral, assessment, and follow up." "More follow-up on referrals." Physicians' support to families was also seen as an important strategy in making services more accessible. As noted earlier, most families first bring their concerns about their child to their physician. One parent wanted "To make sure that health providers and insurance companies help provide these services and that health providers listen to the parents about their concerns."

To access interventions and supports such as social skills training/behavioral support services from any of the programs, a child and family must first meet the eligibility requirements. Program-specific eligibility criteria also limit access to services. Issues of regional availability and variability particularly affects those families who may move from one region of the State to another.

The families participating in the Manchester focus group, however, had a different reason for not accessing services. Even when they knew where to go for services, they had difficulties due to lack of translation services. Parents described in detail how language barriers prevented them from accessing services they knew their children needed. According to the National Child Traumatic Stress Network Refugee Trauma Task Force and the International FACES Heartland Health Outreach, one of the main barriers to families seeking mental health services is lack of services being provided in their native language (2005). Furthermore, when families do seek mental health care, those services may not be culturally sensitive.

Some families may not be able to access services due to cost. About one quarter (24%) felt services were too expensive, 16% thought that their health insurance would not cover services, and 15% felt that the cost of services prevented them from getting what was needed. We know however, that what may seem like a short-term savings could end up being a long-term expense.

H. Involvement of Families in the Care Process

Eighty-seven percent of families reported that they were happy with how much they were involved in the mental health services they received. Families from the focus group in Lebanon felt that the providers with whom they worked were skilled. They appreciated that the counselors met monthly to discuss their children with them. The parents found this approach helpful.

Both early care and education providers (61.3%) and mental health providers (74.5%), however, reported that support for families to implement practices at home is a barrier to providing comprehensive mental health services. Some providers expressed frustration, reporting, “families often do not follow up or through....for a variety of emotional, financial and other reasons.”

The discrepancy between family and provider perceptions may be due to miscommunication and misunderstandings between service providers and families. Seven out of 10 families expressed their concerns and fears about their child being medicated. Half of the families didn't want their child labeled for accessing mental health services. These parental concerns can add to the disconnect between providers and families.

I. April 2009 Stakeholder Feedback

After reviewing a draft of this report and reviewing initiatives from other states (see appendix F for a summary of those initiatives), a group of key stakeholders was convened to discuss the major findings of the report and to provide recommendations for next steps.

In discussing the report, participants reflected on the overall utility of the information in helping to document the need for improving mental health services for young children. They also identified challenges which still needed to be addressed, including:

- ❖ How to get Medicaid and insurance companies to accept DC: 0-3 diagnostic classifications

- ❖ Developing a system wide focus on preventive work rather than primarily on treatment based efforts
- ❖ Addressing barriers that are unique to families, early care providers, primary care providers, and mental health providers
- ❖ Developing a comprehensive inventory of related services and groups for young children

After initial discussion, participants chose one of four topic areas for further review, based on the recommendations from the surveys and focus groups, and were asked to make further recommendations. The four topic areas were:

- ❖ Pre-service and In-service ECMH Training Programs (Recruitment & Retention)
- ❖ Effective Coordination of Services to Ensure Follow Through and Support to Families
- ❖ Increased Public Awareness
- ❖ Screening, Referral, and Eligibility

In making further recommendations, it was suggested that they consider the following questions:

- ❖ How do we do it?
- ❖ Who are the players/partners?
- ❖ What resources are needed? (other than money)
- ❖ Are there regulatory issues involved?
- ❖ Priorities: long term and/or short term?
- ❖ Any other issues to put on the table?

As a result of the discussion, four primary goal areas were identified related to public education, developing an effective screening and referral process, coordinating services, and increasing capacity/expertise for effective service delivery.

Increased Public Awareness

There are 14 regional Infant Mental Health (IMH) teams across New Hampshire which, for the past nine years, have provided public awareness, networking, and other collaborative services for young children and families within their communities. Since the beginning of this project, members of the IMH teams have been active and committed partners.

The participants in this group recommended that ongoing support be provided to the IMH Teams at the community level within the context of the statewide system that addresses public awareness of Early Childhood Mental Health. Targets of their public awareness campaign should include:

- ❖ Physicians/mental health providers
- ❖ Family Resource Centers
- ❖ General public
- ❖ Child care
- ❖ School nurses
- ❖ Early Supports and Services
- ❖ Preschool Special Education Coordinators

This group also recommended that a clear message be established on: “What is Early Childhood Mental Health?” This would include the connection between social/emotional development and strong families, school readiness, and the relationship of behavior to social/emotional wellness. The partners in developing this message could include:

- ❖ PTAN (Preschool Technical Assistance Network)
- ❖ Born Learning
- ❖ NH CAN (NH NH Child Advocacy Network)
- ❖ Early Learning NH
- ❖ ESS (Family Centered Early Supports and Services - NH’s early intervention system)
- ❖ Family Support NH
- ❖ Public Health
- ❖ DHHS (Division of Health and Human Services)
- ❖ DCYF (Division of Children, Youth, and Families)
- ❖ Special Medical Services
- ❖ NHAEYC (NH Association for the Education of Young Children)
- ❖ Children’s Trust Fund
- ❖ Endowment for Health

Finally, this group suggested that awareness activities be promoted at the State level that will include education and relationship building. These activities should be targeted at:

- ❖ Policy makers
- ❖ Insurers
- ❖ Commissioners
- ❖ Department heads
- ❖ Governor

Other objectives that were mentioned included:

- ❖ Encouraging policy makers to build on pilot programs that are already working;
- ❖ Making policy makers, as well as the general public, aware that mental health is part of health;
- ❖ Providing training/screening for postpartum depression;
- ❖ Addressing important billing/funding issues: including not only the impact for young children and families when services are not provided, but the increased costs, both financial and societal, when services are delayed.

Screening, Referrals, and Eligibility

This group recommended that a comprehensive, centralized early childhood mental health screening, referral, eligibility system for children and families be created. In doing so, they suggested that the following issues be considered:

- ❖ Develop definitions of screening and activities which include family relationships/dynamics;
- ❖ Ensure universal access to information (web based, access codes);
- ❖ Target medical community/tailor approaches to culture/needs;
- ❖ Capitalize on existing opportunities – Watch me Grow, NH Pediatric Society initiative;

- ❖ Make the behavioral health eligibility process consistent between regions, utilize diagnostic assessment designed for young children;
- ❖ Make services less scary and/or stigmatizing for families;
- ❖ Assure that every family understands information on what can be done to address social/emotional/behavioral issues;
- ❖ Address issues regarding insurance reimbursement.

Effective Coordination of Services to Ensure Follow-Through and Support to Families

The participants in this group spent time discussing the current state of affairs and their concerns for how it would affect any recommendations they might make. These included:

- ❖ Pathologizing of children: in order to get reimbursed for services, providers are often having to code children with a particular disease or condition category, even though the classification does not accurately represent the child's condition;
- ❖ The role of the Family Resource Centers in New Hampshire as a potential one-stop shop for families to get the information they need;
- ❖ The lack of a centralized home in New Hampshire to coordinate efforts in this area and to manage components of wellness.

It was noted that several initiatives are under development that will promote better coordination among public and private organizations and agencies to ensure that all young children get access to the supports they need, including early childhood mental health. Included are the Early Childhood Unified System initiative, Watch Me Grow, and Project LAUNCH.

The value of identifying a single best point of service access was discussed; with viewpoints varying. While some presented the idea of using the Family Resource Centers as the primary entry point, concerns were raised by others that not all families use these resources and that it would be more effective to ensure all critical entry points within a family's service region have a basic set of information that can help families to navigate services (e.g., family resource centers, early care and education programs, primary care providers, etc.).

Pre-service and In-service Early Childhood Mental Health Training Programs

Participants in this group recognized training needs at multiple levels. The group agreed that all those who work with young children should take courses in early childhood mental health (ECMH) together. In recognizing a need for highly specialized mental health providers, the development of an ECMH certification program was recommended. The need to support ECMH competencies was addressed. Several widely recognized versions of such competencies exist and could be easily modified for use in New Hampshire.

Participants agreed that as part of the credential/certificate requirements, early care and education providers and foster parents should be required to complete training in screening, positive behavioral support, social/emotional development, and accessing support.

It was recommended that every Community Mental Health Center (CMHC), Early Supports and Services (ESS) agency, and Early Childhood Special Education (ECSPED) program had an ECMH specialist on

staff or a consultant to provide supervision and training to staff; a measure that would increase capacity within the system. Head Start and Early Head Start programs currently include an ECMH specialist.

Table 5: Recommendations from Pre-service & In-service ECMH Training Programs Group

1. Provide transdisciplinary course offerings at State Institutes of Higher Education (IHEs)				
Players	Resources	Regulatory Issues	Other Issues	Priorities
IHEs State agencies Medical org. Mental health org. NHAIMH	Course content Instructors	Credit hours Other IHE regulations	Training should include experiential component One basic training for all providers (ECE, ESS, MH, nursing, MD, public health, ECSPED, DCYF, foster parents, etc.)	Within 3-5 years
2. Adopt competencies and develop certification in ECMH to include competencies				
Players	Resources	Regulatory Issues	Other Issues	Priorities
IHEs Licensing board State agencies ECE providers MH providers NHAIMH	Other States' models Monitoring/ advisory board	Establish process	How to make it desirable	Within 3-5 years
3. Provide training for early care and education providers and foster parents required for credentials in: screening (ECE only)/ referrals; behavior management; social emotional development				
Players	Resources	Regulatory Issues	Other Issues	Priorities
ECE providers Foster parents DCYF Child Care Licensing Unit (CCLU) Trainers	Curriculum trainers	Establish process enforcement by DCYF and CCLU	Possibly could decrease number of foster parents if not embedded in initial six week training	Maximum within 2 years
4. Provide every CMHC, ESS agency, and ECSPED program with an ECMH Specialist on staff or consultant to provide supervision and training to staff				
Players	Resources	Regulatory Issues	Other Issues	Priorities
CMHC ESS	See goals #1 and #2	See resources for goals #1 and #2	To establish need and build capacity	Needs assessment within 1-3 years

ECSPED Bureau of Behavioral Health (BBH) Child Development Bureau (CDB) ECMH Specialists NHAIMH				Available staff/ consultant within 3-7 years
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V. Conclusion

The research provided herein offers a tremendous amount of useful information that directly reflects the perspectives of hundreds of families, advocates, and service providers and their experiences with New Hampshire's mental health system. The research provides a critical "next step" in our collective efforts to improve the system of mental health services and supports in New Hampshire and thereby improve the lives and well-being of New Hampshire's children and their families.

At the same time, it is important to point out that one of the major limitations of this study is that we do not know the total number of mental health providers, health care providers, early care and education providers, and families who may have received or who need services in the mental health system for their young child(ren) in the State of New Hampshire. We therefore do not know what percentage of the State we reached with this survey, or if the results are actually representative of the broad range of individuals either in need of or providing mental health related services.

In looking forward to next steps for the initiative, responses from the April 2009 Stakeholder meeting made the following suggestions:

- ❖ Increase understanding of who is in need of early childhood mental health services by:
 - Providing ongoing support to the Infant Mental Health Teams at the community level within the context of the statewide system that raises public awareness of early childhood mental health. *Timeframe: ongoing.*
 - Engaging in a public education campaign that clearly explains: a) the importance of mental health as an integral aspect of an individual's overall health; and b) the importance and meaning of "early childhood mental health," including the connection between social/emotional development, strong families and school success; and the relationship of behavior to social/emotional wellness. *Timeframe: development of messages and materials within one year, delivery of message ongoing.*
 - Providing awareness activities that are promoted at the State level, which will include Early Childhood Mental Health (ECMH) education and relationship building among policy makers, insurers, commissioners, department heads, and the Governor. Encourage policy makers to build on and expand effective pilot programs to demonstrate coordinated, accessible and effective services at the local level. *Timeframe: begin expanding effective programs within two years.*

- ❖ Develop an effective screening, referral, and eligibility process as part of the overall early childhood mental health system by:
 - Creating a comprehensive, centralized early childhood mental health screening, referral, and eligibility system for children and families. The system should provide clear definitions, ensure universal access to information, tailor approaches to cultural needs, utilize valid and reliable screening and diagnostic tools, address myths of mental health care, and educate families about the effectiveness of appropriate mental health care. *Timeframe for screening and referral system: identify and field test procedures based on Watch Me Grow within one year, pilot and evaluate a regional system within three years, expand within four to seven years. Time frame for the behavioral health diagnostic assessment and eligibility determination: Complete pilot within three years, expand to all regions within five years.*

- Addressing important billing/funding issues: including not only the impact for young children and families when services are not provided, but the increased costs, both financial and societal, when services are delayed. *Timeframe: complete research on funding barriers within one year, identify / access additional funding sources within three years, assure individuals are educated in using new funding sources within four years and ongoing.*

- ❖ Effectively coordinate services and ensure that families receive services in a timely manner by:
 - Collaborating with the Early Childhood Unified System and Early Childhood Comprehensive System initiatives with the intent of better coordinating available services in order to ensure that all young children get access to the supports they need, including early childhood mental health. *Timeframe: Develop and field test collaboration strategies within one year, implement and evaluate within three years, expand within four years.*

- ❖ Increase capacity and the level of expertise of providers in the area of children's mental health by:
 - Providing transdisciplinary course offerings at State institutes of higher education. *Timeframe: within three to five years.*
 - Developing competencies and certification in early childhood mental health to include those competencies. *Timeframe: within three to five years.*
 - Providing training for early care and education providers and foster parents required for credentials in: screening (early care and education only), referrals, behavior management, social emotional development; and accessing support. *Timeframe: within two years.*
 - Providing every Community Mental Health Center, Early Supports and Services agency, and preschool special education program with an Early Childhood Mental Health Specialist consultant or staff to provide supervision and training for staff (similar to the Head Start model). *Timeframe: needs assessment within three years, available staff within three to seven years.*

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APPENDIX A: PROJECT MANAGEMENT TEAM

Ellyn Schreiber, President, NH AIMH
Community Bridges
525 Clinton Street
Bow, NH 03304
Phone: 225-4153 / FAX: 226-3354
eschreiber@communitybridgesnh.org

Eileen Mullen, Administrator
Family & Community Services
NH DHHS/DCYF
129 Pleasant Street
Concord, NH 03301
Phone: 271-4343 / FAX: 271-7982
emullen@dhhs.state.nh.us

Debra Nelson, Administrator
Head Start State Collaboration Office
NH DHHS/DCYF
129 Pleasant Street
Concord, NH 03301
Phone: 271-7190
debra.j.nelson@dhhs.state.nh.us

Robin Raycroft-Flynn, Administrator
Community Mental Health Services
NH DHHS Bureau of Behavioral Health
105 Pleasant Street
Concord, NH 03301
Phone: 274-5000
rraycraft@dhhs.state.nh.us

Carolyn Stiles
Family Centered Early Supports and Services
Bureau of Developmental Services, *NH DHHS*
105 Pleasant Street
Concord, NH 03301
Phone: 271-5122 / Fax: 271-5166
cstiles@dhhs.state.nh.us

Patricia M Tilley, Administrator
Maternal and Child Health Section
NH DHHS DPHS
29 Hazen Drive
Concord, NH 03301
603-271-4526
ptilley@dhhs.state.nh.us

Ellen Wheatley, Administrator
Child Development Bureau
NH DHHS/DCYF
129 Pleasant Street
Concord, NH 03301
Phone: 271-8153 / FAX: 271-4729
ewheatley@dhhs.state.nh.us

STAFF & CONSULTANTS

Deborah Abelman, Ph.D. Project Director
Early Childhood Consultant
SERESC 29 Commerce Drive
Bedford, New Hampshire 03110
Phone: 206-6800 / FAX: 434-3891
deborah@seresc.net

Sandy Brallier
Project Coordinator
44 Winnicoash Street
Laconia, NH 03246
Home: 524-9687 / Cell: 630-2953
sbrallier@metrocast.net

Erin Oldham, Ph.D. Consultant
Oldham Innovative Research
41 Melrose St.
Portland, Maine 04101
207-874-0539 / 207-415-6754 (cell)
eoldham@maine.rr.com

Philip H. Printz, Consultant
245 Log Cabin Road
Arundel, ME 04046
Phone: 207 337-2247 / Fax: 207 967-2223
tphp@yahoo.com

Kim Firth, Program Manager
Endowment for Health
14 South Street
Concord, NH 03301
603-228-2448
Kim@endowmentforhealth.org

APPENDIX B: AUGUST 2008 FOCUS GROUP SUMMARY

8/20/08 Focus Group Summary

1. What Behavioral/MH services are currently provided to young children (birth – six years) and their families? Who provides them?

- Community Mental Health Centers (CMHC) (services vary regionally)
 - Emergency services
 - Trauma treatment
 - Diagnosis
 - Social skills training
 - Psychotherapy
 - Case management
 - Birth – three family-centered
 - Psychiatry
 - Functional support services
 - Child care consultation
 - Assessment (psych assess)
- Early Supports and Services (ESS) (mental health services vary regionally)
 - Assessment (develop/psycho-social consultation to childcare)
 - Parent education
 - Behavior supports
 - Service coordination
 - Family therapy
- Infant Mental Health Teams
 - Wrap around services
 - Networking
 - Information dissemination
- Child Development Clinics
 - Referral
 - Assessment
 - Diagnosis
- Private Practice
 - Assessment
 - Therapy
 - Certified Play Therapists
 - Social skills training
 - Consultation to early care and education programs (including child care and preschool special education)
- Preschool Technical Assistance Network (PTAN)
 - Child care consultation
 - Professional development activities
- Early Care & Education/Preschool Special Education (services vary by district eligibility criteria)

- Assessment
- Behavioral support
- Parent education
- School Psychologist
- IEP (very limited)
- Early Head Start/Head Start (services vary regionally)
 - Parent education
 - Screenings
 - Assessment
 - Behavioral support
 - Homevisiting
 - Transition planning
 - Identification & referral
 - Parent advocacy
 - Socialization
 - Direct Mental Health services
 - Consultation
 - Case management
 - therapy
- Family Resource Centers/support centers
 - Parent Information Center (PIC)
 - Family Resource Connection (FRC)
 - NAMI NH
 - NH Family Voices
 - Parent Aide programs
 - Early identification
 - Referral
 - Parent education
 - Support/socialization
 - Prevention
- Community Home Visiting Programs (services vary regionally)
 - Visiting Nurses Association
 - Home Visiting New Hampshire
 - Parent/Friend Program
 - Family Strengths program
 - Child and Family Services program
 - Parent education
 - Family support
 - Screening
 - Referral
 - Service coordination

- Pediatricians/Family Practice Physicians/Health Care (services vary by practice and regionally)
 - Private practices
 - Special Medical Services
 - Community Health Centers
 - Baby Step Program
 - Obstetricians doing postpartum depression screening
 - Pharmacy/medication services
 - Referral
 - Assessments/screening
 - Parent education
 - Parent screening
- *Limited Availability
 - Parent infant relationship work-attachment
- Private Non-profit Mental Health (Casey Family Svcs, Child/Family Svcs, Lutheran)
 - Range of therapies
 - Parent education
 - Family support
 - Referral
 - Socialization
- Division of Children, Youth, and Families (DCYF)
 - Assessment
 - Referrals
 - Support Parent Education
- Professional Development
 - Early Learning NH
 - Institute on Disability
 - early education and intervention network (eein)
 - NH Pediatric Society
 - Academy of Pediatrics
 - Infant Mental Health certificate programs (e.g. Center for Early Relationship Support at Jewish Child and Family Services; other like programs in Manhattan, Montreal)
 - IMH Competencies (Vermont; Michigan)
 - Michael Trout (on-line)
 - Stanley Greenspan/Interdisciplinary Council on Developmental and Learning Disorders (IDCL) (on-line)
 - Zero to Three
- Miscellaneous
 - Family Support – case management, in home support
 - Autism early identification – Easter Seals and Southeastern Regional Education Service Center, Inc. (SERESC)

- Child Care Resource and Referrals (CCR & R)
- Disability Rights Center
- Child Care Development Fund
- Strengthening Families Centers Pilot Project
- NH Council for Children with Chronic Health Conditions
- Partners in Health
- NH Children's Alliance
- 211

2. What do you believe are the most effective aspects of these services?

- Larger systemic coordination
 - Community networking through the Infant Mental Health (IMH) Teams and the North Country Regional Collaborative
 - Integrated Mental Health and Medical Health
 - Universal screening process – not happening consistently
 - Community Health Center – comprehensive care! not individual clinician model (question as to who pays and whether there's a tool to share information)
 - Foster Placement (issues related to case management; getting releases from biological parents;)
 - Emerging tele-technology
 - Comprehensive integrated delivery system “one stop” “front door”
 - Multidisciplinary team (diagnostic not diagnosis specific)
 - Early Head Starts (Mental Health Consultations) – create collaborations working with parents – prenatal up through start of kindergarten
 - Willingness of professionals to work collaboratively
 - Services provided in various settings
 - PTAN – free, regional coordinators (understand regional needs), referral easy, very responsive, training, consultation to childcare
 - Head Start/Early Head Start
- Family systems aspects
 - Family-centered (Who the family decides is family. Dad, Mom, siblings, blended, extended.) balanced with family-directed (e.g. 5 a.m. Sunday visit)
 - Parent-child intervention
 - Early free resources – Family Resource Connection and Centers; parent-parent contact/support
 - Parent Education (developmental stages) – mentor, modeling, teaching, parenting classes
 - Provide mental health services to parents
 - Focus on attachment
 - Strengths-based
 - Strengthening Families Initiative in child care programs

- Early Supports and Services – home-based, family/global view, case coordination, good access if eligible
- Competency in family service work
- Cultural competency for every family (e.g. poverty, ethnicity, disability)
- Observe child/parent in more than one setting
- Public awareness of family support and services – 211 line
- Identified interagency regional teams identifying and supporting family needs
- Respite – billable in Community Mental Health Care (CMHC) system
- Home-based:
 - holistic relationship/continuity of services
 - reduces transportation – free
 - make referral and access community supports/follow-up
 - screening both parent and child
- Identification of need and earlier identification
- Assessment good when available
- General family support and involvement
- Disabilities Rights Center – advocacy
- Models Include
 - Classroom consultation
 - Home based therapy
 - Family education support
 - PBIS (“Positive Behavior intervention Supports”)
 - Universal expectations across settings and staff/adults
 - Developmental context

3. What can be done to increase access to/availability of effective Behavioral/MH services?

- Empowering parents
- Culturally competent interventions
- Increase MH expertise to ESS programs
- Affordable Higher Education: incentives to enter and retain in field; increase programming
- Increase trained professionals in field
- IMH mentorship/support
- Less restrictions on IEP/Part B process (behaviors) – look at eligibility and service delivery
- Improve communication between schools and clinicians: time of day to deliver services – find better solutions
- Awareness education for deaf and special needs
- Education for early care and education:

- not enough hands!!!
- What resources are there? PTAN – what else?
- Need comprehensive list and guidance of what to do
- More access to consultation, training, TA
- Children expelled without understanding underlying issues
- Create referral network – more education about services
- Increase home-based services
- Disseminate information where families are – festivals, libraries, laundromats, fast food, etc.
- Advertising – public service announcements in a positive way – coordinate with radio stations, born learning tool, McDonald’s placemats
- Getting information out to judges, pediatricians, PCPs, guardians ad litum, visiting nurses
- De-stigmatize mental health by increasing awareness
- Identify EBPs (evidenced based practices)
- Promising practices task force – build in this: financial/geographic accessibility
- Development of infant MH competencies
- Keep NH people – mentor, money, salaries
- Increase prevention services & funding for that
- Medicaid reform - allow use of DC 0-3 (diagnostic guide)
- Restructure reimbursement for prevention – public/private
- Reimburse community consultation (non-case specific)
- Develop eligibility for 0-5 for community MH (*does exist)
- Better MH training for medical community
- Funding for non-Medicaid home visiting
- Increase capacity for interagency coordination
- Office of Child/Youth Services Umbrella and admin/funding collaborative
- Universal MH screening of pre/post partum mothers
- Therapeutic/preventative services for at risk kids/families: depression, parent w/substance abuse & mental illness, refugee, trauma, etc.
- Including non-traditional setting and increasing outreach
- Incarcerated parents and their children (education, training, support for reintegration)
- Universal health care (currently no ability to serve under insured population)
- Improve coordination for eval-diagnosis professionals
- Increase availability of transportation
- Increase child psychiatry
- Telehealth

APPENDIX C: SURVEY TOOLS

FAMILY SURVEY



New Hampshire Association for Infant Mental Health
Community Bridges
525 Clinton Street
Bow, New Hampshire 03304
(603) 225-4153 Fax (603) 226-3354

The New Hampshire Association for Infant Mental Health (NHAIMH) has been awarded an Endowment for Health grant to address the mental health needs of young children and their families. The goal of this project is to (a) document the "state of the State" on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. The plan will be founded on evidence-based and promising practices to improve outcomes for young children (birth-6 years) and their families.

We would greatly appreciate your help with this important work. We are surveying mental health providers, early intervention providers, early care and education providers, medical providers, and families in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. Your input on this survey will help to ensure that we capture the issues vital to New Hampshire's children and families.

We know you are incredibly busy and would appreciate if you would spend about 15 minutes filling out this survey one of two ways: a) access an online link: https://www.surveymonkey.com/s.aspx?sm=AYM8mM4rqYcDuUN2RgoUbQ_3d_3d which allows you to start the survey and finish it at a later time; or b) by filling out and returning this paper copy in the postage-paid envelope provided. It is important that we hear from as many families as possible.

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. Please complete the survey by Tuesday, December 23, 2008. Please fill out the survey only once.

FAMILY SURVEY

New Hampshire Family Survey

DEFINITIONS

In this survey, Early Childhood Mental Health is the social/emotional well being of children aged birth to six years, and promotes the capacity to:

- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn; and
- demonstrate developmentally appropriate behavior.

A **comprehensive system of Early Childhood Mental Health Services** is a coordinated network of mental health and other necessary supports and services designed to meet the multiple and changing needs of young children (age birth to six years) and their families. The supports and services in this system include (but are not limited to):

- behavioral and mental health counseling and therapies for young children and their families;
- early childhood behavioral and mental health consultation;

1. How many children do you have under the age of 6 years?

- One Two Three Four Five or more

2. In what region of New Hampshire do you live?

- Seacoast North Country Lakes Region Upper Valley
 Monadnock Region Sullivan County Central Region South Central

3a. Do(es) your child(ren) go to an early childhood program or receive care from someone other than yourself during the day?

- Yes No (SKIP to #4)

3b. If yes, who provides the program or care? (check all that apply)

- A friend, family or neighbor
 A child care center or community preschool
 A public school preschool program
 A family child care home (a home where children from different families are taken care of together)
 A Head Start or Early Head Start center
 Other

(who?) _____

4. How old are you?

- 18 or younger 26 – 30 years
 19 – 21 years 31 – 35 years

FAMILY SURVEY

- 22 – 25 years
 36+ years

5. Relationship to child? (check all that apply)

- Mother
 Grandparent
 Father
 Legal guardian
 Foster parent
 Other (please describe)
-

6. What is your current level of education?

- Less than high school
 Some college
 4 year college degree
 High school diploma or GED
 2 year college degree
 Master's degree/higher degree

7a. Does your family have health insurance?

- Yes
 No (SKIP to #8)

7b. If yes, what type of insurance does your family have? (check all that apply)

- Private
 Healthy Kids Gold
 Other (what?) _____

8. What is your marital status?

- Single, never married
 Widowed
 Married/civil union
 Separated/divorced

9. Please answer the following questions about the well-being of your child(ren).

	Please circle your answer	
a. Have you ever worried that your child(ren) might need some help learning how to behave?	Yes	No
b. Have you ever worried that your child(ren) might need some help learning how to get along with other children or adults?	Yes	No
c. Have you ever been concerned that your child(ren) might need some help with learning how to manage their feelings?	Yes	No
d. Has anyone else ever told you that your child(ren) might need some help learning to behave?	Yes	No
e. Has anyone else ever told you that your child(ren) might need some help learning how to get along with other children or adults?	Yes	No
f. Has anyone else ever told you that your child(ren) might need some help with learning how to manage their feelings?	Yes	No

10a. Have you ever worried that your child(ren) might have a social/emotional or behavioral condition (such as autism, Aspergers, an attention disorder, depression, anxiety, bipolar disorder)?

- Yes
 No (SKIP to #11a)

FAMILY SURVEY

10b. If yes, what did you do? (check all that apply)

- I waited to see if my child(ren) would grow out of it.
- I talked to a family member, friend, or religious person about my concerns.
- I talked to an early childhood program provider about my concerns.
(which one(s)?) Early Supports and Services
 - Childcare or community preschool program
 - Head Start or Early Head Start program
 - Preschool special education program
 - Kindergarten
- I talked to a medical professional (nurse, doctor, etc.).
- I talked to someone else. (who?) _____
- I got information about the condition.
- I had my child(ren) evaluated by someone who knows about the condition.
(where?) _____
- I tried to get services for my child(ren) and/or family.
- Other (what?) _____

11a. Have you ever been told that any of your child(ren) had or might have a social/emotional or behavioral condition (such as autism, Aspergers, an attention disorder, depression, anxiety, bipolar disorder)?

- Yes No (**SKIP to #12a**)

11b. If yes, who told you that your child might have one of these conditions?

- My partner or spouse Early Supports and Services (early intervention)
- Other family member Preschool special education teacher
- A friend Kindergarten teacher
- Childcare or community preschool provider Religious person
- Head Start or Early Head Start staff Medical professional (nurse, doctor, etc.)
- Other (who?) _____

11c. What did you do? (check all that apply)

- Other (what?) _____

12a. If you wanted services for your child(ren)/family, did you receive them?

- Yes No (**SKIP to #13**) I didn't want services (**SKIP to #13**)
- Nothing, I disagreed with this person.
- I waited to see if my child(ren) would grow out of it.
- I talked to a family member, friend, or religious person about my concerns.
- I talked to an early childhood program provider about my concerns. (which one(s)?)
 - Early Supports and Services
 - Childcare or community preschool program
 - Head Start or Early Head Start program
 - Preschool Special Education program
 - Kindergarten
- I talked to a medical professional (nurse, doctor, etc.).
- I talked to someone else. (who?) _____
- I got information about the condition.

FAMILY SURVEY

- I had my child(ren) evaluated by someone who knows about the condition.
(where?) _____
- I tried to get services for my child(ren) and/or family.

12b. If yes, what type of services did your child(ren)/family get? (check all that apply)

- Child therapy services (such as counseling, play therapy, cognitive/behavioral therapy, speech therapy)
- Family support services
- Family therapy services (such as counseling, etc.)
- Home visiting
- Early Supports and Services (early intervention)
- Preschool special education
- Medication only
- Medication plus therapeutic services
- Other mental health services
- Other (please describe) _____

12c. Please rate the extent to which you agree or disagree with each of the following statements about the services you got for your child(ren)/family.

	strongly disagree	disagree	agree	strongly agree
I knew where to get services for my child(ren)/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family was/were eligible for all the services he or she/we needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family received services in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of services prevented my child(ren)/family from getting what was needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a hard time getting my child(ren)/family to services because of transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family received services at a time that worked for our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family got enough services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person giving services respected my knowledge of my child(ren)/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family had a positive experience getting services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had a positive experience getting services for my child(ren)/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child(ren)/family achieved the goals set out for him or her/us while receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with the services my child(ren)/family got.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy with how much I was involved in the services my child(ren)/family got.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY SURVEY

12d. Please rate the extent to which you agree or disagree with the following statements.

	strongly disagree	disagree	agree	strongly agree
I don't know what early childhood mental health services are available to my child(ren)/family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am unsure whether my child(ren)/family really need(s) services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried people will think badly of me or my child(ren)/family if we get help for social/emotional or behavioral concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want my child(ren) to be medicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service providers wouldn't understand my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	strongly disagree	disagree	agree	strongly agree
I don't want my child(ren)/family to be labeled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The service providers wouldn't understand the way I discipline my child(ren).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have time to take my child(ren) to appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are too far away or not in a convenient location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services are too expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My health insurance doesn't cover the services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12e. Are there early childhood mental health services you would like to get that you are not currently receiving?

13. If there is a crisis and you were to request early childhood mental health services for your child(ren) and/or family, how long would you have to wait for services?

- 1 week
 2-4 weeks
 5-7 weeks
 2+ months
 More than six months

14. If there is an issue that is not a crisis and you were to request early childhood mental health services for your child(ren) and/or family, how long would you have to wait for services?

- 1 week
 2-4 weeks
 5-7 weeks
 2+ months
 More than six months

15. What can be done to increase the *availability* of early childhood mental health services in NH?

FAMILY SURVEY

16. What can be done to ensure that NH children are receiving the early childhood mental health services that they need?

17. If you have any other comments, please write them here...

Thank YOU for your time!!!!

ECE PROVIDER SURVEY



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Community Bridges
525 Clinton Street
Bow, New Hampshire 03304
(603) 225-4153 Fax (603) 226-3354

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We would greatly appreciate your help with this important work. We are surveying mental health providers, early intervention providers, early care and education providers, medical providers, and families in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. Your input on this survey will help to ensure that we capture the issues vital to New Hampshire's children and families.

We know you are incredibly busy and would appreciate if you would spend about 20 minutes filling out this survey one of two ways: a) access an online link:

https://www.surveymonkey.com/s.aspx?sm=QeMuXlsSs5gg3L5COE9fPg_3d_3d which allows you to start the survey and finish it at a later time; or b) by filling out and returning this paper copy in the postage-paid envelope provided. It is important that we hear from as many early childhood providers as possible.

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ECE PROVIDER SURVEY

New Hampshire Early Care and Education Provider Survey

DEFINITIONS

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- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn; and
- demonstrate developmentally appropriate behavior.

A comprehensive system of Early Childhood Mental Health Services is a coordinated network of mental health and other necessary supports and services designed to meet the multiple and changing needs of young children (age birth to six years) and their families. The supports and services in this system include (but are not limited to):

- behavioral and mental health counseling and therapies for young children and their families;
- early childhood behavioral and mental health consultation;
- anticipatory guidance and parent education regarding social/emotional development; and
- accessible information and resources on social/emotional development for families and providers.

1. What best describes your program?

- Center-based child care center/community preschool
- Family child care provider
- Preschool special education
- Head Start/Early Head Start
- Early Supports and Services (early intervention)
- Home-based service provider
- Other (Please describe) _____

2. What region(s) does your program serve? (check all that apply)

- Seacoast North Country Lakes Region Upper Valley
- Monadnock Region Sullivan County Central Region South Central

3. What age children does your program serve? (check all that apply)

- Birth to 18 months 3 years to 6 years
- 19 months to 36 months Older than 6 years

ECE PROVIDER SURVEY

Other (please describe) _____

7c. What tool(s) do you regularly use to screen children? _____

7d. If you have a positive screen of a child, what do you do next? (check all that apply)

- Provide services to the child
- Refer child to services
- Refer child to person who will find them services
- Report the findings to the parent
- Report the findings to others at parent's request and with consent
- Other (what do you do?) _____

7e. If you refer children who have a positive screen, approximately what percentage is further evaluated to determine their eligibility for services?

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 21 – 40% | <input type="checkbox"/> 61 – 80% |
| <input type="checkbox"/> 1 – 20% | <input type="checkbox"/> 41 – 60% | <input type="checkbox"/> 81 – 100% |

8a. Do you make referrals for the treatment of social/emotional and/or behavioral issues in young children? Yes No (**SKIP to question 9a**)

8b. To where do you refer? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Early Supports and Services (early intervention) | <input type="checkbox"/> Private psychotherapy practice |
| <input type="checkbox"/> Preschool special education | <input type="checkbox"/> Physician/pediatrician |
| <input type="checkbox"/> Mental health clinic or center | <input type="checkbox"/> Other (where?) _____ |

9a. Do you conduct formal assessments on children (birth to 6) related to social/emotional and/or behavioral issues?

- Yes No (SKIP to question 10a)

9b. When would you do a formal assessment on a child related to social/emotional and/or behavioral issues? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> When a screening indicates | <input type="checkbox"/> When a provider makes a referral |
| <input type="checkbox"/> When a parent requests | <input type="checkbox"/> When I have a concern |
| <input type="checkbox"/> Other (when?) _____ | |

ECE PROVIDER SURVEY

9c. What tool(s) do you use to assess children related to social/emotional and/or behavioral issues?

10a. Of the total number of children age birth to 6 years in your program, how many have been identified as needing early childhood mental health services for social/emotional, behavioral or other issues?

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 21 – 40% | <input type="checkbox"/> 61 – 80% |
| <input type="checkbox"/> 1 – 20% | <input type="checkbox"/> 41 – 60% | <input type="checkbox"/> 81 – 100% |

10b. Of those children identified, how many qualified to receive services?

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 21 – 40% | <input type="checkbox"/> 61 – 80% |
| <input type="checkbox"/> 1 – 20% | <input type="checkbox"/> 41 – 60% | <input type="checkbox"/> 81 – 100% |

11. How many children age birth to 6 years, whether identified or not, do you feel need early childhood mental health services for social/emotional, behavioral or other early childhood mental health issues?

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 21 – 40% | <input type="checkbox"/> 61 – 80% |
| <input type="checkbox"/> 1 – 20% | <input type="checkbox"/> 41 – 60% | <input type="checkbox"/> 81 – 100% |

12. What are the three most common reasons children are identified?

1. _____
2. _____
3. _____

13. Of those children who were identified as needing early childhood mental health services (in question #10a), how many have received the following:

- ___ Child therapy services (e.g. counseling, play therapy, cognitive/behavioral therapy, speech therapy)
- ___ Family support services
- ___ Family therapy services (e.g. counseling, etc)
- ___ Home visiting

ECE PROVIDER SURVEY

- Medication only
- Medication plus therapeutic services
- Other mental health services
- Other supports or services

14. Do you have any access to early childhood mental health services? This could be a consultant, an on-site person, or a person you talk to when you have a social/emotional or behavioral issues come up.

- Yes, I have access to someone to help with early childhood mental health issues. (CONTINUE with question 15.)
- No, I have no access to early childhood mental health help or services (SKIP to question 21.)

15. When you have questions about social/emotional or behavioral issues among the children you care for, to whom do you turn? _____

16. In a typical month, how many hours of early childhood mental health services do the children, families and staff receive through your program?

- 0 hours
- 1 – 5 hours
- 6 – 10 hours
- 11 – 15 hours
- 16 – 20 hours
- 21 – 25 hours
- 26 – 30 hours
- 30+ hours

17. If your program funds early childhood mental health services, what percentage of your monthly budget do you spend on early childhood mental health services? (please estimate)

- We don't fund services
- 1 – 20%
- 21 – 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

18a. Who do you turn to most frequently regarding early childhood mental health issues?

- Teacher or teaching staff
- Director or management staff
- PTAN consultant
- Nurse
- Licensed therapist
- Behavioral specialist
- Social worker
- Psychologist
- Psychiatrist
- Doctor
- Preschool special education coordinator or staff
- Early Supports and Services staff (early intervention)
- Other (who?) _____

18b. Who employs this person?

- Our program does
- A school-based program
- A private psychotherapy practice; we contract with the clinic/practice
- PTAN
- A non-profit organization

ECE PROVIDER SURVEY

Other (Please describe) _____

18c. Does this person play another role in your program (e.g., they are the early childhood mental health service coordinator as well as the early childhood mental health specialist)?

Yes (please describe) _____ No

18d. How long has this person been working with your program as an early childhood mental health specialist?

Less than 1 year

6 – 10 years

16 – 20 years

1 – 5 years

11 – 15 years

More than 20 years

19a. Generally, in his/her consultations with your program, where is the emphasis of the early childhood mental health services of the early childhood mental health specialist directed?

Program staff

Family

Child

Child and family together

Program staff and child

Program staff, child and family

19b. In his/her consultations with your program, approximately what percentage of the early childhood mental health specialist's time is spent working directly with your program staff?

0%

1 – 25%

26 – 50%

51 – 75%

76 – 100%

19c. In his/her consultations with your program, approximately what percentage of the early childhood mental health specialist's time is spent working directly with individual children?

0%

1 – 25%

26 – 50%

51 – 75%

76 – 100%

19d. In his/her consultations with your program, approximately what percentage of the early childhood mental health specialist's time is spent working directly with individual families?

0%

1 – 25%

26 – 50%

51 – 75%

76 – 100%

ECE PROVIDER SURVEY

20. To what extent is each of the following a problem in working with early childhood mental health specialists?

	Not a problem	Slight problem	Moderate problem	Huge problem
Time to follow through on recommendations made by the early childhood mental health specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of other children's mental health services to which to refer children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for families to implement practices at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to meet/plan/coordinate with the early childhood mental health specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about liability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (what)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How would you rate the need for training in each of the following areas?

Training on...	No Need	Some Need	Moderate Need	High Need
The role of a mental health consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing recommended mental health practice in early childhood settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting parents to implement practices at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (what?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. If there is a crisis and staff at your program requests early childhood mental health services for a child, how long would the child have to wait for services?

- 1 week
 2 – 4 weeks
 5 – 7 weeks
 2+ months
 More than 6 months

Comments: _____

ECE PROVIDER SURVEY

23. If there is an issue that is *not* a crisis and staff at your program requests early childhood mental health services for a child, how long would the child have to wait for services?

- 1 week 2 – 4 weeks 5 – 7 weeks 2+ months More than 6 months

Comments: _____

24. Sometimes programs are not able to meet the needs of children with particular issues or problems. In your program, what issues most frequently lead to children being referred to another program or services or asked to leave? That is, what issues or problems do children have who cannot be served in one of your classrooms?

25. In the past 12 months, how many children were suspended from your program because of social/emotional and/or behavioral concerns? (Suspension is defined as not being able to attend your program for a certain number of days.) _____

26. In the past 12 months, how many children were expelled from your program, that is, were asked to permanently leave your program, because of social/emotional and/or behavioral concerns? _____

27. How many of the expelled children were referred to another child care option? _____

28. What do you believe is the most effective part of the program you provide for children with social/emotional and/or other behavioral concerns?

29. What could be done to make your program more effective for children with social/emotional and/or behavioral concerns?

30. What can be done to increase the *availability* of early childhood mental health services in NH?

ECE PROVIDER SURVEY

31. What can be done to ensure that NH children are receiving the early childhood mental health services that they need?

32. Do you have any other comments?

Because the population of early care and education providers is not fully known, we would greatly appreciate your help in identifying those we may have missed. If you know of other providers that we could send this survey to, please list their information below or email Erin Oldham at eoldham@maine.rr.com.

Name _____

Address _____ Email _____

Phone _____

Name _____

Address _____ Email _____

Phone _____

Thank you for your valuable time!

HEALTH CARE PROVIDER SURVEY



New Hampshire Association for Infant Mental Health

Community Bridges
525 Clinton Street
Bow, New Hampshire 03304
(603) 225-4153 Fax (603) 226-3354

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https://www.surveymonkey.com/s.aspx?sm=RD40lpDvW4wu0XBtEUiyxA_3d_3d that allows you to start the survey and finish it at a later time; or b) by filling out and returning this paper copy in the postage-paid envelope provided. It is important that we hear from as many health care providers as possible.

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HEALTH CARE PROVIDER SURVEY

New Hampshire Health Care Provider Survey

DEFINITIONS

In this survey, Early Childhood Mental Health is the social/emotional well being of children aged birth to six years, and promotes the capacity to:

- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn; and
- demonstrate developmentally appropriate behavior.

A comprehensive system of Early Childhood Mental Health Services is a coordinated network of mental health and other necessary supports and services designed to meet the multiple and changing needs of young children (age birth to six years) and their families. The supports and services in this system include (but are not limited to):

- behavioral and mental health counseling and therapies for young children and their families;
- early childhood behavioral and mental health consultation;
- anticipatory guidance and parent education regarding social/emotional development; and
- accessible information and resources on social/emotional development for families and providers.

1. What best describes you?

- | | |
|--|---|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Developmental Pediatrician | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Family Practice Physician | <input type="checkbox"/> Allied Health Profession |
| <input type="checkbox"/> Other (Please describe) _____ | |

2. What is your area(s) of expertise within the pediatric population (birth to six)? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Family systems |
| <input type="checkbox"/> Family medicine | <input type="checkbox"/> Parenting education and support |
| <input type="checkbox"/> Screening and assessment | <input type="checkbox"/> Child abuse and neglect |
| <input type="checkbox"/> Prematurity | <input type="checkbox"/> Attachment |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Children with chronic health conditions | <input type="checkbox"/> Grief and loss |

HEALTH CARE PROVIDER SURVEY

- Early Childhood emotional/mental health Challenging behaviors
 Impact of caregiver's issues (mental health, physical health, substance abuse, etc.)
 Other (Please describe) _____

3. How would you describe your employer? (check all that apply)

- Physician-owned practice Regional DCYF office
 Group practice State Agency
 Multispecialty group practice Non-profit organization
 Hospital Head Start program
 Community Health Center Preschool
 Behavioral/Mental Health Clinic Child care program
 Other (Please describe) _____

4. What region(s) does your program serve? (check all that apply)

- Seacoast North Country Lakes Region Upper Valley
 Monadnock Region Sullivan County Central Region South Central

5. How long have you been in practice? (excluding your years of education)

- Up to 1 year 1 – 3 years 4 – 6 years 7 – 9 years 10-15 years
 16-20 years 21-25 years 26-30 years 30+ years

6. Does your practice/program/agency provide early childhood mental health services to children?

- Yes No

7a. Do you use screening tools in your work with children (birth to six years) related to social/emotional or behavioral health?

- Yes No (**SKIP to Question 8a**)

7b. If yes, when do you usually screen a child? (check all that apply)

- I routinely screen all children When a provider has a concern

HEALTH CARE PROVIDER SURVEY

When a parent has a concern When I have a concern

Other (when?) _____

7c. FOR PEDIATRICIANS: AAP recommends developmental screening at 9 and 18 months.

Are you following this recommendation?

Yes No

7d. FOR PEDIATRICIANS: Do you do developmental surveillance?

Are you following this recommendation?

Yes (at which visit?) _____

No

7e. What tools do you regularly use to screen children? _____

7f. If you have a positive screen of a child, what do you do next? (check all that apply)

Provide services to the child

Refer child to services

Refer child to person who will find them services

Report the findings to the parent

Report the findings to others at parent's request and with consent

Other (what do you do) _____

8a. Do you currently screen parents?

Yes No (SKIP to Question 9a)

8b. If yes, what do you screen parents for? (check all that apply)

Depression

Substance abuse

HEALTH CARE PROVIDER SURVEY

- Child abuse and neglect Other mental health issues
- Other (what?) _____

8c. What tools do you use to screen parents? _____

8d. If you have a positive screen of a parent, what do you do next?

- Provide services to the parent
- Refer parent to services
- Refer parent to person who will find them services
- Report the findings to the parent
- Report the findings to others at parent's request and with consent
- Other (what do you do?) _____

9a. Do you conduct formal assessments on children (birth to six) related to social/emotional and/or behavioral issues?

- Yes No (SKIP to Question 10a)

9b. If yes, when would you do a formal assessment on a child related to social/emotional and/or behavioral issues? (check all that apply)

- When a screening indicates When a provider makes a referral
- When a parent requests When I have a concern
- Other (when?) _____

9c. What tool(s) do you use to assess children related to social/emotional and/or behavioral issues? _____

10a. Do you make diagnoses?

- Yes No (SKIP to Question 11a)

10b. If yes, what tool(s) do you use? _____

11a. Do you provide early childhood mental health services to children and families?

- Yes No (SKIP to Question 12a)

11b. What is the youngest age child you will see individually?

- At what age? _____ I don't see children individually

HEALTH CARE PROVIDER SURVEY

11c. What type of therapies do you provide?

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sensory-based |
| <input type="checkbox"/> Family | <input type="checkbox"/> Attachment focused |
| <input type="checkbox"/> Play | <input type="checkbox"/> Parent coaching |
| <input type="checkbox"/> Cognitive/behavioral | <input type="checkbox"/> Psychopharmacology for children |
| <input type="checkbox"/> Dyadic/relationship-based | <input type="checkbox"/> Psychopharmacology for adults |
| <input type="checkbox"/> Other (Please describe) _____ | |

12a. Do you make referrals for the treatment of social/emotional, and/or behavioral issues in young children? Yes No (SKIP to Question 13a)

12b. To whom would you refer a child with social/emotional, and/or behavioral issues?
(check all the apply)

- | | |
|---|---|
| <input type="checkbox"/> Early Supports and Services (early intervention) | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Preschool special education | <input type="checkbox"/> Private psychotherapy practice |
| <input type="checkbox"/> Mental health clinic or center | <input type="checkbox"/> Physician/Pediatrician |
| <input type="checkbox"/> Other (Who?) _____ | |

13a. Do you prescribe medications for children from birth to six for social/emotional and/or behavioral issues?

- Yes No (SKIP to Question 14)

13b. If yes, at what point do you refer the child/family to mental health counseling?

- | | |
|---|---|
| <input type="checkbox"/> Prior to prescribing medication | <input type="checkbox"/> While the child is taking medication |
| <input type="checkbox"/> After the child begins taking medication | <input type="checkbox"/> I do not refer |

14. How do you find out about organizations/people to which you could refer children and families with social/emotional and/or behavioral concerns? (check all the apply)

- | | |
|--|---|
| <input type="checkbox"/> Local resource book | <input type="checkbox"/> Websites |
| <input type="checkbox"/> Brochures | <input type="checkbox"/> Colleague recommendation |
| <input type="checkbox"/> Other (Please describe) _____ | |

15a. Are there particular issues regarding social/emotional and behavioral concerns for young children and families for which you would like more information?

- Yes No (SKIP to Question 16)

15b. If yes, please check those areas for which you would like more information.

- | | |
|---|--|
| <input type="checkbox"/> Challenging behavior | <input type="checkbox"/> Parenting education and support |
| <input type="checkbox"/> Early Childhood Emotional/Mental health | <input type="checkbox"/> Child abuse and neglect |
| <input type="checkbox"/> Children with Developmental Disabilities | <input type="checkbox"/> Attachment |
| <input type="checkbox"/> Early childhood education | <input type="checkbox"/> Grief and Loss |

HEALTH CARE PROVIDER SURVEY

- Screening and assessment
- Trauma
- Family Systems
- Children with Chronic Health Conditions
- Impact of Caregiver's issues (mental health, physical health, substance abuse, etc)
- Other (Please describe) _____

16. What can be done to increase the *availability* of early childhood mental health services in NH?

17. What can be done to ensure that NH children are receiving the early childhood mental health services that they need?

18. Do you have any other comments? (please use reverse side for additional space)

If you answered 'YES' to question #15 and would like us to send you information, please fill out the form below.

Name _____

Address _____

Email _____ Phone _____

Thank you!!!!

MENTAL HEALTH CARE PROVIDER SURVEY



New Hampshire Association for Infant Mental Health

Community Bridges
525 Clinton Street
Bow, New Hampshire 03304
(603) 225-4153 Fax (603) 226-3354

The New Hampshire Association for Infant Mental Health (NHAIMH) has been awarded an Endowment for Health grant to address the mental health needs of young children and their families. The goals of this project are to (a) document the “state of the State” on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. The plan will be founded on evidence-based and promising practices to improve outcomes for young children (birth-6 years) and their families.

We would greatly appreciate your help with this important work. We are surveying mental health providers, early intervention providers, early care and education providers, medical providers, and families in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. Your input on this survey will help to ensure that we capture the issues vital to New Hampshire’s children and families.

We know you are incredibly busy and would appreciate if you would spend about 20 minutes filling out this survey one of two ways: a) access an online link: https://www.surveymonkey.com/s.aspx?sm=SNGah2xbhs85ExMN1nQR6Q_3d_3d that allows you to start the survey and finish it at a later time; or b) by filling out and returning this paper copy in the postage-paid envelope provided. It is important that we hear from as many mental health providers as possible.

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. Please complete the survey by Wednesday, November 26, 2008. Please fill out the survey only once.

MENTAL HEALTH CARE PROVIDER SURVEY

New Hampshire Early Childhood Mental Health Provider, Consultants, and Specialists Survey

DEFINITIONS

In this survey, Early Childhood Mental Health is the social/emotional well being of children aged birth to six years, and promotes the capacity to:

- experience, manage and express emotions;
- develop and sustain stable relationships with others (adults and peers);
- safely explore the environment and learn; and
- demonstrate developmentally appropriate behavior.

A comprehensive system of Early Childhood Mental Health Services is a coordinated network of mental health and other necessary supports and services designed to meet the multiple and changing needs of young children (age birth to six years) and their families. The supports and services in this system include (but are not limited to):

- behavioral and mental health counseling and therapies for young children and their families;
- early childhood behavioral and mental health consultation;
- anticipatory guidance and parent education regarding social/emotional development; and
- accessible information and resources on social/emotional development for families and providers.

1. What best describes you?

Psychologist

Behavior Specialist

Therapist

Nurse

Social Worker

APRN

Mental Health Specialist

Psychiatrist

Other (Please describe) _____

2. What is your job title? _____

3. Are you a licensed provider in your field?

Yes

No

MENTAL HEALTH CARE PROVIDER SURVEY

4a. What is the highest level of education you have achieved?

- High school degree 4 year college degree Doctoral degree
 2 year college degree Master's degree

4b. How would you describe your level of formal training in Early Childhood Mental Health?

- Little or none
 Some (attended workshops, conferences; completed 1 or 2 courses)
 Extensive (completed a training program)

5. What is your area(s) of expertise? (check all that apply)

- Challenging behavior
 Early childhood emotional/mental health Child abuse and neglect
 Children with developmental disabilities Attachment
 Early childhood education Grief and loss
 Screening and assessment Trauma
 Family systems Children with chronic health conditions
 Impact of caregiver's issues (mental health, physical health, substance abuse, etc.)
 Other (Please describe) _____

6. How would you describe your employer? (check all that apply)

- Community mental health center Regional DCYF office
 Behavioral/mental health clinic Childcare program
 Private practice/group practice Preschool
 Non-profit organization Head Start program
 State agency
 Other (Please describe) _____

7. What region(s) does your program serve? (check all that apply)

- Seacoast North Country Lakes Region Upper Valley
 Monadnock Region Sullivan County Central Region South Central

8. How long have you been providing early childhood mental health supports and services?

- Up to 1 year 4-5 years 11-15 years 20+ years
 1-3 years 6-10 years 16 – 20 years

MENTAL HEALTH CARE PROVIDER SURVEY

9. How are your supports and services funded? (check all that apply)

- State \$ Medicaid/CHIP Fee for services Other (what?) _____
 Federal \$ Private insurance Foundation \$

10. What percentage of your hours are you able to bill to a third-party (e.g. Medicaid, private insurance)?

- 0% 1-25% 26-50% 51-75% 76-100%

11. To whom do you provide services? (check all that apply)

- Children with no health insurance
 Children with Medicaid/CHIP
 Children with private health insurance

12. What are the barriers to billing a third party (Medicaid, private insurance) for your hours? (check all that apply)

- Not affiliated with clinic
 Don't have the appropriate credentials to bill
 Not able to bill for collateral services
 Not on provider list
 No diagnosis that is acceptable
 Paperwork
 Other (Please describe) _____

13a. Do you use screening tools in your work with children (birth to six years) related to social/emotional or behavioral health?

- Yes No (**SKIP to question 14a**)

13b. When do you usually screen a child? (check all that apply)

- I routinely screen all children When a provider has a concern
 When a parent has a concern When I have a concern
 Other (when?) _____

13c. What tool(s) do you regularly use to screen children? _____

MENTAL HEALTH CARE PROVIDER SURVEY

13d. If you have a positive screen of a child, what do you do next? (check all that apply)

- Provide services to the child
- Refer child to services
- Refer child to person who will find them services
- Report the findings to the parent
- Report the findings to others at parent's request and with consent
- Other (what do you do?) _____

14a. Do you make referrals for the treatment of social/emotional and/or behavioral issues in young children?

- Yes No (**SKIP to question 15a**)

14b. To where do you refer? (check all that apply)

- Early Supports and Services (early intervention)
- Private practice
- Preschool special education
- Physician/Pediatrician
- Mental health clinic or center
- Other (Who?) _____

15a. Do you currently screen parents?

- Yes No (SKIP to question 16a)

15b. If yes, what do you screen parents for? (check all that apply)

- Depression
- Substance abuse
- Child abuse and neglect
- Other mental health issues
- Other (what?) _____

15c. What tools do you use to screen parents? _____

15d. If you have a positive screen of a parent, what do you do next? (check all that apply)

- Provide services to the parent
- Refer parent to services
- Refer parent to person who will find them services
- Report the findings to the parent
- Report the findings to others at parent's request and with consent
- Other (what do you do?) _____

MENTAL HEALTH CARE PROVIDER SURVEY

16a. Do you conduct formal assessments on children (birth to six) related to social/emotional and/or behavioral issues?

- Yes No (SKIP to question 17a)

16b. When would you do a formal assessment on a child related to social/emotional and/or behavioral issues? (check all that apply)

- When a screening indicates When a provider makes a referral
 When a parent requests When I have a concern
 Other (When?) _____

16c. What tool(s) do you use to assess children related to social/emotional and/or behavioral issues? _____

17a. Do you make diagnoses?

- Yes No (SKIP to question 18)

17b. If yes, what tool(s) do you use? _____

18. What type of therapies do you provide? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Attachment focused |
| <input type="checkbox"/> Family | <input type="checkbox"/> Parenting groups |
| <input type="checkbox"/> Play | <input type="checkbox"/> Parent coaching |
| <input type="checkbox"/> Dyadic/relationship-based | <input type="checkbox"/> Parent guidance |
| <input type="checkbox"/> Cognitive/behavioral | <input type="checkbox"/> Psychopharmacology for children |
| <input type="checkbox"/> Sensory-based | <input type="checkbox"/> Psychopharmacology for adults |
| <input type="checkbox"/> Other (Please describe) _____ | |

19a. Are you currently providing consultation or other services related to social/emotional and/or behavioral issues to an early care and education program or other child-related program?

- Yes No (SKIP to question 23)

19b. What is the nature of your consultation or services? _____

19c. Please indicate the approximate hours you spend in a typical week on each of the following:

- ___ Working as a consultant regarding social, emotional and/or behavioral issues for children birth to 5
___ Direct or indirect support (case management) support for children birth to 3
___ Direct or indirect support (case management) support for children 3 to 5 years

MENTAL HEALTH CARE PROVIDER SURVEY

___ Direct or indirect support (case management) support for children older than 5 years

20. What age children do you work with? (check all that apply)

- Infants (birth to 18 months) Preschoolers (3 years to 5 years)
- Toddlers (18 months to 3 years) School-age (5+ years)

21. What type of program(s) do you consult with? (check all that apply)

- Center-based child care center/community preschool
- Family child care provider
- Preschool special education
- Head Start/Early Head Start
- Other (Please describe) _____

22a. In your consultation with early care and education care programs, regarding early childhood mental health, what is the primary focus of your work?

- Program staff Child and family together
- Child Program staff, child and family
- Family

22b. In your consultations with early care and education programs, approximately what percentage of time is spent working directly with program staff?

- 0% 1-25% 26-50% 51-75% 76-100%

22c. In your consultations with early care and education programs, approximately what percentage of time is spent working directly with individual children?

- 0% 1-25% 26-50% 51-75% 76-100%

22d. In your consultations with early care and education programs, approximately what percentage of time is spent working directly with individual families?

- 0% 1-25% 26-50% 51-75% 76-100%

MENTAL HEALTH CARE PROVIDER SURVEY

23. To what extent is each of the following a problem in your early childhood mental health-related work?

	Not a problem	Slight problem	Moderate problem	Huge problem
Time to do this work effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity of community programs/staff to follow through on my recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for parents to implement recommended practices at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of children's mental health services to which to refer children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding out about available mental health services for young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from my primary workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial compensation to do this work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to meet/plan/coordinate with others regarding mental health services for families served by multiple organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns about liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. How would you rate the need for training for early care and education providers in each of the following areas?

Training on...	No Need	Some Need	Moderate Need	High Need
The role of a mental health consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing recommended mental health practice in early childhood settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting parents to implement practices at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (what?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What other barriers/challenges do you face?

26. What do you do to ensure continuity of services during transition between programs?

MENTAL HEALTH CARE PROVIDER SURVEY

27. What do you need to do your early childhood mental health related work even better?

- Nothing
- Training
- Knowledge of resources and other programs for the purpose of referral and collaboration
- Support from my organization to team/collaborate with other programs
- Funding for services/increased reimbursement
- Other (Please describe) _____

28. Sometimes mental health providers are not able to meet the needs of children with particular issues or problems. Are there issues, in your opinion, you were not able to address as effectively as you would have liked to? Yes (please describe) No

29. What are the most effective aspects of the early childhood mental health supports and services you provide?

30. What could be done to increase the effectiveness of your early childhood mental health services?

31. What can be done to increase the *availability* of early childhood mental health services in NH?

32. What can be done to ensure that NH children are receiving the early childhood mental health services that they need?

33. Do you have any other comments? (please use reverse side)

MENTAL HEALTH CARE PROVIDER SURVEY

Because the population of mental health consultants is not fully known, we would greatly appreciate your help in identifying those we may have missed. If you know of other providers that we could send this survey to, please list their information below or email Erin Oldham at eoldham@maine.rr.com.

Name_____

Address_____Email_____

Phone_____

Name_____

Address_____Email_____

Phone_____

Thank you!!!!

APPENDIX D: SURVEY INVITATION LETTERS and DISTRIBUTION LISTS

Dear Family Member:

The New Hampshire Association for Infant Mental Health (NHAIMH) is surveying families of children ages birth to six in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. The goals of this project are to (a) document the “state of the State” on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. **Your input** on this survey will help to ensure that we capture the issues vital to New Hampshire’s children and families.

We know you are incredibly busy and would appreciate if you would spend about 15 minutes filling out this survey one of two ways:

- a) access an online link:
https://www.surveymonkey.com/s.aspx?sm=AYM8mM4rqYcDuUN2RgoUbQ_3d_3d that allows you to start the survey and finish it at a later time; or
- b) complete a paper copy and return it in a postage-paid envelope provided (see below for information on completing a paper copy of the survey). It is important that we hear from as many families as possible.

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. **Please complete the survey by Tuesday, December 23, 2008.** Please fill out the survey only once.

If you have any questions about this project or this survey please contact Deborah Abelman at 206-6800 or e-mail at deborah@seresc.net.

FOR A PAPER COPY: If you would like a paper copy of this survey, please e-mail Sandy Brallier at sbrallier@metrocast.net.

SULLIVAN COUNTY FAMILIES: Please be aware that Sullivan County is doing a similar survey and that theirs will be sent to you shortly. If you live in Sullivan County please wait for their survey. Please contact Jennifer Lipfert, M.D. at gb.jenny@dianalovecenter.org with questions.

Thank you.

Deborah Abelman, Ph.D.
Project Director

Dear Health Care Professional:

The New Hampshire Association for Infant Mental Health (NHAIMH) is surveying health care professionals in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. The goals of this project are to (a) document the “state of the State” on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. **Your input** on this survey will help to ensure that we capture the issues vital to New Hampshire’s children and families.

We know you are incredibly busy and would appreciate if you would spend about 10 minutes filling out this survey one of two ways: a) access an online link:

https://www.surveymonkey.com/s.aspx?sm=RD40IpDvW4wu0XBtEUiyxA_3d_3d that allows you to start the survey and finish it at a later time; or b) complete a paper copy and return it in a postage-paid envelope provided (see below for information on completing a paper copy of the survey). It is important that we hear from as many health care providers as possible.

(Please Note: If you provide mental health services directly to young children and families please complete the Mental Health Providers survey instead using this link:

https://www.surveymonkey.com/s.aspx?sm=SNGah2xbhs85ExMN1nQR6Q_3d_3d.

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. **Please complete the survey by XXXX.** Please fill out the survey only once.

If you have any questions about this project or this survey please contact Deborah Abelman at 206-6800 or e-mail at deborah@seresc.net.

FOR A PAPER COPY: If you would like a paper copy of this survey, please e-mail Sandy Brallier at sbrallier@metrocast.net.

SULLIVAN COUNTY PRACTITIONERS: Please be aware that Sullivan County is doing a similar survey and that theirs will be sent to you shortly. If your practice is limited to Sullivan County please wait for their survey. Please contact Jennifer Lipfert, M.D. at gb.jenny@dianalovecenter.org with questions.

Thank you.

Deborah Abelman, Ph.D.
Project Director

Dear Early Care and Education Provider:

The New Hampshire Association for Infant Mental Health (NHAIMH) is surveying early childhood providers in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. The goals of this project are to (a) document the “state of the

State” on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. **Your input** on this survey will help to ensure that we capture the issues vital to New Hampshire’s children and families.

We know you are incredibly busy and would appreciate if you would spend about 20 minutes filling out this survey one of two ways:

- c) access an online link:
https://www.surveymonkey.com/s.aspx?sm=OeMuXlsSs5gq3L5COE9fPg_3d_3d that allows you to start the survey and finish it at a later time; or
- d) complete a paper copy and return it in a postage-paid envelope provided (see below for information on completing a paper copy of the survey). **It is important that we hear from as many early care and education providers as possible.**

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. **Please complete the survey by Tuesday, December 23, 2008.** Please fill out the survey only once.

If you have any questions about this project or this survey please contact Deborah Abelman at 206-6800 or e-mail at deborah@seresc.net.

FOR A PAPER COPY: If you would like a paper copy of this survey, please e-mail Sandy Brallier at sbrallier@metrocast.net.

SULLIVAN COUNTY PROVIDERS: Please be aware that Sullivan County is doing a similar survey and that theirs will be sent to you shortly. If your program’s service is limited to Sullivan County please wait for their survey. Please contact Jennifer Lipfert, M.D. at gb.jenny@dianalovecenter.org with questions.

Thank you.
Deborah Abelman, Ph.D.
Project Director

Dear Mental Health Practitioner:

The New Hampshire Association for Infant Mental Health (NHAIMH) is surveying mental health providers in hopes of better understanding the system that serves young children who have social/emotional or behavioral challenges. The goals of this project are to (a) document the “state of the State” on this issue, and (b) develop and promote a plan for a cohesive, integrated system of mental health services and supports. **Your input** on this survey will help to ensure that we capture the issues vital to New Hampshire’s children and families.

We know you are incredibly busy and would appreciate if you would spend about 20 minutes filling out this survey one of two ways:

https://www.surveymonkey.com/s.aspx?sm=SNGah2xbhs85ExMN1nQR6O_3d_3d that allows you to start the survey and finish it at a

- a) access an online link: later time; or
- b) complete a paper copy and return it in a postage-paid envelope provided (see below for information on completing a paper copy of the survey). It is important that we hear from as many mental health providers as possible.

Your responses are completely confidential. Your name will not be associated with your answers in any way. To ensure confidentiality, an independent research firm has been hired to look at and summarize the data from these surveys. Please call Erin Oldham at Oldham Innovative Research at 207-874-0539 or e-mail at eoldham@maine.rr.com with any questions. **Please complete the survey by Wednesday, November 26, 2008.** Please fill out the survey only once.

If you have any questions about this project or this survey please contact Deborah Abelman at 206-6800 or e-mail at deborah@seresc.net.

FOR A PAPER COPY: If you would like a paper copy of this survey, please e-mail Sandy Brallier at sbrallier@metrocast.net.

SULLIVAN COUNTY PRACTITIONERS: Please be aware that Sullivan County is doing a similar survey and that theirs will be sent to you shortly. If your practice is limited to Sullivan County please wait for their survey. Please contact Jennifer Lipfert, M.D. at gb.jenny@dianalovecenter.org with questions.

Thank you.

Deborah Abelman, Ph.D.

Project Director

All of the surveys were forwarded to Kim Firth for distribution and to Jenny Lipfert for collaboration. The following list documents the primary groups that were involved in providing information for the surveys.

1. New Hampshire Early Childhood Mental Health Provider, Consultants, and Specialists Survey

- Regional Infant Mental Health Team Coordinators
- New Hampshire Psychological Society
- DCYF (via Eileen Mullen)
- Mental Health Center Directors (via Chris Gerhardt)
- Head Start Mental Health Services Coordinators (via Debra Nelson)
- Preschool Special Education Coordinators for distribution to their Mental Health providers/consultants (via PTAN – Joan Izen)
- PTAN Coordinators
- Child Development Clinics
- Mental Health Consultants @ Specialty Clinics

2. New Hampshire Early Care and Education Providers Survey

- Child Care Resource and Referral Coordinators
- PS Special Education Coordinators (via Joan Izen)
- ESS Directors (via Carolyn Stiles)
- Head Start/Early Head Start Directors (via Debra Nelson)
- New Hampshire Early Learning (via Jackie Cowell)

3. New Hampshire Family Survey

- Family Voices (via Terry Ohlson-Martin and Martha Jean Madison)
- Parent Information Center (via Michelle Lewis)
- Family Resource Center Directors
- Regional Infant Mental Health Team Coordinators
- Partners in Health
- Special Medical Services (via Sharon Kaiser)
- Office of Minority Health
- Minority Health Coalition

4. New Hampshire Health Care Provider Survey

- New Hampshire Pediatric Society (via Jenny Lipfert)
- Home Visiting New Hampshire (via Trish Tilley)
- New Hampshire School Nurses Association (via Laurie Fleming)
- New Hampshire Nurse Practitioner Association (via Lisa K. Carpenter)
- New Hampshire Association of Physician Assistants (via Monica Ball)
- New Hampshire Psychological Society
- Specialty Medical Centers (Dartmouth, Crotched Mountain, Seacoast, Manchester)

APPENDIX E: COMMUNITY MENTAL HEALTH CENTERS

The Community Mental Health Centers (CMHCs) are located in 10 regions of New Hampshire. They are private not-for-profit agencies that have contracted with the NH Department of Health and Human Services, Bureau of Behavioral Health (BBH), to provide publicly funded mental health services to individuals and families who meet certain [criteria for services](#).

Services provided by CMHCs include: 24-hour Emergency Services, Assessment and Evaluation, Individual and Group therapy, Case Management, Community Based Rehabilitation Services, Psychiatric Services, and Community Disaster Mental Health Support. All CMHCs have specialized programs for older adults, children, and families. The Community Mental Health Centers also provide services and referrals for short term counseling and support.

REGION I

[NORTHERN HUMAN SERVICES](#)

Dennis Mackay, Executive Director
87 Washington Street
Conway, NH 03818
TEL: (603) 447-3347

REGION II

[WEST CENTRAL BEHAVIORAL HEALTH](#)

Suellen Griffin, Executive Director
9 Hanover Street, Suite 2
Lebanon, NH 03766
TEL: (603) 448-0126

REGION III

[GENESIS BEHAVIORAL HEALTH](#)

Maggie Pritchard, Executive Director
111 Church Street
Laconia, NH 03246
TEL: (603) 524-1100

REGION IV

[RIVERBEND COMMUNITY MENTAL HEALTH CENTER](#)

Louis Josephson, Executive Director
70 Pembroke Street
PO Box 2032
Concord, NH 03302-2032
TEL: (603) 228-1551

REGION V

[MONADNOCK FAMILY SERVICES](#)

Kenneth Jue, Executive Director
64 Main Street, Suite 301
Keene, NH 03431
TEL: (603) 357-6878

REGION VI

[GREATER NASHUA MENTAL HEALTH CENTER AT COMMUNITY COUNCIL](#)

Hisham Hafez, MD, Executive Director
7 Prospect Street
Nashua, NH 03060-3990
TEL: (603) 889-6147

REGION VII

[MENTAL HEALTH CENTER OF GREATER MANCHESTER](#)

Peter Janelle, President
401 Cypress Street
Manchester, NH 03103
TEL: (603) 668-4111

REGION VIII

[SEACOAST MENTAL HEALTH CENTER, INC.](#)

Jay Couture, Executive Director
1145 Sagamore Avenue
Portsmouth, NH 03801
TEL: (603) 431-6703

REGION IX

[COMMUNITY PARTNERS](#)

Brian Collins, Executive Director
113 Crosby Road, Suite 1
Dover, NH 03820
TEL: (603) 749-4015

REGION X

[CENTER FOR LIFE MANAGEMENT](#)

Victor Topo, Executive Director
10 Tsienneto Road
Derry, NH 03038
TEL: (603) 434-15

APPENDIX F: SUMMARY of INITIATIVES in OTHER STATES

Increasing Availability

The Center on the Social and Emotional Foundations for Early Learning, funded by the Office of Head Start and the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services has selected several states to participate in their Pyramid Model Partnership program. It is hoped that this program will create a professional development system to address the social and emotional needs of the birth to five population. The states currently participating are Colorado, Maryland, Iowa, Hawaii, North Carolina, Vermont, Nebraska, and Tennessee (North Carolina, no date).

In Texas' component plan for social/emotional development for young children they hope to "...increase the number of universities that offer coursework for undergraduate and graduate students on the social-emotional development/mental health of children age birth through five." (Texas, 2007, October). They also expect to "...develop a process for professional development for infant and early childhood mental health endorsement through the Texas Association for Infant Mental Health." (Texas, 2007, October).

Oklahoma also plans to increase their workforce by recruiting infant mental health specialists and child psychiatrists to work with families with children under age six. They hope to partner with State and local universities, colleges and other training organizations to enhance the training and education of future providers and to provide work force training related to infant and early childhood mental health (Oklahoma, no date).

Oregon's Early Childhood Comprehensive Systems Plan also includes a component on increasing providers in the State, as well as providing in-service training, continuing education, and reflective supervision. They discuss not only providing coursework in college and graduate programs, but also including it in high school and in specialty programs (Oregon, 2006, November).

Public Education

One of the most difficult aspects of educating the public about mental health issues is the acceptance of mental health. Texas plans to "...develop a public awareness campaign to decrease the stigma associated with mental illness and mental health services." (Texas, 2007, October). They also plan to "...identify and disseminate materials for primary care medical providers and early care and education providers to distribute to families of children age birth through five on the importance of social-emotional development." (Texas, 2007, October).

Oklahoma also plans to increase awareness among professionals, parents, policymakers and the public (Oklahoma, no date). Oregon wants to develop and implement a research-based marketing campaign and enhance awareness of the neurodevelopmental and psychosocial risks and consequences of prenatal exposure to drugs and alcohol (Oregon, 2006, November).

Coordination of Systems of Care

When service providers collaborate and coordinate with each other, children and families are supported. Without coordinated services, children often fall through the cracks and may go without services until they are noticed when they get to elementary school, at which point it may be too late.

In Oklahoma, their plan includes the goal that they want to “ensure that [their] systems of care has formally established governance and administrative structures at the State and local levels that result in integrated services among families, agencies, schools, and primary care providers to better serve children under age six.” (Oklahoma, no date). They also want to “integrate strategies supporting the mental health of children under age six into all child-related services and systems serving this age group.” (Oklahoma, no date).

Oregon does not have a separate early childhood mental health plan. It is a part of a comprehensive early childhood system that also includes health, early care and education, parent education, and family support. That system, to work, needs “...a full and coordinated service and support continuum that includes promotion, prevention, early intervention, treatment, follow-up, and maintenance services.” (Oregon, 2006, November).

Texas wants to “...create a comprehensive system of screening, identification, and referral for children age birth through five with social-emotional/mental health concerns.” (Texas, 2007, October). Oklahoma plans to “...provide screening and assessment to assure earlier identification of infant and early childhood mental health disorders and intervention in children under age six and their families.” (Oklahoma, no date). Oregon will promote the use of standardized screening and assessment tools, maintain a list of available tools, and train a multidisciplinary workforce to screen and refer children for early childhood mental health issues. (Oregon, 2006, November).