



EARLY CHILDHOOD MENTAL HEALTH SYSTEMS OF CARE: POLICY IMPLICATIONS FOR STATES AND COMMUNITIES

It is widely understood that the mental health needs of very young children and their families are unique. In spite of this, there is no cohesive national public policy approach to meeting those needs. The federal legislation that does exist focuses almost entirely on children and adolescents with serious emotional and behavioral disorders. As a result, the vast majority of America's communities do not have a comprehensive system of mental health services for young children and their families (Koyanagi, Feres-Merchant & Schulzinger, 1998). All young children, including those at risk for mental disorders, those with other health and developmental disabilities, and those exhibiting emotional and mental disorders, require a range of multiple, diverse, formal and informal services and supports that are culturally competent, recognize child and family strengths, and address individual needs. An early childhood mental health system of care offers a seamless array of flexible and varied services delivered when they are needed in natural settings, such as family homes, childcare and early education programs, and primary health care offices. States and communities that wish to build and implement such a system must adopt a two-pronged approach: first, the challenges presented by fragmented and weak legislation have to be addressed, and second, they must tap into the existing opportunities embodied in current policies.

CURRENT POLICY ISSUES

Welfare Policy—The sweeping welfare reform legislation passed in 1996 continues to have major implications for early childhood mental health initiatives. Despite legitimate concerns about potential negative impacts of welfare reform on young children, steps can be taken to utilize TANF (Temporary Assistance for Needy



Families) in the development of an early childhood mental health system of care. States can take advantage of the option to exempt single parents' of infants under age one from work requirements. TANF dollars can be used in flexible ways to enhance early childhood and family support strategies, particularly when funds are transferred to the child care block grant (Knitzer & Cauthen,

1999). Many of the families involved in the welfare system have young children who are vulnerable to poor outcomes and in need of the child development support services that an early childhood mental health system of care can provide. Co-locating substance abuse and mental health services with Head Start, child care, and primary health care, helps meet the needs of families who are least able to meet the work requirements of TANF and who are sometimes difficult for welfare workers to contact. At the very least, welfare policy in its current form necessitates a strong partnership between the early childhood community and public welfare agencies.

Health Care Policy: Medicaid, Managed Care, and SCHIP—An understanding of Medicaid policy is critical when building an early childhood mental health system of care because most of the services children and their families need can be funded through the Medicaid program. Many states already have reimbursement mechanisms in place for flexible services; the services simply need to be tailored to meet the needs of young children and families (Knitzer, 1996). Medicaid entitles any eligible child to screening, diagnosis, and a broad array of services. Early intervention and comprehensive services are specifically addressed in the legislation through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate (Koyanagi, Feres-Merchant, & Schulzinger, 1998).

Intertwined with Medicaid policy is the system of Managed Care. In many states, Medicaid is changing the way it operates to a managed care model in which families must use a provider who is a member of a network of approved providers, and permission for services must be obtained in advance (Koyanagi, Feres-Merchant, & Schulzinger, 1998). The development of these managed care plans can be influenced so that contracts awarded to managed care organizations place an emphasis on prevention, early intervention, and interagency and system-level coordination. Health plans must be charged, in their contracts, to conduct regular and inter-periodic mental health screenings and to use specialized tools that ensure adequate assessment of mental health problems. In states with separate managed mental health care plans, or “carve outs”, the responsibility for providing screenings for children on Medicaid should fall to those providers (Bazelon Center for Mental Health Law, 1999).

Another important element of current health care policy is the State Children’s Health Insurance Program (SCHIP) legislation created in 1997 to cover uninsured children from working families whose incomes are too high to qualify for Medicaid but too low to afford private health insurance. SCHIP provides federal funds to ensure health care coverage for children in families with incomes up to 200% of the federal poverty level in most states, and up to 250% in a few states. This increased coverage could open the door to mental health services and supports for many young children and their families. A number of states have selected the option of enrolling these children in Medicaid. However, if the Medicaid program does not incorporate the principles of an early childhood mental health system, alternative avenues of insurance coverage should be explored.

Education Policy: IDEA and School Readiness—Part C (services to infants and toddlers) and Part B, Section 619 (services to preschool children) of the Individuals with Disabilities Education Act (IDEA), is a federal special education program focusing on early intervention. This legislation can be an important point of entry for young children needing services and supports as it is clearly written to include infants, toddlers, and preschool aged children. Most encouraging, the policy itself is structurally consistent with the best principles of children’s mental health service system by including family focus, multidisciplinary, and flexible services language (Knitzer, 1996). Although the law clearly provides eligibility to young children with emotional disabilities, they are very under represented in the system. One policy analysis conducted by the University of North Carolina showed that mental health and child welfare

agencies are rarely active participants on State Interagency Coordinating Councils (ICCs). While Part C allows states to address the needs of infants and toddlers at risk for disabilities, only 11 states have chosen to serve that population. Fortunately, growing interest in infant mental health, early brain development, and increased behavior problems in young children has sparked the growth of new state initiatives that compliment IDEA.

The Goals 2000: Educate America Act, which became law in 1994, represents a vast policy approach aimed at improving student learning. The first goal in this Department of Education initiative is for children to enter school ready to learn. Because a child’s mental health has such an important impact on his or her ability to learn and achieve success in school, the implementation of this policy could have many positive applications with respect to building or enhancing an early childhood mental health system of care. Funds are also set aside to assist in the establishment of parental information and resource centers aimed at increasing parent knowledge of and confidence in childrearing activities and enhancing the developmental progress of children.

In addition, President Clinton has proposed the Educational Excellence for All Children Act of 1999 which is a reauthorization of the Elementary and Secondary Education Act (ESEA). Within ESEA, Title II Part C outlines a strategy for enhancing the professional development of early childhood educators. Funding will be made available to improve the knowledge and skills of instructors working with young children, particularly those in high poverty areas. Training will focus on child development, particularly children with special needs, and will be tailored to meet the particular needs of a given community’s young children and families.

CONCLUSION

The federal government plays a strong role in the development and implementation of policies that impact the health and well-being of young children and their families. These policies can ensure that parents have access to a comprehensive system of services and supports, or they can work to undermine systems of care by fragmenting services and supports. Currently, there is no cohesive national public policy approach to serving our youngest citizens, and so families, agencies, and systems often encounter barriers to meeting the mental health needs of children.

Welfare reform legislation unlinked Medicaid coverage from cash assistance, resulting in many eligible

Regional Research Institute for Human Services, Portland State University. This article and others can be found at www.rtc.pdx.edu For reprints or permission to reproduce articles at no charge, please contact the publications coordinator at 503.725.4175; fax at 503.725.4180 or e-mail rtcpubs@pdx.edu

children and their families not securing Medicaid coverage (Koyanagi, Feres-Merchant & Schulzinger, 1998). Existing funding streams are eligibility and diagnosis driven, making it almost impossible to create a seamless system of prevention and early intervention services. Although best practice underscores the importance of fostering relationships and promoting attachment by providing dyadic services to both caregiver and child or to an extended family, current funding systems target services for the individual. Ongoing, regular mental health consultation to classroom teachers, child care providers and home visitors is an inexpensive alternative to more restrictive services, but consultation of this depth is almost impossible to cover with federal funds.

States and communities must act to fill the gaps created by fragmented and faulty federal policies. Fortunately, many states are providing innovative programs such as universal preschool to low income children, home visitation programs that enhance child and family resilience and decrease the incidence of abuse and neglect, and incentives for child care providers to receive training and improve the quality of care. Increased Head Start slots for 3 year olds and Early Head Start slots for infants and toddlers are desperately needed, and funds to support mental health consultation and treatment should be appropriated. TANF must be reexamined, looking at outcomes for children whose families are impacted by mental illness and substance abuse. Child care continues to be an area in need of adequate funding, enhanced quality, and better educated and compensated staff.

Research, anecdote, and experience point out the need for a focus on the total development of the young child. Whether by virtue of environment or biology, increasing numbers of infants, toddlers, and preschool children experience or are at risk for mental illness. Public policy must better address the complex mental health needs of young children if we hope to build effective early childhood mental health systems of care.

ROXANE KAUFMANN, M.A., *Director of Early Intervention Policy, Georgetown University Child Development Center*

AMY LOCKE WISCHMANN, M.A., *Consultant, Georgetown University Child Development Center*

REFERENCES

- Judge David L. Bazelon Center for Mental Health Law. (1999). *Where To Turn: Confusion in Medicaid Policies on Screening Children for Mental Health Needs*. Washington D.C.: Bazelon Center for Mental Health Law.
- Kaufmann, R. & Wischmann, A. (1999). Communities Supporting the Mental Health of Young Children and Their Families. In R. N. Roberts & P. R. Magrab (Eds.), *Where Children Live: Solutions for Serving Young Children and Their Families*. Stamford, CT: Ablex Publishing Corporation.
- Knitzer, J. (1996) Meeting the Mental Health Needs of Young Children and Their Families. In B. Stroul (Ed.), *Children's Mental Health: Creating Systems of Care in a Changing Society*. Baltimore, MD: Paul H. Brooks.
- Knitzer, J. & Cauthen, N. K. (1999). Enhancing the Well-Being of Young Children and Families in the Context of Welfare Reform: Lessons from Early Childhood, TANF, and Family Support Programs. Prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Washington D.C.: U.S. Department of Health and Human Services.
- Koyanagi, C., Feres-Merchant, D. & Schulzinger, R. (1998). *A Blueprint for Coalition Building to Address the Needs of Very Young Children and Their Families with Mental Health and/or Substance Abuse Issues*. Washington D.C.: Bazelon Center for Mental Health Law.

SERVICES AND SUPPORTS IN EARLY CHILDHOOD MENTAL HEALTH SYSTEM

Services and supports in an early childhood mental health system of care can be categorized within three critical components:

- services for parents, families, and caregivers of young children to help with the demands of childcare responsibilities;
- access to clinical programs and case consultation is necessary to strengthen competencies in promoting emotional development in young children, and immediate crisis intervention services are necessary for those experiencing violence, community disasters, or family-specific crises; and,
- coordinating mechanisms that encourage broad-based collaboration at the child and family, agency, and system levels.

Examples of services and supports that could be included in an early childhood mental health system of care are listed below (Kaufmann and Wischmann, 1999).

Services and supports for parents, families, caregivers	Clinical programs, case consultation, crisis intervention	Fostering collaboration
Parenting skills Nutrition Teen pregnancy services Healthcare Quality childcare Respite services Social supports Transportation Substance abuse prevention Home visits and In-home services Playgroups with mental health support Case management and service coordination Employment assistance Consultation & training for families & caregivers Clinical supervision	Risk assessment Screening Evaluation Diagnosis Prenatal care Pediatric services Consultation/training for interventionists Individual therapy Family therapy Substance abuse treatment Medication management Behavior management Therapeutic preschools and foster care	Provider networking Teambuilding Cross-disciplinary training Multi-disciplinary training Systems level collaboration