



Young Children and Mental Health Services: An Analysis of the “South Capital Street Tragedy Memorial Act of 2011”

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Overview

Council member Catania should be applauded for shining a spotlight on the importance of mental health for our city’s children and youth evidenced by the proposing the “South Capital Street Tragedy Memorial Act of 2011” on March 30, 2011. What is particularly strong about the bill is its focus on evidence-based policy and practice. It would require the mayor to submit a behavioral health epidemiological report to the Council. More importantly, it states that mayor must work to align the city’s health education standards to the behavioral health needs of the community. This is very definition of evidence-based decision making.

Another strength of the bill is that it highlights the importance of the behavioral health needs of our city’s youngest children, and outlines specific actions related to the training of staff at the licensed child development centers in the District. A wealth of research on the impact of toxic stress and child mental health on brain development and future school success provides a strong justification for a focus on this issue.¹

Analysis: Early Childhood Behavioral Health Services

While DC Action for Children agrees with the overall focus on children mental health, we believe that the policy recommendations with regard to remediating early childhood mental health issues in the District issues falls short and may undermine current practices to support mental health services for young children.

1. First, the bill imposes an exceptionally large unfunded mandate on child development centers. The costs of staff time to attend training on addressing behavioral issues will be a large expense for programs, and stressful on their staff, who are currently under the local and federal legislation to obtain their advanced degrees by 2013² and 2014³.

¹ Harvard Center on the Developing Child,

http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/

² H.R. 1429: Improving Head Start for School Readiness Act of 2007. Section 19: Amends staff qualification and development requirements. Directs the Secretary to ensure that by September 30, 2013, at least 50% of Head Start teachers and all Head Start education coordinators nationwide in center-based programs have: (1) a baccalaureate or advanced degree in early childhood education; or (2) a baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience in teaching preschool children. Requires all Head Start teaching assistants nationwide in center-based programs to have a child development associate credential or be working toward an associate or baccalaureate degree by such date.

³ Pre-K for All DC Amendment Act of 2008, Bill 17-0537 (section 5-A3565 Professional Development and Training) <http://www.dcregs.dc.gov/Gateway/NoticeHome.aspx?NoticeID=469691>

Moreover, “one-off” trainings tend not to produce changes in the practice among early childhood staff.⁴

An alternative solution to meet Council member Catania’s overall goal would be to fund a team of child mental health specialists to work in a network of children development programs. These specialists would rotate among the District’s centers and:

- a. Conduct mental health and developmental screenings of children; as well as
- b. Provide side-by-side mental health coaching with providers to help them respond to the behavioral health needs of children.

This evidence-based approach would provide higher quality mental health services to our city’s preschoolers and Pre-K students, and also be more effective in changing the immediate practices of staff in child development centers.

Table 1. Overview of Early Childhood Mental Health Specialists Systems⁵

Project Name	Project Summary
<p>Maryland Early Childhood Mental Health Project</p> <p>Administered by Maryland State Department of Education, Office of Child Care</p> <p>Funded by the US Dept of Health and Human Services</p> <p>Serves children birth to five</p>	<p>The Early Childhood Mental Health (ECMH) Project helps identify and address child behavioral issues in early learning environments. The goals of the project are to help children stay in their current child care placement and be able to enter school ready to learn.</p> <p>In each region of the state, consultants are available to help child care providers and parents to work with their children who have problematic social and emotional behaviors. Assistance is also available to help family child care homes and centers to redesign their space and/or programs to better support the social and emotional needs of young children.</p>

⁴ *Early Childhood Professionals*, National Association of the Education of Young Children.
<http://www.naeyc.org/ecp>.

⁵ ZERO TO THREE: <http://zttcfn.pub30.convio.net/public-policy/state-community-policy/>

<p>Pennsylvania's Infant Mental Health Consultation Project</p> <p>Administered by the Office of Child Development and Early Learning, Pennsylvania Department of Public Welfare</p> <p>Funded by US Dept of Health and Human Services</p> <p>Serves children birth to five</p>	<p>In Pennsylvania, early childhood mental health consultants are available to early learning programs at no charge. On-site support consultation may include observation, referrals, parent support, and technical assistance with more targeted referrals.</p> <p>This consultation is provided through six regional Keys (non-profit and local governmental entities).</p>
<p>West Virginia's Behavior Support Specialists</p> <p>Administered by the Child Care Resource and Referral Agency</p> <p>Funded by Department of Health and Human Resources (Child Care Development Fund)</p> <p>Serves children birth to school age (0 to 13)</p>	<p>To support inclusion of children in child care settings and enhance the skills of caregivers, the state-appointed Child Care Resource and Referral (CCR&R) agencies each staff one Behavior Consultant. The consultants help child care providers work with children with special needs or behavior problems. Assistance includes on-site consultation, observation, technical assistance, and professional development to caregivers upon request.</p>

Table 1 summarizes three states' systems, identifying them by state and comparing them across three key program features: age range of children targeted for mental health services, the funding stream, and the purpose.

2. In addition, the bill does not consider the mental health status of early childhood professionals within the child development centers. Research by Marcy Whitebook at the Center for the Child Care Workforce finds that up to 33 percent of early childhood professionals exhibit signs of depression⁶. This is not surprising given the stressful work of child care providers, their low wages, and their lack of basics benefits such as health care. These depressive symptoms negatively affect child outcomes but also could be addressed by the mental health consultants.
3. The bill does not consider the current regulations concerning the licensure and operating standards for child development facilities, codified in the in Chapter 3 of Title 29 of the District of Columbia Municipal Regulations. The Child Care Licensing Unit of the Office of State Superintendent is responsible for the implementation of those regulations, including the inspection and licensure of all child development facilities (both center and home-based programs). There currently is no provision in these regulations requiring staff to receive specialized mental health training.
4. Finally, the bill's requirement that Early Head Start and Head Start programs screen for "developmental disorders" adds limited value to the city's efforts as Early Head Start and Head Start programs, which are already required to do such screening

⁶ Whitebook, Marcy, Child Care Workers: High Demand, Low Wages, Center for the Child Care Workforce, May 1999: <http://ann.sagepub.com/content/563/1/146.abstract>.

under the Head Start Program Performance Standards. See 45 CFR § 1304.20.⁷

a. Section 1304.20(a)(2)(iii) provides that Head Start and Early Head Start programs must, within 90 calendar days of entry (30 days for programs with a duration of 90 days or less), complete an age appropriate preventive and primary health care assessment, which includes medical, dental and mental health. “Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.” The regulation further provides that programs must obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and develop and implement a follow-up plan for any condition identified in § 1304.20(a)(1)(ii) and (iii) so that any needed treatment has begun.

b. Section 1304.20(b)(1) requires screening for developmental, sensory, and behavioral concerns, providing that, within 45 calendar days of the child's entry, the program “must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills...” Section 1304.20(b)(2) requires the program to obtain “direct guidance” from mental health or child development specialist on how to use the child's assessment to address the identified needs.

⁷, available online at

<http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements>

Conclusion

DC Action strongly recommends that current programs and regulations are included in the base of information needed to move forward to make the most comprehensive and robust mental health services for our young children and youth. Mental health services, when executed with fidelity, can meet the most critical needs for our children and prevent the high costs of remediation services. Our responsibility to children warrants our questioning of evidenced-based practice to ensure the demands on the growing mental health needs are met. In the past, despite the recognition of the importance of providing mental health services for young children, the specialized services have often been sporadic and underfunded.

DC Action looks to Mr. Catania to lead this effort of continued dialogue and questioning to address and meet the burgeoning need of mental health services among children, particularly those most hurt by the down economy.

Additional Resources on Early Childhood Mental Health:

Early Childhood Mental Health Consultation Evaluation

http://medschool.umaryland.edu/innovations/ECMHC_evaluations.asp

ZERO TO THREE: Early Childhood Mental Health

<http://www.zerotothree.org/child-development/early-childhood-mental-health/>

West Ed: Healthy Kids, Schools, and Community

www.wested.org/cpei/SocEmotWellBeingDoc.pdf

Erikson Institute: Herr Research Center for Children and Social Policy

<http://www.erikson.edu/hrc/hrcmentalhealth.aspx>

The Georgetown Center for Early Childhood Mental Health

<http://www.ecmhc.org/>

Glossary of Terms

Early Childhood Mental Health (ECMH): social and emotional health or well-being for children and their families up to 5 years of age, with an absence of emotional and behavioral challenges. For the purposes of this brief, we borrowed from ZERO TO THREE Infant Mental Health Task Force's definition as the developmental capacity of the young child to (a) form close and secure relationships; (b) experience, regulate, and express emotions; and (c) explore the environment and learn.

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