Supporting Young Children’s Healthy Social/Emotional Development

ABCD II/GREAT START MINNESOTA PROJECT
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Early Childhood Social/Emotional Development

• “Young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma, loss, and early personal rejection.”

• From Neurons to Neighborhoods
Early Childhood Social/Emotional Development

“Significant parent mental health problems, substance abuse, and family violence impose heavy developmental burdens on young children.”

From Neurons to Neighborhoods
Early Childhood
Social/Emotional Development

Other risk factors

Biological:
• Genetic inheritance

• Exposure to injury, infection, toxicants, nutritional deficiencies (in-utero or after)

• Difficult temperament

*Healthy Generations, January 2002*
Early Childhood Social/Emotional Development

Other risk factors (cont’d)

Social/Environmental:

• Living in high risk neighborhoods

• Discrimination and racism

• Prolonged family stress due to death, divorce, extreme economic hardship, etc.

Healthy Generations, January 2002
Early Childhood Social/Emotional Development

• Neurodevelopmental disorders:
  - ADD/ADHD; pervasive developmental disorders

• Other developmental disorders:
  - Attachment; disorders of regulatory function; disorders of relationship

• Disorders which overlap older children/adult diagnoses:
  - Depression and anxiety (with different manifestations); childhood onset of bipolar disorders and schizophrenia; reaction to trauma
Early Childhood Social/Emotional Development

Due to infants’ and toddlers’ complete dependence on nurturing adults, assessment and diagnosis must take place in the context of the child’s important caregiving relationships.

DC: 0-3R
ABCD II GRANT: Assuring Better Child Mental Healthy Development
3-year learning collaborative of 5 states: California, Illinois, Iowa, Minnesota, Utah

• Strengthen Minnesota Health Care Programs’ (MHCP) capacity to deliver care for young children’s mental health development

• Identify and implement policies and systemic changes that support the provision of preventive and early intervention care by MHCP providers
Great Start Minnesota Project

• Activities build on current and ongoing efforts

• Sustainable: only small component may need additional resources

• Attempts to demonstrate enhanced efficacy and cost-efficiency of integrating efforts to support children’s mental healthy development
Great Start Minnesota Project

Integrated set of activities:

• Prenatal and perinatal mental health screening of parents

• Referrals to services as needed, to include anticipatory guidance for the benefit of infants

• Expansion of children’s mental health screening in several venues (EPSDT, Teen Check up, Follow Along, children in the child welfare system)
Great Start Minnesota Project

• Training for providers of services to young children and their families (pediatricians, primary care physicians, home visiting nurses, mental health professionals, etc.)

• Interventions that are culturally and developmentally appropriate

• Pilot-based exploration of adapting pediatric clinic practice to better integrate services
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- Zero-to-Three DC: 0-3R Diagnostic Classification – cross walk with ICD-9/10 facilitates access to services funded by Minnesota Health Care Programs (MHCP)

- Communication with stakeholder group, culturally specific groups, on project development, mental health, health care disparities, screening, diagnosis, and interventions
Great Start Minnesota Project

• Training of primary care providers on early childhood mental health (CMEs)
• Training of children’s mental health professionals on DC: 0-3R
• Number of providers certified to offer the Children’s Therapeutic Services and Supports (CTSS) benefit
• Collaborations with Head Start and Early Head Start: improving early childhood mental development as a new strategic goal
Great Start Minnesota Project

• Children’s Hospitals (St. Paul) started screening children August 1, 2005, using ASQ: SE, and will continue in 2006

• CentraCare (St. Cloud) is preparing to start screening children in its pediatrics clinic soon
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• Updating of EPSDT provider training manual to more directly address early childhood and children’s mental health

• Legislation enacted to provide postpartum depression education and information to new mothers and fathers departing from hospitals and other health care facilities
Great Start Minnesota

PLANS FOR YEAR 3
Great Start Minnesota Project

- Routine consistent training of both physicians and mental health providers
- Lead in adoption of DC: 0-3R and work with MDH, the U of MN, and other training venues to assure adequate training in use of DC: 0-3R to all providers of CTSS to young children
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- Work with educational institutions to prepare the early childhood mental health workforce, by developing an Infant Mental Health Certificate

- Work with the stakeholder partnership as well as the Minnesota Mental Health Action Group (MMHAG) to configure a new targeted prevention benefit
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• If feasible, expand the MN Health Care Program benefit to include screening of children and parents, targeted prevention, and family psycho education.

• Dissemination and technical assistance on use of the CTSS benefit for young children, including developmentally and culturally appropriate interventions.
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• Expand the number of clinics utilizing the Great Start Minnesota model (Minnesota’s AAP chapter is actively supporting this effort)

• Review of “lessons learned” from two pilot projects for dissemination in the community
References:

Thompson, Dr. Ross, University of California at Davis
Building Healthy Relationships that Promote Positive Social and Emotional Development (slide show presentation)-National Conference of State Legislatures, October 1, 2004

ZERO TO THREE, Fact Sheet, May 2003. Infant Mental Health