
Early Childhood Mental Health in Colorado:

An Environmental Scan of Challenges, Progress and Recommendations for the Social and Emotional Health of Colorado's Young Children

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This report has been prepared for Caring for Colorado Foundation and Rose Community Foundation by JFK Partners at the University of Colorado School of Medicine| Anschutz Medical Campus



Early Childhood Mental Health in Colorado

Contents

| | |
|--|----|
| Executive Summary | 2 |
| Acknowledgements..... | 4 |
| Introduction | 5 |
| Definition of Early Childhood Mental Health | 6 |
| Overview of Early Childhood Mental Health | 6 |
| A Snapshot of Children’s Mental Health..... | 7 |
| The Importance of Early Prevention and Intervention | 7 |
| Philanthropic Investments | 8 |
| Promotion, Prevention and Intervention..... | 8 |
| Expected Results from Philanthropic Investment | 9 |
| Initiatives, Organizations, Programs and Services..... | 9 |
| Early Childhood Mental Health Goal Areas: Where We Are and Where We Need to Go | 12 |
| Public Engagement..... | 13 |
| Professional/Workforce Development | 14 |
| Funding | 17 |
| Program Availability | 19 |
| Integrated System of Care..... | 21 |
| Child and Family Wellbeing | 24 |
| School Readiness..... | 25 |
| Appendix A. Methodology | 28 |
| Appendix B. Colorado’s Early Childhood Mental Health Initiatives, Programs and Resources . | 30 |
| Appendix C. Early Childhood Framework Colorado | 50 |
| Appendix D. Philanthropic investment and partnerships in other states..... | 51 |

Executive Summary

Early childhood mental health is the capacity of children from birth to five years to form close and secure adult and peer relationships, experience, manage, and express a full range of emotions, and explore the environment and learn—all in the context of family, community, and culture.

This developing capacity is inextricably linked to children's cognitive, communicative, and physical development and significantly impacts the wellbeing of every family with young children. To support the healthy development of our young children, it is essential to create a comprehensive system that supports a continuum of mental health services and has the capacity to deliver those services statewide. Despite a growing awareness of the importance of mental health to future wellness and recent progress to address gaps in its current system, Colorado's early childhood mental health system remains inadequate to *promote* the healthy development of its young children, *prevent* problems for those at risk, and *treat* the symptoms of children with diagnosed mental health disturbances.

Rose Community Foundation and Caring for Colorado Foundation have a long history of supporting early childhood mental health in Colorado and together saw an opportunity to collaborate and explore a shared strategy to move the field forward. To that end, the Foundations contracted with JFK Partners, University of Colorado School of Medicine, to identify opportunities and develop recommendations for philanthropy to address the unmet mental health needs of Colorado's young children and their families at the levels of *promotion*, *prevention*, and *intervention* through effective programs and policy solutions.

The resulting environmental scan included comprehensive data from: (1) an extensive review of relevant literature and documents, (2) an analysis of key informant interviews and focus groups, and (3) a summary of early childhood mental health service data. Data were organized to provide an understanding of the current status of, and to support recommendations to build upon, each of the five goal areas identified in Colorado's Early Childhood Mental Health Strategic Plan in 2008. Two additional goal areas were added based on findings from the environmental scan. The seven goal areas are: Public Engagement, Professional/Workforce Development, Funding, Program Availability, Integrated System of Care, Child and Family Wellbeing, and School Readiness.

Despite notable accomplishments and new opportunities related to each of the goal areas, a review of the data highlighted challenges to improving and expanding Colorado's system of early childhood mental health and led to the proposed recommendations. For example, the current workforce is insufficient, and there is a notable lack of incentives and supports for professionals to seek specialized training and remain in the field. While quality programs and services exist, availability is often unequal and limited to certain geographic areas. Despite the importance of early identification and treatment, screening for childhood social and

Early Childhood Mental Health in Colorado

emotional difficulties is inconsistent among providers. Moreover, current Medicaid policies are often not flexible enough to cover treatment appropriate for young children.

The accompanying full report includes recommendations for funders to address these and related challenges as they work with other funders, government, social service agencies, and mental health professionals to find enduring, systemic solutions. Overarching considerations should include:

- Colorado's policy, system and program readiness to address early childhood mental health issues statewide and the ability to integrate early childhood mental health into existing health care coverage and networks,
- The current effectiveness and preparedness of state and local mental health systems to provide access to parents and caregivers,
- The ability to identify and take to scale best models and best practices of effective early childhood mental health care,
- The importance of integrating the perspectives of parents, caregivers, state agencies, childcare providers and health care professionals,
- The need to take account of differences among system capabilities and structures in rural and urban communities.

An overview of each of the seven goal areas with their respective objectives, progress, challenges, opportunities, current direction, and recommendations is provided in the report that follows.

Acknowledgements

We want to express appreciation to our Colorado colleagues who generously shared their expertise and gave their time to reflect on where our state currently is with regard to early childhood mental health and where we still need to go to improve access, availability, and quality of care for all of our state's young children and families. We also wish to thank the experts outside of Colorado with whom we consulted who provided us with a national perspective on these important issues. Last, we want to acknowledge and thank Rose Community Foundation and Caring for Colorado Foundation for recognizing the importance of early childhood mental health to the overall health and wellbeing of Colorado's young children and families and for supporting efforts to identify opportunities for philanthropy.



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Introduction

Early childhood mental health is inextricably linked to children’s cognitive, communicative, and physical development and significantly impacts the wellbeing of every family with young children. Rose Community Foundation and Caring for Colorado Foundation recognize the importance of early childhood mental health and have conducted an analysis of recent progress and current conditions related to the mental health of young children and their families in Colorado. This report provides the results of an environmental scan intended to identify opportunities and support recommendations for philanthropy to address the unmet mental health needs of young children and their families in our state at the levels of *promotion, prevention* and *intervention* through effective programs and policy solutions.

There are a variety of early childhood mental health programs that range from broad-based initiatives targeting the general population to highly specialized services targeting children with severe challenges. Policymakers are expected to make recommendations and changes to state-funded programs, and funders are expected to demonstrate accountable investment where they can achieve the greatest impact. Yet neither may have a comprehensive picture of the interconnected programs and policies that comprise Colorado’s early childhood mental health system. Having a baseline understanding of current programs and the policies that affect how they are delivered and funded is essential when making important decisions about their future. This report establishes such a baseline using data from an environmental scan which included: (1) an extensive review of relevant literature and state-level documents, (2) an analysis of key informant interviews and focus groups, and (3) a summary of early childhood mental health service data. A detailed description of the methodology can be found in Appendix A.

A baby alone does not exist. A baby can be understood only as part of a relationship.

D.W. Winnicott

Children are happy, healthy, and have good relationships with others.

A Colorado parent defining “early childhood mental health”

Definition of Early Childhood Mental Health

Early childhood mental health is defined as the developing capacity of the child from birth to five years to form close and secure adult and peer relationships, experience, manage, and express a full range of emotions, and explore the environment and learn--all in the context of family, community, and culture. ⁱ The terms “early childhood mental health” and “early social-emotional development” are often used interchangeably. For the purpose of this report, we use the term early childhood mental health to mean healthy social-emotional development. In so doing, we recognize the importance of promoting healthy social-emotional development as well as preventing and treating mental health problems.

Overview of Early Childhood Mental Health

There is a growing recognition of the importance of helping young children get a good start in life by providing opportunities for healthy social-emotional development from birth. Early childhood is a critical time for the identification of emotional and behavioral issues, since left untreated, they can have long term detrimental effects on learning, social competence, and overall health and wellbeing. We know that the brain develops especially rapidly during the prenatal period through age three and provides the foundation for children's healthy development throughout life. Cognitive, language, emotional and social abilities are inextricably linked and develop together through the interaction of brain growth and experience. ^{ii iii}

It is critically important for the general public to understand that contrary to popular belief, all children do not have “mental health.” Even in very young children, mental health problems (referred to in children as “serious emotional disturbance” by the federal Substance Abuse and Mental Health Services Administration) can and do exist and are the result of an interaction between genetic predispositions and life experiences. ^{iv} During infancy and toddlerhood, mental health problems might present as an inability to express or manage emotions or form secure attachments with caregivers. During the preschool period, mental health problems might present as challenging behaviors such as being persistently disruptive or consistently quiet and withdrawn in child care settings.

Young children develop in the context of relationships. Findings from both research and clinical work indicate that the emotional quality of the parent-child relationship has a profound effect on the health and wellbeing of young children. Sensitive, responsive and dependable relationships are key to providing the support and encouragement all children need for positive growth and development. ^v Unfortunately, there are a variety of risk factors which can negatively impact the quality of these relationships and in turn, compromise

children's mental health. These include environmental factors such as exposure to violence, chronic fear and stress, abuse and neglect, poverty, maternal depression, parental substance abuse, teenage parents, and foster care and biological factors such as genetic prematurity and low birth weight. These risk factors can result in childhood depression, attachment disorders, and traumatic stress disorders that require appropriate intervention to prevent them from becoming more serious over time. ^{vi}

A Snapshot of Children's Mental Health

Estimates of the number of children suffering from serious mental health problems vary significantly depending on the study cited. A literature review revealed national estimates ranging from 5% to 26%. ^{vii}

Many more children may have difficulties in the social and emotional realm that do not reach the level of "serious" but interfere with the child's optimal development, ultimately affecting their ability to be ready for school and life. The Colorado Child Health Survey (2011) ^{viii} indicates that 16% of Colorado's parents report concerns about their children's emotions, concentration, behavior, or getting along with others. Of these, 64% identify these difficulties as moderate or severe, yet only 25% of these parents reported seeking counseling or treatment.

Approximately 346,000 children under the age of six years live in Colorado. According to the Division of Behavioral Health, approximately 3,640 children under the age of six years, or 1%, receive services through Colorado's public mental health system. ^{ix x} Children under the age of six years with serious mental health problems have the highest unmet need for mental health services in the state (which is calculated by prevalence minus service utilization), with only a 30% penetration rate compared to a rate of 91% for children in Colorado ages six to eleven years of age. ^{xi}

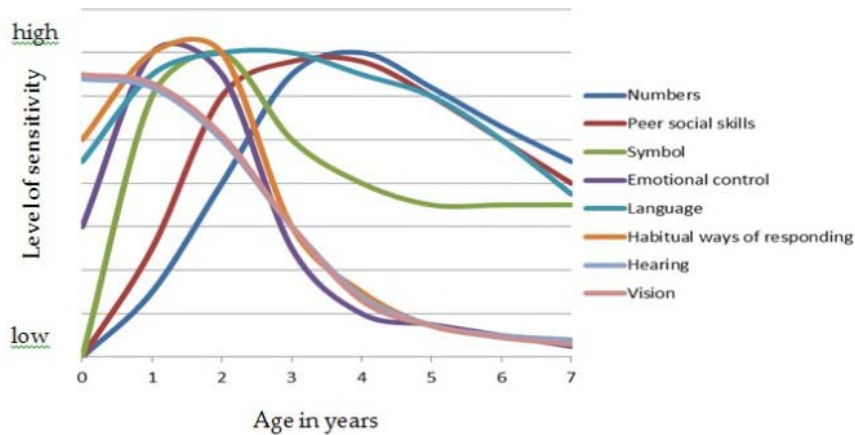
In early care and education settings in Colorado, 11% of care providers report that children under the age of six years in their care demonstrate ongoing and interfering behaviors such as hurting themselves or others, showing disrespect or defiance, or being irritable, mad, frustrated, or withdrawn. Ten out of every 1,000 children or 1% are being removed from their early care and education setting due to challenging behaviors, with family child care homes dismissing children from their care at a rate six times higher than that in child care centers. ^{xii}

The Importance of Early Prevention and Intervention

Effective interventions for children ages birth to three years are essential since this is the time when rapid cognitive, language, social, and emotional development occur. Between the ages of three and five years, development in these areas continues, building on the foundation laid during this earlier critical period. Necessary elements of healthy social-emotional development such as peer social skills, emotional control, and language continue to develop during this time and need to be supported so that young children have

opportunities to engage with and learn from others. Figure 1^{xiii} demonstrates the range of sensitive periods in brain development that occur before children reach school age.

Figure 1. Sensitive periods in early brain development



Philanthropic Investments

Promotion, Prevention and Intervention

Nationally, emphasis tends to be on an early childhood mental health model of *promotion* (available for all children) and *prevention* (impacting children at risk). Programs that support *intervention* are typically not as high a priority for funders as are those that support early learning and health. Reasons for this may vary. Many funders may not be aware that healthy social-emotional development is essential for overall health, wellbeing and success in school and life. Some may want to have the broadest impact on the greatest number of children as possible, and so they support programs that cover the universal population of children or those at-risk with the hope of preventing children from reaching the “deep end.” Other funders view *intervention* and treatment as services covered by insurance companies or public programs for which philanthropic funding is therefore not needed.

Consistent with national trends, there is limited philanthropic investment in early childhood mental health intervention in Colorado, with more focus on promotion of mental health or prevention of mental illness for children at risk. Findings from focus groups and surveys of Colorado funders conducted on behalf of the environmental scan show the following:

Types of Initiatives

87% identified that they fund “direct services, supports or goods”

63% indicated that they fund “infrastructure, systems change or professional development”

25% indicated that they fund “policy”

Level of Intervention

86% indicated that they fund programs and initiatives at the “promotion” level

71% fund initiatives at the “prevention” level

43% support “treatment/intervention”

Expected Results from Philanthropic Investment

Funders of early childhood mental health initiatives primarily rely on grantees to gauge their own success. While the desired outcomes identified by funders are valuable and appropriate for early childhood mental health initiatives, the range of desired outcomes they reported demonstrates that there is limited consistency across funders in expected measures of success for these initiatives. Their responses, which are listed below, ranged from child and family outcomes to program and system outcomes:

Child and Family Desired Outcomes

- Fewer behavior problems and expulsions
- Children are emotionally and socially ready to learn, increasing their likelihood to be successful in school
- Increased social/emotional wellbeing for children
- Greater family and child resiliency

Program and System Desired Outcomes

- Classroom environment that supports positive social-emotional development
- ECE workforce that can support the needs of young children
- Follow-up/referral from screenings
- Increased access to treatment/intervention
- Improved classroom management skills
- Increased number of environments providing early identification and mental health consultation
- Systems change that results in cross systems collaboration between early learning and early childhood mental health

Initiatives, Organizations, Programs and Services

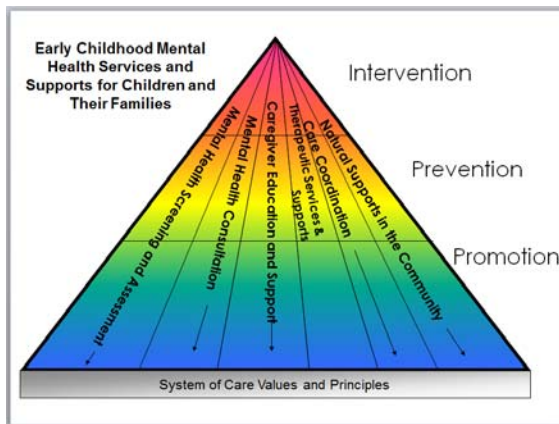
Early childhood mental health services in Colorado are delivered through a variety of early childhood and mental health organizations, providers of child care, health care, and early intervention. Early childhood mental health services exist in a system that is more complex than simply the traditional mental health system. When making decisions about programs and funding, funders and policymakers should consider the complex and interconnected nature of early childhood education, health and mental health programs.

A literature review, discussions with key stakeholders across Colorado and the nation, and reports on the topic of early childhood and early childhood mental health have provided

Early Childhood Mental Health in Colorado

information about what supports and services should be included in a comprehensive system of early childhood mental health care. This information has been documented in Colorado's Early Childhood Mental Health Strategic Plan.^{xiv} Consensus on the categories of early childhood mental health services that need to exist to have a strong, coordinated system are shown in Figure 2.

Figure 2. Early childhood mental health system of services and supports



For this report, a descriptive listing of initiatives, organizations, programs and services has been developed and is included in Appendix B. In summary, Colorado's current early childhood mental health system crosses sectors and, in addition to private mental health practices and pediatric health practices, is made up of:

- membership organizations (10)
- advocacy organizations (10)
- programs and direct services (32)
- resources, information and technical assistance (19)
- training and professional development (15)

While a number of initiatives cross over into more than one category (e.g., a program that offers a direct service might also provide technical assistance), initiatives have been categorized into a primary category. It is important to note that the quantity of initiatives and organizations within these categories does not necessarily tell us about the capability of the state to serve young children. Geographic coverage, program restrictions and program capacity all need to be factored in as one reviews this listing. For additional information about program and service capacity, use of the Colorado Social-Emotional and Mental Health Navigation Guide^{xv} is suggested as a resource to discover more about populations served, goals of the programs, evidence base, and capacity for expansion.

Colorado has been working on early childhood mental health programs and initiatives for over ten years and is home to some of the nation's leading experts in early childhood mental health. However, until recently, a statewide strategy has been lacking. The Blue Ribbon Policy Council for Early Childhood Mental Health was formed in 2004 and developed a strategic plan

Early Childhood Mental Health in Colorado

for fully embracing early childhood mental health across the state. The strategic planning process began when a general consensus was reached that called for better integration, definition, and coordination of Colorado's early childhood mental health systems, services and supports. Key elements that drove the formal strategic planning process were:

- Changes in the way professionals who work with young children view their role and potential to support children's social, emotional and behavioral health
- Enhanced recognition of the importance of preventing mental health problems at an early age
- Increased information on the status of Colorado's young children's social, emotional and behavioral health
- Recognition that traditional mental health services do not adequately meet the needs of young children and their families
- Statewide work to develop a comprehensive system for early childhood that includes mental health as an essential domain

Five goal areas were identified in the Strategic Plan which now serves as a framework for gauging our state's recent progress and current conditions in early childhood mental health. This report is organized by the Strategic Plan goal areas, including:

1. **Public Engagement:** The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children.
2. **Professional and Workforce Development:** All personnel in disciplines working with young children and their families use effective *promotion, prevention and intervention* strategies for mental health.
3. **Funding and Finance:** Financial and human investments and policies regarding children's mental health follow a framework for *promotion, prevention and intervention*, are embedded within Colorado's early childhood system, and demonstrate accountability.
4. **Program Availability and Access:** Colorado families and caregivers are able to easily obtain appropriate and affordable mental health resources and supports for their children and themselves at the *promotion, prevention and intervention* levels.
5. **Integrated System of Care:** A comprehensive, coordinated and effective system of care exists that supports early childhood mental health.

Two additional goal areas emerged as this report was developed. They are included in the organization of, and recommendations in, this report as well:

1. **Child and Family Wellbeing:** Children enter kindergarten socially and emotionally prepared and ready to learn.
2. **School Readiness:** Foster increased family stability and the development of strong bonds between young children and their parents.

Colorado's Early Childhood Mental Health Strategic Plan continues to be reviewed and updated quarterly by the Blue Ribbon Policy Council for Early Childhood Mental Health. The development of this report has provided a useful update to the information in the Strategic

Plan, which was developed in 2008, and a helpful opportunity to focus on specific issues and priorities of interest to the philanthropic community. While the Blue Ribbon Policy Council has developed recommendations from the Strategic Plan, these may differ from the recommendations included in this report in that here the authors have *prioritized recommendations for philanthropic impact*. Recommendations are included in this report based on opportunities that could promote success, the level of evidence that is available regarding the potential success and impact of the recommendation, and those that are strategies that can be employed by philanthropic organizations.

In 2008, the Early Childhood Colorado Framework (Appendix C) was developed to represent Colorado's vision for a system of partners and efforts that will lead to all Colorado children being valued, healthy, and thriving. It was developed as the overarching and unifying vision for a comprehensive early childhood system that encompasses the four early childhood domains of:

- early learning
- family support and parent education
- social emotional and mental health
- health

This report, as well as Colorado's early childhood mental health system, have been developed in the context of the Early Childhood Colorado Framework and the resulting related work of the Colorado Early Childhood Partnership (listed in Appendix B), as well as the Colorado Early Childhood Mental Health Strategic Plan.

Early Childhood Mental Health Goal Areas: Where We Are and Where We Need to Go

The following sections are organized to provide an understanding of the current status and future direction in each goal area of Colorado's Early Childhood Mental Health Strategic Plan plus the two new goal areas that were added for this project. Each goal area is organized to include:

- Objectives
- Progress (related to the Strategic Plan)
- Challenges
- Opportunities
- Current Direction
- Recommendations

PUBLIC ENGAGEMENT

Goal

The people of Colorado have a common understanding of early childhood mental health and embrace and support the healthy social and emotional development of young children.

Objectives

The general public has a shared understanding of:

- The foundational importance of early childhood mental health to overall health, wellbeing, and success in school and throughout life,
- How best to promote early childhood mental health,
- Age-appropriate behaviors for children aged birth through five years and how to recognize when behaviors warrant professional attention.

Progress

- The *Early Childhood Colorado Framework* includes social, emotional and mental health as a priority outcome area. Related work on the *Framework in Action* includes social, emotional and mental health activities.
- Colorado's *Early Learning and Development Guidelines*, which describe what children should know and be able to do from birth to age eight years and focus on supporting children's learning and development in a variety of domains, include social-emotional development as one of the domains.
- The state's 31 Early Childhood Councils include early childhood mental health as a priority. The Councils are community-based partnerships that are working to build a comprehensive system that connects children, families and resources to quality services in education, health, mental health, and family support.
- "Social-emotional development" and "Early childhood mental health consultation services" have been recently (2010) defined in Colorado's *Rules Regulating Family Child Care Homes*. Licensed family child care providers are now required to take three hours of continuing education focused on children's social-emotional development.

Challenges

- There is a lack of key public service messages that reach a wide audience and effectively and consistently communicate the foundational importance of early childhood mental health to overall health, wellbeing and success in school and throughout life.
- Many in the general public are not aware of age-appropriate norms and expectations for young children, particularly with regard to social, emotional, and mental health.
- Many in the general public do not understand that young children can suffer from mental health problems that are serious enough to warrant professional attention.
- The ongoing stigma associated with mental health problems discourages many from seeking professional help for themselves or their children.
- Immigrant and refugee families living in our state may have cultural norms and expectations for young children that are very different from our own mainstream culture.

Opportunities

A successful public engagement campaign must be culturally relevant and address the changing demographics in our state. The Colorado Trust has developed resources for cultural and linguistic competency in mental health which can help to support this endeavor.

Current Direction

Anecdotal reports suggest an increase in public awareness of the importance of early brain development and the impact of the first five years on school readiness and long term health and wellbeing.

Recommendations

Convene early childhood mental health partners, including funders and stakeholders from the Blue Ribbon Policy Council for Early Childhood Mental Health and the Colorado Association for Infant Mental Health (CoAIMH) to:

- Target one key issue with a social marketing campaign. A public perceptions survey would be used to help identify the highest priority issue.
- Review the effectiveness of past social marketing efforts and the relevance of existing materials (e.g., Project BLOOM, ZERO TO THREE) and decide how best to disseminate the information.

PROFESSIONAL/WORKFORCE DEVELOPMENT

Goal

All personnel in disciplines working with young children and their families use effective promotion, prevention and intervention strategies for mental health.

Objectives

- Colorado has adequate numbers of trained professionals at all levels in the appropriate disciplines (e.g., early intervention, early care and education, mental health, medical, child welfare) who have the specialized knowledge, skills, training, and support in early childhood mental health that they need to work effectively with and on behalf of young children and their families.
- Any professional who touches the life of a young child has adequate training in early childhood mental health.
- Recognized standards are in place to assess professional competency in early childhood mental health, and professionals are required to meet them.

Progress

- The Colorado Association for Infant Mental Health (CoAIMH) has grown as a professional organization and is increasingly recognized as a leader in promoting early childhood mental health statewide.
- CoAIMH has developed a website that identifies job opportunities, trainings and resources related to early childhood mental health.
- CoAIMH has joined 14 other states in purchasing and adopting the nationally vetted *Michigan Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting*

Early Childhood Mental Health in Colorado

Infant Mental Health (Colorado Infant/Early Childhood Mental Health Endorsement. The *Endorsement* is one of the first and most comprehensive efforts in the country to identify best practice competencies at multiple professional levels and across disciplines. Eligible professionals range from those who have worked in the early childhood field for at least two years to those who have received a doctorate in their field.

- Social-emotional training is included in Colorado's *Rules Regulating Family Child Care Homes*.
- Colorado's Coaching consortium (www.cocoaches.net) is defining an early childhood coaching system that includes early childhood mental health initiatives as partners.
- JFK Partners offers an annual two-day professional training in Colorado on the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: DC: 0-3R*.
- There is collaboration with health care professionals (through the Assuring Better Child Health and Development (ABCD) initiative and other pilot projects) and child care nurse consultants (through child care early childhood mental health consultation initiatives) on training and resource development in early childhood mental health, including social-emotional screening.
- *Colorado Early Childhood Social & Emotional Interdisciplinary Core Knowledge & Credential* has been developed. It is a voluntary credential with a quality assurance, self-assessment, and professional development framework for practitioners who work with young children and families, and who serve in a capacity to impact their social and emotional health.
- Community college coursework for ECE has been revised to include content that addresses children's social-emotional health.

Challenges

- Colorado lacks adequate numbers of trained professionals at all levels in the appropriate disciplines (e.g., early intervention, early care and education, mental health, medical, child welfare) who have the *specialized* knowledge, skills, training and support they need in early childhood mental health to meet even the current demand for services.
- Many colleges and universities continue to produce professionals who are trained to operate in "silos" rather than in an integrated system of care.
- There is a lack of incentives and supports for professionals to seek specialized training and remain in the field. These include:
 - a) a lack of incentives to seek the *Endorsement*, e.g., no added financial compensation, no requirement making the *Endorsement* a necessary credential for certain professional positions (as has been done by other states that have adopted the *Endorsement*),
 - b) reflective supervision is a requirement for completing the *Endorsement* at certain levels, but since this is a relatively new expectation and model of practice, it is not currently part of our supervisory structure, and
 - c) lack of professional support for early childhood mental health providers which can lead to burnout and a substantial amount of turnover. Turnover affects quality of care since it not only takes time, but it may also be difficult, for children and families in treatment to develop a trusting relationship with a new provider.

Opportunities

- The recent establishment of the Office of Early Childhood provides opportunities for programs to work more closely together, understand gaps, duplication, and efficiencies, and consolidate programming that serves the same population. Having related programs housed in the same office could be a good professional development opportunity to establish consistent expectations across providers.
- The P-3 Professional Development Committee is establishing workforce competencies and embedding early childhood mental health.
- The Colorado Commission on Higher Education reversed an earlier decision made 25 years ago thereby making it possible for Colorado colleges and universities to offer a bachelor's degree in Early Childhood Education. Their decision recognizes the need to professionalize this career, produce more effective teachers who can better help children be ready for kindergarten, and help Colorado meet new federal regulations requiring 50% of early childhood education teachers to have BA degrees in early childhood education or a related field by 2013.
- The adoption of the *Colorado Endorsement for Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health* provides a nationally recognized standard for expertise in infant mental health at multiple professional levels across disciplines.
- A partnership between Weld County (through a federal LAUNCH grant) and CoAIMH has provided an opportunity to promote the *Endorsement* and increase the number of professionals seeking/receiving it.
- The recently awarded Race to the Top: Early Learning Challenge includes strategies to promote professional development in the early childhood workforce through a competency based system that supports both formal and informal education opportunities and allows an evaluation of educator effectiveness linked to Colorado's K-12 system.

Current Direction

- CoAIMH continues to provide ongoing training opportunities as well as to inform professionals about training, mentoring, outreach and support opportunities.
- There is increasing recognition of the importance of the *Endorsement* as a standard for professional competency at multiple professional levels in early childhood mental health and of reflective practice and supervision as an essential component of best practice in early childhood mental health.
- CoAIMH maps their trainings and presentations to the *Endorsement* competencies and is currently finalizing a Reflective Supervision Registry to help professionals meet requirements for *Endorsement*.
- Adoption of the *Endorsement* provides an opportunity to advocate at the policy level for differential reimbursement in health care payment systems.
- There is a growing appreciation of the need for programs to adopt promising practices, research informed best practices, and evidence-based practices in their *promotion*, *prevention* and *intervention* work with children and families.

Recommendations

- Work with Colorado colleges and universities to integrate early childhood mental health competencies (using the *Endorsement* as a guide) into the training of all professionals who work with young children and their families and ensure a collaboration with Colorado higher education programs offering bachelor's degrees in early childhood education.
- Support students in compiling their required "portfolios" for the *Endorsement* prior to graduation to position them to apply for the *Endorsement* as soon as their schooling is completed.
- Fund CoAIMH's efforts to build a sustainable infrastructure to "house" the *Endorsement*, e.g., provide funding for paid personnel to disseminate information and coordinate the application process, increase capacity for reflective supervision, and maintain a Reflective Supervision Registry as well as a registry of all endorsed professionals.
- Promote professional standards and sponsor a review of current payment systems for all levels of disciplines (from paraprofessional through clinician) to determine feasibility of a pay differential and/or other incentives based on demonstration of knowledge and competency through the *Endorsement*, including Medicaid differential reimbursement.
- Review the feasibility of requiring the *Endorsement* as a qualification for certain professional positions.
- Commit funding for the integration of social-emotional models and practices and for professional development and practices that foster the inclusion of children with social, emotional, behavioral and developmental concerns.

FUNDING

Goal

Financial and human investments and policies regarding children's mental health follow a framework for *promotion*, *prevention* and *intervention*, are embedded within Colorado's early childhood system, and demonstrate accountability.

Objectives

- Colorado's early childhood mental health system of care is cost effective, fiscally sound, and sustainable with funding allocated to delivering services in environments where young children and their families naturally are.
- Adequate funding is available to increase the implementation of evidence-based practices in lieu of less effective practices as well as support research and evaluation to assess whether programs, practices and policies are being implemented with fidelity and are having their intended effects.
- Private insurance providers and Medicaid adopt more flexible eligibility criteria that allow payment for services for young children who have recognized mental health difficulties but do not necessarily meet specific diagnostic criteria and for relationship-based treatment for young children and their parents.
- Ensure a voice "at the table" to represent early childhood mental health whenever issues/policies that affect young children and their families, e.g., early care and education, mental health, primary care, health care reform, are under discussion.

Early Childhood Mental Health in Colorado

Progress

- Colorado programs have made investments to provide for currently unfunded/non-reimbursable services, such as program-focused early childhood mental health consultation.
- Foundations are investing in early childhood social-emotional and mental health. Rose Community Foundation is recognized as a valuable community-based funder that is willing to support initiatives others may not find attractive, e.g., intensive, higher end services for smaller numbers of clients such as the Doula project or Fussy Babies.
- The Community Foundation in Boulder County is providing support to nonprofits to help them become more self-sustaining through board development, organization, and technology, which has helped emerging nonprofits supporting early childhood mental health succeed.
- Colorado has developed learning models on which to build, including co-located primary health and behavioral health care services.
- There are increased public investments in early childhood mental health such as the Early Childhood Mental Health Specialists and a focus on social-emotional health in the Medical Home approach.

Challenges

- Even when insurance covers mental health, the coverage is often inadequate to provide the appropriate level of care young children and their families need.
- Reimbursement is often not flexible enough to accommodate a relationship-based treatment model where the parent-child dyad or the family, rather than the individual child, is considered to be the client (billable unit).
- Reimbursement often requires a diagnosis even though the mental health difficulties a child/family may be experiencing do not meet specific diagnostic criteria, which may preclude preventative mental health care in early childhood.
- Early screening and family risk assessment, both considered important for appropriate treatment within an integrated system of care for early childhood mental health, are often not reimbursed (by private insurance or Medicaid).
- There is often a lack of funding for research/evaluation, even though evaluation is essential to assess whether or not programs and services are being implemented with fidelity and are having their intended effect.
- Lack of a consistent set of standardized measures by which to assess progress in early childhood mental health.
- Early childhood discussions in Colorado consistently lack a mental health voice, essentially making early childhood mental health either an afterthought or a forgotten domain, primarily because there is no consistent advocate to represent the interests of the early childhood mental health community in systems discussions.
- There is less philanthropic emphasis on funding policy-related activities or initiatives, although policy issues are often at the heart of barriers to long-term sustainability of programs or direct services.

Opportunities

- Funding of the Pyramid Plus Center has enhanced its presence and provides a model of a partnership that includes public funding, Mile High United Way, the Colorado Health Foundation, and the University of Colorado. This partnership has helped to sustain the program and move early childhood mental health forward in Colorado.

Early Childhood Mental Health in Colorado

- Although there is no funded advocate for early childhood mental health at this time, the Blue Ribbon Policy Council and CoAIMH, both volunteer membership organizations, help to promote and “keep an eye on” relevant issues in the state.
- The creation of Colorado’s Office of Early Childhood within the Department of Human Services serves as an opportunity to consolidate and better administer early childhood programs in Colorado, including early childhood mental health. There is a dedicated position for early childhood mental health within the Office, but there is insufficient funding to fully support it. This position could help to address many of the issues, challenges and recommendations made in this report, and therefore is itself an opportunity to move forward.

Current Direction

- Funding tends to focus on promotion and prevention even though there is a need to support a full continuum of services that includes treatment and intervention.
- Efforts have been successful, in limited ways, to financially support strategies that help providers, communities and families better understand early childhood mental health choices, programs and initiatives in Colorado. However, there is still a need for a more comprehensive and robust system for navigating early childhood mental health resources in the state.
- Though limited, evaluations are being conducted on a number of current programs that are being implemented, e.g., early childhood mental health consultation, Pyramid Plus, and The Incredible Years.

Recommendations

- Collaboratively fund up to 50% of the Early Childhood Mental Health Program position within the new Office of Early Childhood with a condition that this is a short-term public-private partnership to support the position until a longer term state level sustainability strategy is in place. This individual can also serve as a consistent voice who can “be at the table” to represent the interests and maintain the visibility of the early childhood mental health community across departments/task forces/systems.
- Host working sessions with private insurance providers and Medicaid to promote relationship-based payment for young children and their caregivers/family and payment for treatment of behavioral challenges that do not meet specific diagnostic criteria.
- Commit to a funding strategy for early childhood mental health program evaluation that is based on outcomes and intended effects.

PROGRAM AVAILABILITY

Goal

Colorado families and caregivers are able to obtain appropriate and affordable mental health resources and supports for their children and themselves at the *promotion, prevention* and *intervention* levels.

Objectives

- A system exists that parents can easily navigate to access the care their young child/family needs.

Early Childhood Mental Health in Colorado

- Every young child and family in need of a mental health provider has access to one who is qualified to provide the specialized services they require and accepts their insurance.
- Primary care practices adopt an approach that emphasizes a close relationship with parents in addressing the physical, emotional, and cognitive development of young children.

Progress

- There has been more investment by Early Childhood Councils in social-emotional and mental health resources and system development.
- The Colorado Department of Education Teaching Pyramid initiative has been implemented in an increased number of school districts.
- Pilots and models of early childhood mental health consultation in child care and primary/pediatric health care continue to be implemented.
- Capacity to provide more direct services for outpatient and in-home services (e.g. through the Harris Program) has increased.
- Medical and research fellows are spending more time in early childhood mental health.
- The recently developed Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide has been launched.

Challenges

- Access to quality programs and services is unequal across Colorado because it is dependent on the geographic area where a family lives as well as the type of insurance coverage they have.
- Specific programs and initiatives have proven to be effective, but they are not widely available due to capacity and financial limitations (Appendix B identifies the level of evidence for programs in Colorado).
- The Kempe Therapeutic Preschool closed in August 2011 after nearly 40 years of serving the community by providing day treatment level psychiatric services for preschool children. There is now only one other program in metro Denver providing such services for the many children who have endured significant abuse and trauma and demonstrate high levels of behavioral and psychiatric impairment.
- Even when early screening is done and problems are identified, providers do not know where to refer families for follow up and treatment. In part, this relates to the lack of a comprehensive statewide database of qualified providers which includes information about their training and qualifications, including their *Endorsement* status, where they practice, type of payment they accept, etc.

Opportunities

- The Affordable Care Act may provide the opportunity to count young children as “covered lives” with regard to mental health services and to ensure there is the capacity to serve them.
- Maternal, Infant, and Early Childhood Home Visiting provided funding to expand home visitation to 15 Colorado counties. Home visitation can provide a comfortable and effective mode of service delivery and possible early identification of mental health difficulties.
- There have been pilots of early childhood mental health consultation in limited geographic areas of the state.

Early Childhood Mental Health in Colorado

- A subcommittee of the Blue Ribbon Policy Council for Early Childhood Mental Health has developed a Brief that includes a set of recommendations for a sustainable early childhood mental health consultation infrastructure. This represents an agreed upon blueprint for moving consultation forward in our state. This model has the ability to serve children at the levels of *promotion, prevention and intervention*, including clinical knowledge when treatment is needed beyond the scope of an early childhood classroom teacher or family child care provider.

Current Direction

- Adoption of Early Childhood Mental Health Consultation as a model of practice.
- Inclusion of Early Childhood Mental Health Specialists in community mental health centers.
- The Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide should make it easier for parents and professionals alike to locate appropriate services.

Recommendations

- Increase the availability of Early Childhood Mental Health Consultation to early care and education programs throughout the state.
- Support Early Childhood Mental Health Consultation as a recommended model of practice in other environments, including home visitation programs, primary care and pediatric practices. There would be benefit to explore the effects of having a consultant available to OB/GYN practices to address post-partum issues such as maternal depression and the impact of these issues on infants and the infant/parent relationship.
- Commit to funding maintenance of the Colorado Early Childhood Social-Emotional and Mental Health Navigation Guide for solicitation of new program and service information. This would enable families and providers, especially those in rural areas, to find services and programs in their community. This would entail surveying service providers, data entry, and monthly hosting of the Guide.

INTEGRATED SYSTEM OF CARE

Goal

A comprehensive, coordinated and effective system of care exists that supports early childhood mental health.

Objectives

- Colorado's early childhood mental health system of care follows the public health model of *promotion, prevention, and intervention*. Successful implementation of a public health approach requires that other child-serving systems and sectors identify themselves as partners in a *comprehensive* and *coordinated* children's mental health system. The system would include:
 - a) the coordination and sharing of information among the various professionals (e.g., mental health, primary care, psychiatry, child welfare) who treat or work with families, using a medical home approach for coordination of services,

Early Childhood Mental Health in Colorado

- b) universal early screening for social and emotional difficulties that includes evaluation of family risk so that problems can be identified and appropriate services can be provided early,
- c) the integration of mental health services into primary care, early care and education settings, home visitation, and WIC to meet families where they are, and
- d) ready access to psychiatric consultation for mental health providers and primary care physicians (especially for prescribing appropriate prescription medications).
- Establish implementation outcomes to assess whether programs and policies are being implemented with fidelity.

Progress

- Care Coordination Community of Practice has become stronger and is connecting with other care coordination systems in the state, including the Accountable Care/Regional Care Collaborative Organizations.
- Colorado Child Health Access Program (CCHAP) and Assuring Better Child Health and Development (ABCD) have had success in ensuring children are receiving coordinated care in medical homes.
- Healthy Steps is included as one of the home visitation program model options through the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) in Colorado.

Challenges

- Mental health is not fully integrated into other services for children and families but needs to be, e.g., primary care, Child Find or Part C.
- There is a lack of collaboration among professionals due to a variety of factors, i.e., inadequate resources, time, qualified workforce, cultural barriers, communication barriers and training which often does not teach professionals to work across disciplines.
- There are perceived barriers (e.g., related to HIPAA restrictions) to sharing information among the various providers who may work with a family, e.g., special education, early care and education, mental health, physical health. These barriers interfere with appropriate follow up and follow through for clients.
- There is no child-specific data system to help the various providers who work with young children and their families identify the care pathway that children follow, from screening at well-child visits through to referral and follow-up care. Such a data system could contribute to a better accounting of the results of developmental screening (including autism and social-emotional screening) statewide. This directly relates to one of the key results that has been identified in Colorado's early childhood Results Based Accountability (RBA) work, that is, to assess how our state is doing in supporting children's healthy development.
- Few policy makers have "hands on experience" and therefore develop policies that might not work in practice.
- There is no connection between what a policy proposes and how the policy is actually implemented in practice. There are presently no consistent standards by which to measure accountability.

Opportunities

- The work of the Blue Ribbon Policy Council for Early Childhood Mental Health continues to advance early childhood mental health in Colorado.

Early Childhood Mental Health in Colorado

- The ongoing development of an Infant Toddler Policy Agenda that has been facilitated by ZERO TO THREE in Colorado.
- A committee of the Blue Ribbon Policy Council for Early Childhood Mental Health is currently exploring what is needed to establish an infrastructure for Early Childhood Mental Health consultation.
- There are anticipated medical home changes related to healthcare reform in Colorado; Regional Collaborative Care Organizations are working to ensure a medical home for eligible populations.
- Project CLIMB, a collaboration among the University of Colorado, Children's Hospital Colorado, Rose Community Foundation and the Colorado Health Foundation, provides integrated care for young children.
- Advancing Care Together (ACT), sponsored by the Colorado Health Foundation, supports the integration of mental health, substance use, behavioral change, and primary care for individuals across the lifespan.
- Colorado has a Care Coordination Community of Practice that is developing a resource toolkit that includes standards, definitions and outcomes for care coordination. This Community of Practice has representatives and linkages to many of the care coordination initiatives in the state and has taken a leadership role in facilitating communication across care coordination, case management and service coordination efforts around the state.
- Colorado has recently (2012) received a four-year System of Care Implementation Grant funded by the Substance Abuse and Mental Health Services Administration. Colorado will be developing trauma-informed services and training family advocates to assist families whose children are experiencing difficulties. A model of service delivery known as a care management entity, which will blend funds, integrate services and supports, and serve as the locus of accountability for care across systems will be tested.
- A strategic planning process focused on Psychiatry and Behavioral Sciences services at Children's Hospital Colorado will be conducted during 2013. There are plans for an environmental scan that will include previous work done by the Hospital and other stakeholders in Colorado.

Current Direction

- The Strategic Plan for Early Childhood Mental Health continues to serve as a model for moving forward in building a system of care.
- Mental health services are being integrated into primary care.
- There is growing recognition of the importance of having mental health care providers integrated with primary care; this helps to lessen the stigma and allows for an immediate "warm hand off" from primary care to mental health.
- Children's Hospital Colorado is currently conducting a pilot project in which psychiatric consultation is being provided free to a number of private medical practices (modeled on the Massachusetts Child Psychiatric Access Project).
- Health Care Reform and the establishment of the new Office of Early Childhood should provide increased opportunities to work together for effective preventive services.
- The Behavioral Health Transformation Council is working to create a comprehensive and integrated behavioral health system for Colorado.

Recommendations

- Identify models of integrated physical and mental health care that are best practices. Activities to do this should include:

- a) collect data on prevalence of integrated care models in Colorado, outcomes of these models, and the process by which these models function.
 - b) solicit responses from providers on how integrated care models are working, including recommended improvements and challenges.
 - c) assess the need for care coordination within integrated care models to assist families in accessing needed services and explore the relationship between this need and the development of care management entities through the 2012 SAMHSA Implementation Grant, using the Colorado Care Coordination Community of Practice as a resource for guidance.
- Explore the feasibility of a sustainable statewide program (such as the Massachusetts Child Psychiatric Access Project) that provides physicians with access to psychiatric consultation for patients regarding medication or need for services.
 - Conduct a feasibility study for developing a data system to facilitate collection of developmental, autism and social-emotional screening information at the physician/practice level. This study should include a review and analysis of implementation issues for providers and families to ensure that there are online screening applications that allow for direct reporting into an electronic medical record and that there is minimal additional burden on either families or health care providers.

CHILD AND FAMILY WELLBEING

Goal

Foster increased family stability and the development of strong bonds between young children and their parents.

Objectives

- Better mental health for young children and families fosters increased family stability and the development of strong bonds between young children and their parents.
- A decrease in the number of families with child welfare involvement.

Challenges

- Families consider mental health issues “private family matters” and do not seek professional help to address them.
- The stigma that is still associated with mental health issues. Stigma can prevent families from seeking help or from acknowledging that they need help.
- Since children develop in the context of relationships with their parents, parental depression is likely to affect not only the mental health of the parent but compromise their children’s mental health as well.
- There are inadequate resources to provide parent education, to address parents’ concerns about their children, or to meet their needs for more specialized types of services such as respite care.

Opportunities

- The Fussy Baby Network Colorado helps to reduce stigma and normalize the difficulties new parents may experience in dealing with the myriad changes and stressors a new baby brings.

Early Childhood Mental Health in Colorado

- Innovative programs working to promote child and family wellbeing through professional training and direct services include the Maternal, Infant and Early Childhood Home Visitation Program, Irving Harris Program (University of Colorado, the Harris Foundation and the Kellogg Foundation), and the Piton Foundation's Children's Corridor (20 year investment in underserved communities to support community transformation across domains with a focus on social-emotional wellbeing that is not limited to early childhood).

Current Direction

Recognition of the high incidence of postpartum mood disorder has led to more widespread screening for new mothers at least in some programs, e.g., Project Climb at Children's Hospital Colorado during newborn visits and at University Hospital for mothers who deliver there.

Recommendations

- Support a focused effort at the levels of promotion (universal awareness about strategies to promote healthy relationships and children's social-emotional health), prevention (mechanisms for parents to get immediate help and find resources when they or their children are having social and emotional difficulties), and intervention (improve access to treatment for parents and their children when needed) that includes:
 - a) increased screening for maternal and paternal depression, stress, and related mental health issues,
 - b) increased availability of parenting education through early care and education, the schools and primary care, and
 - c) increased access to early childhood mental health resources for the child welfare system for children who have entered the system, their parents, and their foster or kin care providers.

SCHOOL READINESS

Goal

Children enter kindergarten socially and emotionally prepared and ready to learn.

Objectives

- More children enter kindergarten socially and emotionally prepared and ready to learn.
- Children have fewer challenging/concerning behaviors leading to fewer expulsions from school.

Challenges

- Early childhood mental health is often not an important focus in the training or practice of early care and education providers.
- Early care and education providers are often not reimbursed or compensated for continuing education or professional development.

Opportunities

- Colorado's Early Learning and Development Guidelines which describe what children should know and be able to do from birth to age eight years and focus on supporting children's learning and development in a variety of domains, include social-emotional development as one of the domains.
- Kindergarteners in some districts will begin taking Teaching Strategies Gold (formerly Creative Curriculum), a comprehensive research-based assessment that supports effective teaching and child development and learning, in the School Readiness Assessment Pilot. This assessment measures their academic readiness to learn *as well as their social and emotional readiness*. The goal of the Pilot is to identify promising practices for implementing school readiness assessment and planning in public kindergartens in Colorado. It is anticipated that all districts will use the test within two years.
- The recent \$30 million grant from the Race to the Top: Early Learning Challenge (US Department of Education and US DHHS) will help accelerate Colorado's plans to improve school readiness for kindergarten, increase access to high-quality early learning programs, and develop the capacity of people, programs and places serving children with the highest needs.

Current Direction

- Increased availability of Early Childhood Mental Health consultants to address behavioral issues prior to school entry should help to increase the number of children who are socially and emotionally ready for school and reduce the number of expulsions from early care and education settings.
- With the revision of Colorado's *Early Learning and Development Guidelines*, consistent use of *Results Matter*, and movement toward universal Kindergarten readiness assessment, Colorado continues to move in the direction of identifying children's developmental, social, emotional, and academic preparedness and of providing individualized planning to help children meet readiness targets.

Recommendations

- Monitor the implementation of Race to the Top to ensure that early childhood mental health remains a priority.
- Fund programs that support social-emotional development in kindergarten through third grade that incorporate best practices from early childhood mental health, e.g., Incredible Years for school-aged children.

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Early Childhood Mental Health in Colorado

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- ^{vii} Brauner, C.B. & Stephens, C.B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public Health Reports*, 121, 303-310.
- ^{viii} Colorado Department of Public Health and Environment (2011). *2011 Colorado Child Health Survey Questionnaire*. Retrieved from <http://www.chd.dphe.state.co.us/Resources/mchdata/CHS2011Final.pdf>
- ^{ix} Colorado Division of Behavioral Health, personal communication, September, 2012.
- ^x Colorado's public mental health system currently includes 17 Community Mental Health Centers (CMHCs), 5 Behavioral Health Organizations (BHOs) and 6 specialty clinics. The Colorado Department of Health Care Policy and Financing contracts with BHOs to ensure medically necessary mental health services to Medicaid recipients. The Colorado Department of Human Services, Division of Behavioral Health, contracts with CMHCs to provide mental health services to non-Medicaid recipients, subject to available appropriations
- ^{xi} Western Interstate Commission for Higher Education. (2009). *Colorado Population in Need – 2009*. Boulder, CO.
- ^{xii} Hoover, S.D., Kubicek, L.F., Rosenberg, C. R., Zundel, C., & Rosenberg, S. A. (2012). Influence of behavioral concerns and early childhood expulsions on the development of early childhood mental health consultation in Colorado. *Infant Mental Health Journal*, 33 (3), 246-255.
- ^{xiii} Graph developed by the Council for Early Development (Nash, 1997; *Early Years Study*, 1999; Shonkoff, 2000). *The Science of Early Child Development* (retrieved November 1, 2012 from http://earlylearning.ubc.ca/media/uploads/publications/cecd_2010_the-science-of.pdf)
- ^{xiv} Blue Ribbon Policy Council for Early Childhood Mental Health (2008). Retrieved November 1, 2012 from http://earlychildhoodcolorado.org/inc/uploads/Blue_Ribbon_Strategic_Plan_Early_Childhood.pdf
- ^{xv} www.tinyurl.com/ecmh-navigation-guide

Appendix A. Methodology

The goal of this project was to identify opportunities for philanthropy to improve early childhood mental health in Colorado at the levels of *prevention*, *promotion*, and *intervention* through proven programs and effective policy solutions. To achieve this goal: (1) a state and national environmental scan of existing programs, policies, and philanthropic investments was conducted, (2) a demographic summary of the mental health needs of children ages five and under in Colorado was completed, and (3) an inventory of state priorities, opportunities, challenges, and funding needs was compiled and analyzed. Over the course of this project, a variety of resources and methods was used to gather the necessary data to complete these tasks/meet these objectives.

These included:

Colorado and national reports and documents related to early childhood mental health needs at the levels of *promotion*, *prevention*, and *intervention* were reviewed.

A comprehensive literature review of Colorado initiatives, organizations, programs, services, trainings and resources that impact early childhood mental health at the levels of promotion, prevention, and intervention was conducted.

A review of local and state demographic information for children ages five and under related to early childhood mental health, risk factors for serious mental health difficulties, and the percentage of Colorado's young children in need of mental health services was completed.

Four focus groups involving 28 funders and other recognized stakeholders/leaders in Colorado's early childhood and early childhood mental health communities were convened to discuss a standard set of questions focused on expected outcomes, issues and challenges, common practices, policies and strategies, and funding priorities. Funders also addressed additional questions specifically related to their philanthropic work; the other three non-funder groups addressed additional questions focused on programs, services, and Colorado's system of care for early childhood mental health. The four focus groups were scheduled for approximately two hours each as follows: (1) Colorado funders (August 9, 2012), (2) policy and system of care stakeholders (August 16, 2012), (3) mental health providers and primary care physicians (August 17, 2012), and (4) Blue Ribbon Policy Council for Early Childhood Mental Health members (August 31, 2012). In addition, from August through October, individual interviews were conducted with three mental health providers from Denver and three pediatricians from rural Colorado who were not able to attend the focus groups. In September, a number of funders also responded to a set of follow-up questions related to their focus group discussion.

On August 27 and 28, 2012, a policy analyst from the ZERO TO THREE Policy Center met with JFK Partners in Denver to provide a national perspective on the focus group questions addressed by Colorado policy and system of care stakeholders, providers, and Blue Ribbon Policy Council members.

Early Childhood Mental Health in Colorado

On September 18, 2012, an interview was conducted with a program associate from Grantmakers for Children, Youth & Families to provide a national perspective on the focus group questions addressed by funders.

As was noted above, some of the questions were addressed to all participants and other questions were addressed only to funders or only to non-funders. *For each question*, focus group and interview responses were combined across all participants who responded to the question and assigned to one of seven goal areas. Five of the goal areas are from Colorado's Strategic Plan for Early Childhood Mental Health, namely, public engagement, professional and workforce development, funding and finance, program availability, and system of care, and two are new additions, namely, child/family wellbeing and school readiness. Within each goal area, responses were prioritized based primarily on how representative they were of the total responses made to that question.

In writing this report, the authors relied on their knowledge, expertise and understanding of the field gained over a combined thirty years of work in early childhood mental health.

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Appendix B. Colorado's Early Childhood Mental Health Initiatives, Programs and Resources

(In Alphabetical Order)

Advocacy

Colorado Association for Infant Mental Health (CoAIMH)

A nonprofit organization of volunteers working to promote infant mental health education and research, advocate for the use of evidence based programs, and facilitate networking and cooperation between programs that are concerned with optimizing infant development and relationships. Additionally, CoAIMH works to promote prevention and early intervention programs and back local and state policies promoting family and infant mental health.

Colorado Children's Campaign

A nonprofit, nonpartisan advocacy organization that serves as a voice for children at the state Capitol. The Campaign is committed to championing policies and programs that will positively impact the lives of children across the state and ensuring that children are a priority in policy decisions. They advocate for increased access to quality early learning programs, improved quality in early childhood care centers and learning centers, and expanded support to families. Additionally, they focus on ensuring all of Colorado's children have access to high quality affordable health care, healthy food environments, and high-quality K-12 education.

Colorado LINKS for Mental Health Initiative

The mission of LINKS is to promote partnerships among state agencies and key stakeholder groups by weaving together existing efforts to create a more coordinated continuum of mental health services for Colorado children, youth, and families. This initiative aims to fully engage communities, youth and families in developing behavioral health system reform and playing leadership roles in implementation and long-term activities within the system.

Colorado Mental Wellness Network

Housed at the Mental Health of America of Colorado, this network aims to empower Coloradans affected by mental health conditions to achieve wellness and further recovery through advocacy tools and peer support. It is a statewide grassroots organization run by and for consumers and is working to build a strong effective advocacy network of individuals with mental health conditions through education, advocacy and peer services.

Early Childhood Health Integration Initiative

Supports Colorado's 31 Early Childhood Councils with technical assistance from the Colorado Department of Public Health and Environment. In partnership with The Colorado Trust, this initiative aims to better integrate health services into their early childhood system development efforts.

Early Childhood Mental Health in Colorado

Early Childhood Leadership Commission

From the office of Colorado's Lieutenant Governor, this commission aims to improve outcomes for young children ages birth to eight and their families by advancing the alignment, coordination, and efficiency of programs and services within the context of the Early Childhood Colorado Framework. This Framework ensures children have high quality early learning supports and environments and comprehensive health care, families have meaningful community and parenting supports, and early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

The Federation of Families for Children's Mental Health-Colorado Chapter

A family-driven and family-run non-profit organization that helps families of children with mental health issues maneuver through the behavioral health care system in Colorado by providing education, support, advocacy and promotion of mental health needs of children and families. They also provide a voice for these families through advocacy, leadership, technical assistance, and collaboration.

Invest in Kids

Invest in Kids partners with community leaders, care providers, and donors to focus their efforts on the specific needs of children in low-income families. Their commitment is to improve the health and wellbeing of young children in Colorado by bringing research-based, proven programs such as Nurse Family Partnership and The Incredible Years into communities across the state.

Mental Health America of Colorado

This organization works to collaborate, promote and expand access to mental health services striving to ensure every person in Colorado has access to high quality services for all mental health and substance abuse issues. They also provide resources for postpartum depression including a section for dads.

The Children's Corridor (Piton Foundation)

The idea of this division of Piton funding is to give Colorado children living in the Corridor (a 14-mile stretch of north-east Denver where two-thirds of the children experience poverty, underperforming schools, undereducated parents, poor nutrition, unsafe neighborhoods, or some combination of these) the right start. Piton supports focusing community resources, energy and ideas to create more effective, affordable and accessible high quality health, mental health, wellness and educational services from conception to career. The overarching goal of the Piton Foundation is to develop and implement programs to improve education, expand economic opportunities for families, and strengthen lower-income communities.

Membership Organizations

Behavioral Health Transformation Council (BHTC)

Housed within the Colorado Department of Human Services as part of the Office of Behavioral Health and pursuant to S.B. 10-153, Governor Bill Ritter created the BHTC to advise the work of the Behavioral Health Cabinet. The responsibility of the BHTC is to set priorities for the Cabinet to reduce the economic and social costs of untreated behavioral health disorders and

Early Childhood Mental Health in Colorado

systematically transform Colorado's behavioral health system from one that is fragmented and compartmentalized into one that is streamlined, efficient, and effective for the State's citizens.

Blue Ribbon Policy Council for Early Childhood Mental Health

This council developed in 2003 as a collaboration of three major early childhood initiatives and the Division of Behavioral Health to focus on comprehensive system building. It developed a strategic plan in 2008 which continues to serve as a roadmap for policies that support the social/emotional wellbeing of children and their families and helps ensure that the principles of the system of care for young children guide the work. This plan is updated regularly by the Blue Ribbon Policy Council for Early Childhood Mental Health to reflect the current early childhood climate.

Colorado Behavioral Healthcare Council (CBHC)

A non-profit, membership organization representing Colorado's network of community behavioral healthcare providers, which includes Colorado's community mental health centers (MHCs), specialty clinics and behavioral health organizations (BHOs). CBHC provides a network of high quality therapeutic and community resources accessible to Colorado residents and their families.

Colorado Interagency Coordinating Council (CICC)

A governor appointed body that is mandated by federal law to advise and assist the lead agency in implementing the requirements of Part C of the Individuals with Disabilities Education Act. They hold quarterly meetings that are open to the public to address any relevant topics or concerns. Additionally, this council is housed under Early Intervention Colorado and supports activities promoting inclusive communities that enhance a culturally competent quality of life for children aged birth to three and their families.

Early Childhood Colorado Partnership

The Early Childhood Colorado Partnership is a network of partners from state and local agencies, statewide nonprofits, local early childhood councils, foundations and universities committed to ensuring the vision of the *Early Childhood Colorado Framework* is effectively implemented in Colorado. The Partnership provides the space and conditions for diverse partners across the comprehensive early childhood system – encompassing health, mental health, family support and early learning – to come together and identify common results, share best practices, implement strategies and track progress towards child outcomes and systems performance improvement. To do this, the Early Childhood Colorado Partnership uses a results-based approach to develop, guide and inform its collective work.

Early Childhood Council Leadership Alliance (ECCLA)

A coalition dedicated to providing leadership, innovation, influence and local perspectives. The ECCLA strives to support a high quality early childhood system to positively affect the lives of young children and families in Colorado.

Family Resource Center Association (FRCA)

Sustains the work of Colorado's 23 family resource centers across the state and empowers families to raise healthy children. Family resource centers work with the entire family to

Early Childhood Mental Health in Colorado

become more self-reliant in areas such as parenting, health, education, employment, housing and financial management.

Medical Home Coalition

Colorado Medical Home Coalition consists of more than 40 people representing various agencies, families, hospitals, organizations and policymakers. This coalition engages in statewide planning for the work of the Colorado Medical Home Initiative, which is dedicated to building a sustainable system that delivers quality health care for all children. Positioned within the Colorado Department of Public Health and Environment as the lead agency, the Colorado Medical Home Initiative is a facilitator in identifying barriers while promoting solutions in developing a quality-based system of health care for children.

Mental Health Advisory Committee

Operating within Colorado's Department of Health Care Policy and Financing this is a stakeholder Advisory Committee charged with the purpose of exchanging information and identifying, evaluating and communicating issues related to Colorado Medicaid Community Mental Health Services Program. Represented stakeholders are: Behavioral Health Organizations, Mental Health Program service providers, developmental disabilities community, Colorado Psychiatric Society, Colorado Community Health Network and homeless initiatives, adults who receive services through the Mental Health Program, parents of children/youth who receive services through the Mental Health Program, and parents of adults who receive services through the Mental Health Program.

Mental Health Planning & Advisory Council (MHPAC)

This Council was created within the Colorado Department of Human Services as a result of federal legislation which required states to perform mental health planning to receive federal Mental Health Block Grant Funds. Membership in the Council must include stakeholders such as mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances. The purpose of Colorado's MHPAC is to: exchange information and develop, evaluate and communicate ideas about mental health planning, write and amend strategic plans for mental health services in the State of Colorado, advise the Colorado state government concerning proposed and adopted plans for mental health services provided by the state and their implementation, monitor, review and evaluate the allocation and adequacy of mental health services in Colorado and advise the state government about the need for and quality of services and programs for persons with mental illness, and develop and take advocacy positions concerning mental health legislation and regulations.

Programs and Direct Services

The following programs and direct services have been rated with regard to their level of evidence *when this information has been provided by the program or service. No rating means that the information has not been provided.* The following coding will be used for those programs/services that have identified a level of evidence.

(RB) Research Based Best Practice - An initiative, program, activity or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation and published in a peer reviewed academic journal.

Early Childhood Mental Health in Colorado

(FT) Field Tested Best Practice - An initiative, program, activity or strategy that has been shown to work effectively and produce successful outcomes and is supported to some degree by subjective and objective data sources.

(PP) Promising Practice - An initiative, program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

(E/IP) Emerging/Innovative Practice - An initiative, program, activity or strategy that makes use of an approach that is new, innovative or unique in method or population served. Because of the emerging or innovative nature of the program, evaluation data may not be available yet or may be difficult to obtain.

Assuring Better Child Health & Development Colorado (ABCD)

This project works with families, pediatric health care providers, community members and child care providers to help identify as many children in need of early intervention as possible. This is done by incorporating screenings for developmental delays, postpartum depression, and autism within the family's primary care environment. When a child or family screens positively in one of these areas, ABCD focuses on ensuring these children and families are successfully connected with the services and resources they need.

Behavioral Health Organizations (BHOs)

Colorado has a statewide managed care mental health program that provides comprehensive mental health services to all Coloradans with Medicaid. Medicaid members are assigned to a Behavioral Health Organization (BHO) based on where they live. BHOs arrange or provide for medically necessary mental health services to clients in their service areas.

Behavioral Healthcare, Inc. (BHI)

Serving Adams, Arapahoe, and Douglas Counties, this Behavioral Health Organization is a non-profit Managed Care Company. BHI strives to promote mental health service delivery by using a strengths based approach, individualizing care, and ensuring a broad variety of mental health services are available to members. Their website provides an article addressing children and mental health, which also offers national resources for children and mental health.

Colorado Access

As Denver county's Behavioral Health Organization, this nonprofit health plan provides direct access to needed behavioral and physical health services for members and indirect services to underserved Coloradans through its partners. Colorado Access is sponsored by Children's Hospital Colorado, Colorado Community Managed Care Network and University of Colorado Hospital/University Physicians, Inc.

Colorado Health Partnerships (CHP)

Early Childhood Mental Health in Colorado

This Behavioral Health Organization serves Alamosa, Archileta, Baca, Bent, Chaffee, Conejos, Costilla, Crowley Custer, Delta, Dolores, Eagle, El Paso, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Ouray, Otero, Park, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit, and Teller Counties. It provides a recovery driven system of care to Medicaid eligible members. CHP focuses on helping their members achieve their personal goals in all areas of their life.

Foothills Behavioral Health Partners

This Behavioral Health Organization serves Boulder, Broomfield, Clear Creek, Gilpin and Jefferson Counties. They manage the mental health benefits for residents of these counties who are enrolled in Medicaid. Their commitments are to treatment, recovery, prevention and development of resiliency to mental illness and emotional problems adults and children.

Northeast Behavioral Health Partnership

This Behavioral Health Organization serves Cheyenne, Elbert, Kit Carson, Larimer, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma Counties. They work to ensure accessible, high-quality behavioral health services to individuals and families that are member and family driven, recovery oriented, and respectful of cultural differences.

Child Find Colorado

Child Find works to identify, locate and evaluate all children with disabilities or at risk for developmental delays from birth to age 21 who are in need of early intervention or special education services as required by the Individuals with Disabilities Education Act (IDEA). Every school district or Boards of Cooperative Educational Services (BOCES) has Child Find professionals who are trained to evaluate children in a variety of areas, including cognitive functioning, physical functioning, hearing and vision, speech and language and social and emotional development. Evaluations are conducted by the Child Find team at no cost to parents.

Child Mental Health Treatment Act (Colorado)

Enacted into law in 1999, HB 99-1116 allows families the use of residential treatment services for their child when necessary. This Act allows families to access residential services without requiring a dependency and neglect action when there is an absence of child abuse or neglect. However, for access to services, the child must have a mental illness and require the level of care provided in a Therapeutic Residential Child Care Facility or Psychiatric Residential Treatment Facility.

Clayton Early Learning (Birth-5)

Designated as one of 10 Centers of Excellence in early childhood across the nation by the Office of Head Start, this program collaborates with others to improve early care and education and ensure optimal development during the critical period from birth to five years for all children, especially those with limited opportunity. It is based on the integration of three dynamic initiatives: family-centered classroom and home-based practices through the

Early Childhood Mental Health in Colorado

Educare School, research and program evaluation, and professional development of teachers and leaders. One aspect of this program focuses on delivering culturally relevant mental health services such as screening, assessment, diagnosis, and treatment to children and families. Their website offers resources for families to enhance their young child's social emotional development. Resources are available for infant, toddler and preschool aged children.

Colorado Bright Beginnings (Prenatal–36 months)

This is a free service available in English and Spanish that promotes positive parent-child interactions and relationship building. It is run by volunteers and staff who meet with parents at home, work, in groups or other community settings of their choice to provide resources and tools to help educate and support parents as their child's first teachers. Materials given to parents are based on proven research and research-based techniques that promote healthy child development.

Colorado Help Me Grow Initiative

Originating in Connecticut, this system provides a cost effective, efficient, and user friendly mechanism for identifying children from birth to age eight for developmental or behavior problems and connecting them to appropriate community resources in a timely manner. Colorado has been receiving technical assistance on this initiative from Connecticut since 2009 and has focused on addressing support and service needs across prenatal, health, mental health, early learning, and family support.

Colorado Medical Home Initiative (CMHI)

Positioned within the Colorado Department of Public Health and Environment, this initiative works as a neutral facilitator in identifying barriers while promoting solutions for developing a quality-based system of health care for children. The initiative began in 2001 in response to the Title V/Maternal and Child Health national outcome measure and is a systems-building effort to promote quality health care for all children in Colorado. A Medical Home is a concept of quality health care that utilizes a team approach and partnership between families and providers to coordinating medical, mental and oral health care.

The Community Infant Program (Boulder County; Birth–3)

This program is limited to working with at-risk, high-need families. Services are provided in the home by Nurses and Mental Health therapists to promote healthy attachments between parents and infants. Services are focused on parents experiencing difficulty in adjusting to a new infant or young child in the home. Positive parenting, healthy nutrition and feeding, creating family support systems and identifying health problems are the goals of this program.

Community Mental Health Centers

Early Childhood Specialists (FT)

Through the Colorado Department of Human Services-Division of Behavioral Health, this program's purpose is to place an early childhood mental health specialist in each of the 17 publicly funded community mental health centers across the State. Goals of the program are to: provide direct services, consultative services to families, early care and education providers, and cross-systems program development, provide early childhood

Early Childhood Mental Health in Colorado

mental health services to non-Medicaid children, and increase the capacity to provide early childhood mental health services at each of the 17 Colorado community mental health centers.

In addition to the Early Childhood Specialists, some Community Mental Health Centers offer other infant and early childhood services.

Arapahoe/Douglas Mental Health Network

As part of the community mental health center for Arapahoe and Douglas Counties, this Network offers infant and early childhood services. Available services are individual and filial play therapy with a licensed professional counselor, group therapy, education, and support groups for families. They also maintain a child psychiatrist on staff for evaluation and medication management purposes.

Aurora Mental Health Center

As the community mental health center for Aurora and parts of Arapahoe county, this program for children, adolescents and families works closely with schools, social services and other caregivers to ensure proper care is delivered to help children overcome obstacles that affect their ability to learn and thrive in life. Available early childhood services through the center are: the early childhood and family center, childhood trauma treatment and research, and safe and stable families.

Centennial Mental Health Center

This is the community mental health center for Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma counties. Their division of child and family services provides services for children ages birth to 17 years and their caregivers. Services such as play therapy, family coaching and therapy, mentoring, animal assisted therapy and day treatment are available in locations such as the center's local offices, schools, client homes, day-care centers, community agencies, and detention centers.

Community Reach Center

The community mental health center serving Adams County, their early childhood services program provides social emotional health services to children six years old and younger and their families. Services provided by the Early Childhood Services team consist of: individual, group and family therapy, psychiatric services, and mental health consultation and care coordination with the child's other caregivers. The early childhood services program also provides on-site occupational therapy to children six and under.

Mental Health Center of Denver

As the community mental health center for Denver, they offer child and family services to ensure the delivery of mental health services alongside physical health services to Denver's most vulnerable neighborhoods. They also offer the Right Start for Infant Mental Health program for pregnant women and families with a child or children ages birth to 5 years to provide services when concerns are raised about a child's development or when parents are struggling with the demands of parenting. The goal of this program is to help parents improve their relationships with their babies or children.

Early Childhood Mental Health in Colorado

Mental Health Partners

The community mental health center for Boulder and Broomfield counties, they provide comprehensive psychiatric services to county residents regardless of their ability to pay. They also offer 24 hour emergency psychiatric services and outpatient offices for infant, children, adolescents, adults and families. They offer a variety of programs and services such as school-based programs, substance abuse treatment, rape crisis counseling, advocacy and education.

Midwestern Colorado Mental Health Center

The community mental health center for Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel counties houses an early childhood mental health services program that focuses on children ages birth to five years old. Their program provides direct services to children, consultation to families, preschools, and day care providers, advocacy for families and children, and referrals. Also included in this program is outreach to the community and collaboration with other service agencies in the communities.

North Range Behavioral Health

The early childhood services program of the community mental health center of Weld County works to provide early childhood behavioral health services in conjunction with Project Launch. This program promotes collaboration in evaluating children who are demonstrating behavioral challenges. It is focused on early identification and treatment of behavioral issues leading to positive outcomes for children.

San Luis Valley Community Mental Health Center

This community mental health center for Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache counties provides child, adolescent and family services to clients from all backgrounds and cultures. Available early childhood mental health services and supports available through the center are: consultation in childcare centers, parenting programs offering information, education and support, home-based services, wrap-around services, and comprehensive assessments.

Southeast Mental Health Services

Serving Archuleta, Dolores, La Plata, Montezuma, and San Juan Counties as the community mental health center, they offer outpatient services for parents which benefit young children such as parenting skills, anger management, and readjustment services for veterans.

Touchstone Health Partners

This community mental health center for Larimer County houses an early childhood program to serve children exhibiting behavioral concerns and experiencing disruptions in the parent/child relationship. The program serves children ages birth to nine years and their parents in outpatient and home settings. Mental health consultation and education to community based day cares and early childhood programs are also provided through this program.

West Central Mental Health Center

Early Childhood Mental Health in Colorado

This center operates as the community mental health center for Chaffee, Custer, Fremont and Lake Counties. They offer early childhood mental health services targeted at children ages birth to five years old to provide early identification and intervention for early childhood social emotional health. The center delivers family treatment, education, consultation and parent training opportunities.

Early Excellence

Promotes and offers high-quality educational services to young children and provides job development and social networks for Colorado's most at-risk and needy families so they may achieve self-sufficiency. They work to prepare children cognitively, socially, emotionally, and physically so they may achieve academic success in kindergarten and beyond.

Early Intervention Colorado-Social and Emotional Services (RB)

As part of the Colorado Department of Human Services this division offers assessment and intervention services that address social and emotional development in the context of a family and parent-child interaction.

Emotional Availability (RB)

Emotional Availability (EA) Parent Intervention is conducted by an EA instructor in vivo, face-to-face, with a group of six to 10 parents in the group. This is an evidence-based intervention for emotion education, to enhance the emotional availability in the parent-child relationship. An EA Instructor Manual is available with the EA Training, see in vivo or distance/online training via www.emotionalavailability.com. This is a 6-week program, conducted once per week, for approximately two hours each time. The program is designed to be user friendly so that an EA-certified professional can be the EA Instructor.

Expanding Quality (EQ) in Infant and Toddler Care

The Expanding Quality in Infant Toddler Care (EQ) Initiative is a collaboration between the Colorado Department of Education and the Colorado Department of Human Services, Division of Child Care. The program's primary goal is to increase the quality and availability of responsive care for infants and toddlers throughout Colorado by: strengthening the skills and knowledge base of Early Childhood professionals working with infants and toddlers, building capacity and promoting systemic change to foster increased quality and availability of care and services, supporting leadership and collaboration at the community level, and facilitating professional development for infant toddler professionals, particularly those who are teaching or coaching infant toddler teachers. It is a 48-hour training program for infant and toddler teachers, with a strong emphasis on social/emotional development throughout the curriculum.

Fussy Baby Network (FT)

As part of the Harris Program in Infant Mental Health and Child Development, The Fussy Baby Colorado (FBC) program proposes an approach that views intervention around infant crying as a unique opportunity to reduce infant risk by building family resilience while remaining highly attuned to risk and vulnerability in the baby, parent, or the family. Utilizing the strength-based model of FBN, the mission of FBC is to follow a model approach to addressing infant crying through reducing immediate risk by addressing parents' urgent concerns about their

baby while building longer-term parenting capacities of parenting competence, confidence, and positive parent/child relationships.

Health Care Program for Children with Special Needs *(RB)*

Through Denver Health, this program provides care coordination services to families with a child with special needs, ages birth-21 years in Denver County.

Healthy Steps

This national initiative works with families and health care professionals to enhance information and services provided to parents of children ages birth to three. Healthy Steps Specialists are trained to address the child's physical, emotional, and intellectual growth and development from a whole baby, whole family perspective. The team promotes enhanced well child care by helping providers identify family health risks, and it helps families understand their child's temperament and development. Home visits and a child development telephone information line are also provided to allow families greater access to information about their child's needs and how to foster their intellectual and emotional development. Additionally, this resource facilitates parenting groups and acts as a link to community resources.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

This national school readiness program that is being implemented in Colorado helps parents prepare their three to five year old children for success in school. This program provides parents with education, support, curriculum, books and materials designed to strengthen their children's cognitive skills, early literacy skills, social/emotional and physical development.

HOPE Center

Provides early childhood education and support services for at-risk and gifted children and works to help children with special needs advance intellectually, emotionally and socially.

The Incredible Years (2–12 years) *(RB)*

Made possible by Invest in Kids, The Incredible Years is an early childhood social emotional and social health program. It is designed to increase children's success at school and home by promoting positive parent, teacher and child relationships and has been proven to reduce children's aggression and behavior problems while increasing social competence at home and school. It is proven effective through research, measurable community impact and ongoing sustainability. This holistic approach works directly with children, parents and teachers by teaching interaction and relational techniques to increase school performance, decrease child behavior problems, and promote positive and consistent discipline. It is designed for implementation by existing community early childhood settings.

JFK Partners

JFK Partners is an interdepartmental program of the Departments of Pediatrics and Psychiatry of the University of Colorado School of Medicine and housed on the Anschutz Medical Campus. JFK collaborates with numerous organizations involved in Colorado's developmental disability and special health care needs communities to provide interdisciplinary pre-service

Early Childhood Mental Health in Colorado

training, continuing education, clinical services, community collaboration, research and dissemination of products and information written by JFK Partners' faculty.

Learning in Nurturing Communities (LINC) Social & Emotional Skills Curriculum (FT)

As part of Relationship Roots, Inc., LINC is a social and emotional skills curriculum for children from preschool through early elementary school. The approach used in LINC is based on brain science and learning theory which have found that the best way to ensure effective learning during childhood is to do three things: 1) get children's attention and interest them in learning through exciting, engaging lessons, 2) provide a variety of planned activities to keep the knowledge and skills learned through the lessons fresh and alive, and 3) guide children in using the knowledge and skills in everyday routines and situations. LINC provides these three elements through fun, exciting puppet lessons, a wealth of follow-up activities, and plenty of ideas and tips for using the skills throughout your day. It consists of the following modules: Relaxation and Stress Management, Body Space Boundaries, Problem Solving, Understanding and Managing Feelings, and Friendship and Kindness Skills.

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

Created by the Affordable Care Act, this program is the result of a grant from the US Department of Health and Human Services (HHS). HHS awarded 10 states, including the Colorado Department of Public Health and Environment, funding to provide early childhood supports and home visits to families. The funding has been awarded for the purpose of expanding or establishing home visiting programs that will provide for effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to at-risk children and families.

Mental Health Consultation (FT)

As a grant-funded initiative of the Colorado Department of Human Services, this program is implemented in early childhood settings and is a problem-solving and capacity-building intervention based on a collaborative relationship between a professional consultant with mental health expertise and one or more individuals, primarily child care center staff, with other areas of expertise.

Morgridge College of Education, University of Denver: Child, Family, and School Psychology Clinic

The Child, Family, and School Psychology Clinic provides psycho educational assessment and consultation for infants, children, adolescents and young adults. Services are designed for families who are concerned that their child's development may not be typical, and for infants, children, adolescents and young adults who may be experiencing difficulties with learning, achievement, and/or school-related behavior problems. Assessment, consultation, and recommendations are provided for a multitude of areas including social/emotional skills. Clinical services are offered on the basis of a sliding fee schedule.

Mount Saint Vincent Home

This is a home and school that serves children who have been abused, neglected, or who have mental illness. They provide preschool programs for both traditional neighborhood children ages three to six, and for children that need a therapeutic healing and learning environment. Both preschools are rated 4-Star programs by Qualistar.

New Directions for Families

As part of Arapahoe House, a drug rehab program in Littleton, this program provides comprehensive services for children of mothers recovering from serious substance abuse, aged birth to twelve years old including: a Qualistar rated, early childhood education on-site learning center, developmental assessment and referral for appropriate services, tutoring and educational support, prevention, mental health groups, family bonding and parental attachment activities, and connections with community resources that help children.

Nurse Family Partnership

A home visitor program for low-income, first-time mothers starting as early as possible in pregnancy and continuing until their children's second birthdays. The intervention revolves around six program domains: personal health, environmental health, life course development, maternal role, family and friends and health and human services. This model is an evidence-based program that is proven to improve parental care of children, infant emotional and language development. Nurses employed by NFP receive a 20-hour training module in early emotional development. Ongoing consultation and technical assistance is provided to NFP Colorado by Invest in Kids.

Partners in Parenting Education (PIPE) Curriculum

A program overseen by *How to Read Your Baby*, this model is a preventive intervention delivered by parenting educators. This program is designed to increase the emotional availability and relationship building skills of parents with their babies and toddlers. The goal of the curriculum is to allow parent educators to create an education partnership with parents where the parent is the most consistent and pervasive force shaping the life of the child; the baby becomes a teacher and the parenting educator is the facilitator and coach.

Parents as Teachers (PAT) Program

A national program implemented throughout Colorado, this is an early childhood parent education and family support program serving families from pregnancy until their child enters kindergarten. As a universal access model, this program is designed to enhance child development and improve school readiness through parent education. Primarily service delivery is through a home visitation model, but strategies for childcare, special populations and specialty trainings are also available.

Relationship Roots

A program that helps teachers, caregivers and parents of young children prevent, reduce and manage challenging behavior by using positive and effective strategies that strengthen relationships and build children's skills.

Sewall Child Development Center

The Center provides preschool and other educational and therapeutic programs for young children (birth to five) with special needs associated with developmental delays, disabilities, and economic disadvantages. Their trans-disciplinary teams work to support children's cognitive, social and motor development.

Young Child Clinic at the University of Colorado Hospital (PP)

This outpatient psychiatry/psychology clinic serves young children birth through five years of age and their families as well as pregnant women. Services include counseling, evaluation, psychiatric evaluation, parent-child therapy, parent education, trauma and crisis counseling and individual play therapy. Insurance and Medicaid are accepted.

Tony Gramsas Youth Services Program (Through Colorado Department of Public Health and Environment)

Authorized by §25-20.5-201 through 205 C.R.S., this program is intended to provide funding to community-based organizations that serve children, youth and their families with services designed to reduce youth crime and violence and to prevent child abuse and neglect. Eligible entities include non-profit organizations, local governments, schools, and faith-based organizations. Programs that emphasize protective factors, while working to mitigate risk, are perceived to be aligned with the Program's philosophy.

Resources, Information and Technical Assistance

Care Coordination Community of Practice

The Colorado Care Coordination Community of Practice was developed out of Project BLOOM and consists of a committee with representatives from the Colorado Department of Public Health and Environment, Family Voices Colorado, and JFK Partners/University of Colorado School of Medicine. Their work is intended to focus on children, youth under the age of 22, and their families to improve their primary care and behavioral health care. Their mission is to develop a care coordination plan and toolkit and offer a definition of values, functions and outcomes of care coordination, to be accepted across all sources of service, and provide guidance and resources for those involved with care coordination throughout Colorado.

The Colorado Center for Social Emotional Competence and Inclusion (Birth-Five)

The home of the Pyramid Plus Center based out of the University of Colorado, Denver. This center takes a tiered approach (prevention, intervention, treatment) to increase social, emotional and behavioral development outcomes using inclusive and evidence-based practices. The Pyramid model is based on teaching to fidelity, engaging in training and support with other initiatives and communities, collaborating with others, and planning for sustainability.

Colorado Early Childhood Councils

Legislated by HB07-1062, these councils are community-based collaboratives assigned the task of improving and sustaining the availability, accessibility, capacity and quality of early childhood services in early care and education, health, mental health and family support for children and families throughout Colorado. These councils effectively build the foundations of the early childhood system at the local level so more high quality services are available to more people.

Colorado Head Start Association

This Association supports the work of Head Start programs and their partners with information sharing and advocacy, within the context of the early childhood system in Colorado. Head

Early Childhood Mental Health in Colorado

Start is a federal program that promotes the school readiness of children ages birth to five from low-income families by enhancing their cognitive, social, and emotional development.

Colorado Preschool Program (Affiliated with the Colorado Department of Education)

This program has created a set of Quality Standards for Early Preschool Programs throughout the state, in which all classrooms that include Colorado Preschool Program-funded children must be committed to using. Specific to early childhood mental health and social emotional development is section A: Interaction among Staff and Children of the Colorado Quality Standards for Early Childhood Care and Education Services. The goal of section A is to ensure that interactions between children and staff provide opportunities for children to develop an understanding of self and others and are characterized by warmth, personal respect, individuality, positive, supportive, individualized relationships with adults. Additionally, it outlines that young children develop social, emotional and intellectual capacities through peer interactions. The Colorado Preschool Program also maintains a set of Colorado Preschool Academic Standards in which social emotional development is addressed through the Social Studies Standards.

Colorado School Safety Resource Center

Created by State legislation in 2008, Senate Bill 08-001 (C.R.S Section 24-33.5-1801 et seq.) was signed by Governor Ritter in May 2008 to collaboratively assist local schools and communities to create safe and positive school environments for Colorado students in all pre-k and higher education schools. The CSSRC provides consultation, resources, training, and technical assistance to foster safe and secure learning environments, positive school climates, and early intervention to prevent crisis situations.

Colorado System of Care Collaborative

The goal of this collaborative is to provide state of the art information and strategies to communities and policy makers about the system of care approach in support of an array of coordinated/integrated services and supports so that children and their families receive seamless, effective services.

Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3R)

The *DC: 0-3R* is recognized in Colorado and nationally as best practice for the assessment and diagnosis of young children ages 0-3. It can also be used successfully for children up to the age of five.

Early Childhood Colorado Framework

This framework that recognizes the needs of the whole child and family. It works toward ensuring: children have high quality early learning supports and environments and comprehensive health care, families have meaningful community and parenting supports, early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children, and all children are valued, healthy and thriving.

Early Childhood Colorado Information Clearing House

The Clearing House provides information and resources about all matters related to the healthy and thriving development of children, birth to age eight. Their website allows one to find local Colorado agencies providing services for young children, search for information, and supports the ability of professionals to upload information that will be useful to others using member sign-up and upload features.

Early Childhood Social Emotional/Mental Health Navigation Guide

This guide was developed by JFK Partners/University of Colorado School of Medicine and the Partnership for Families and Children and is a resource allowing communities to sort through various programs, initiatives, and services to find ones that best match their current mental health needs. The database is populated with profiles of programs available for use in communities across Colorado which promote early childhood social-emotional development and mental health.

Family Resource Center Association (FRCA)

The FRCA empowers families to raise healthy children by strengthening and sustaining the work of 23 family resource centers across Colorado. These centers work with the entire family to help them become more self-reliant in areas that affect their family stability, including parenting, health, education, employment, housing and financial management.

Framework in Action State Plan: 2009–2012

Adopted in 2009 by over 100 state partners, this plan was developed to capture, integrate and guide various state efforts and initiatives using the guidance of the Early Childhood Colorado Framework. Additionally, it supports shared leadership, ownership and action towards systemic improvements and enhancements at the state level.

Healthy Child Care Colorado

Through the Colorado Department of Public Health and Environment, this program makes access to evidence-based, inclusive early childhood social/emotional practices for caregivers and teachers in all early care a priority area.

Infant-Toddler Policy Agenda

Developed by Zero to Three and adopted by Colorado, this framework was developed to ensure babies have good health, strong families, and positive early learning experiences to lay the foundation for success throughout their lives.

Marsico Institute for Early Learning and Literacy (MIELL)

MIELL is a research institute housed within the University of Denver that works to increase the connection between research and practice in early childhood. Their research agenda focuses on contributions that adults can make in creating stimulating and nurturing environments for young children, thereby establishing a foundation for lifelong learning. Topics of research include: professionalizing infant-toddler care, executive function and self-regulation, parenting, and children's wellbeing, learning, and development.

Early Childhood Mental Health in Colorado

National Conference of State Legislatures

Published a brief that defines early childhood social-emotional development, describes what can happen when children face emotional and behavioral problems, and outlines what actions can be taken at the state level to support healthy social-emotional development in babies and young children. It also highlights state and community efforts to improve early childhood social and emotional development through promotion, prevention and treatment approaches.

Project BLOOM

Although this project ended in 2008, it provided valuable background and laid the foundation for much of the current work being done on early childhood mental health. It was the nation's first early childhood focused system-of-care initiative through the Substance Abuse and Mental Health Services Administration' (SAMHSA) Comprehensive Community Mental Health Services Program.

Qualistar Colorado

This is a program designed to help improve the quality of Colorado's early care and education programs and to help families choose high quality child care. Qualistar Colorado partners with programs to help improve their early learning centers by developing or improving strong family partnerships, age-appropriate learning experiences, positive interactions between teachers and children, effective health and safety procedures, and the ongoing training and education of the program staff.

Trainings

Colorado Statewide Parent Coalition (CSPC)

The mission of the CSPC is to promote equitable educational opportunities for all children and their families, ensuring that the school, home and community work together so that every child receives a high quality education. The CSPC was awarded a five-year federal grant that allowed them to add an Early Childhood component to their school-based trainings. Through the early childhood program, the CSPC works with the ECE/Head Start teachers to implement their Three-Step School Readiness Program, a program for parents to prepare their child to be ready for kindergarten. The Three-Step Program is designed to: provide parents with parenting skills, equip parents with techniques to teach their child pre-literacy and pre-writing skills, and provide coaching and mentoring to parents in the home.

Consultation Liaison in Mental Health and Behavior (CLIMB) Program

This program is part of the Children's Hospital Colorado and encourages early identification of childhood mental illnesses or behavior problems through a series of quick, on site didactic lectures. This program aims to incorporate child and adolescent psychiatry training in primary health care settings. The goal is to train physicians to screen children for potential problems and initiate early treatment when it is most effective.

DECA Training

The DECA Program is a strengths-based assessment and planning system for children ages two to five years. It is based on resilience theory and provides a 5-step system to help parents and early childhood professionals promote healthy social/emotional development and reduce

Early Childhood Mental Health in Colorado

challenging behaviors in young children both at school and at home. The primary objectives of training are to teach participants an approach to supporting children's social and emotional development in the classroom and with families. This approach uses the Devereux Early Childhood Assessment Tool to measure protective factors and behavioral concerns. DECA Training has a history of support throughout various communities across the state by The Colorado Department of Human Services. There currently is a lack of a state-level organizing agency in Colorado, though many communities continue to utilize the DECA Program. Training is offered two times per year in Westminster, CO and is available to local communities by request.

Family Leadership Training Institute (FLTI)

The Family Leadership Training Institute is a public-private partnership that works with local communities to provide parents, youth, and communities with the knowledge, skills and tools for civic engagement. Their goals are to create and support leadership by engaging families in civic participation, facilitate and support families in being change agents on a neighborhood, regional and state level, develop supportive communities of families within regions of the state, and increase parent-child interaction through family involvement. Some of the local Early Childhood Councils have been formed as the result of the FLTI curriculum.

ECE-CARES

Provides training and coaching to promote evidence-based practices to enhance social competence and school readiness and reduce behavior problems in young children (toddlers through primary grades). CARES Model components include workshops and on-site coaching for early care and education providers, skill building for young children, and parent workshops to strengthen parenting skills. The primary objectives of training are to enhance learning environments, implement a social skills curriculum which includes understanding and regulating emotions, pro social skill building, problem solving, anger management, calming down, and stress reduction, improve classroom management and prevent behavior problems, implement an emotionally-responsive curriculum, integrate assessment into curriculum planning, promote emergent literacy and school readiness, and strengthen parenting skills.

ECE Supports for Social-Emotional Development

As part of Relationship Roots, this program is dedicated to providing high quality, professional services to help caregivers of young children gain the knowledge and skills they need to best support children's development. They offer powerful, engaging, effective and fun workshops for ECE professionals and parents. The trainings cover a wide variety of topics but have the common theme of supporting healthy social-emotional development of young children. Many of the workshops specifically address challenging behavior and how caregivers can apply the principles of positive guidance to create lasting change and build children's pro social skills. Support and planning for individual children is available through follow-up coaching and mental health consultations in ECE settings.

Emotional Beginnings Curriculum

Overseen by How to Read Your Baby, this program consists of a curriculum and on-site training process used by childcare professionals to increase the emotional availability and relationship building skills of infant and toddler caregivers. The primary objective of this training is to train consultants in child care settings to deliver a curriculum to child care staff that teaches the

Early Childhood Mental Health in Colorado

theory and practical application of emotional responsive caregiving in ten monthly topics and to provide mentorship and coaching to the staff through regular site visits.

Family Infant Relationship Support Training (FIRST) Program

A program offered through WONDERbabies, this training program is for professionals who work with infants who are born prematurely, with special needs, at term but who are not behaviorally well-organized, and born into high risk families. Topics covered include infant neurobehavioral development, communication, behavioral cues, infant-caregiver relationships, transitioning to the community, and caregiver suggestions.

Florence Crittenton Services of Colorado

Provides academic, parenting, healthcare, career readiness, and life-skills training to high-risk pregnant and parenting teens and best practice developmental childcare to their children. Their services aim to foster confident, competent and responsible judgment, decision making and behavior of teen mothers enabling them to participate in healthy relationships and protect and provide for themselves and their children.

KidConnects Integrated Health & Mental Health Consultation (FT)

This program provides integrated health and mental health consultation to licensed child care centers, family child care homes, and Head Start/Early Head Start settings. It uses a relationship-based integrated mental health consultation model where services are offered on a prevention basis. Classroom consultation, home visits, parent support and teacher training provide consultation and education to parents, teachers and providers and works with them to identify children who may need additional support. The goals of this initiative are to increase health, developmental and mental health outcomes for children in child care settings, reduce expulsions, and increase the capacity of caregivers to respond to social emotional needs of very young children.

Learning and Growing Together (LGT)

This program is geared toward experienced early childhood trainers and parent partners. It focuses on establishing effective relationships between parents and child care providers using a reflective approach. One of the primary objectives of this training program is to support trainers in disseminating the information in their own communities by providing LGT or Social and Emotional Module workshops or weaving the content into existing training opportunities.

Mile High United Way School Readiness Initiative

This initiative provides children from low-income families access to high quality early education so they gain the cognitive and social skills necessary to thrive when they enter school. This initiative also provides teachers with ongoing training to improve their knowledge and skills.

Pyramid PLUS-Teaching Pyramid Training Modules (RB)

From the Center on the Social and Emotional Foundations for Early Learning, housed within the University of Colorado-Denver, this program addresses the social-emotional needs of young children by increasing the use of evidence-based, inclusive, high fidelity early childhood social emotional practices in Colorado's early care and education settings, including family child care and in-home providers. The four training modules used in this program are: Building

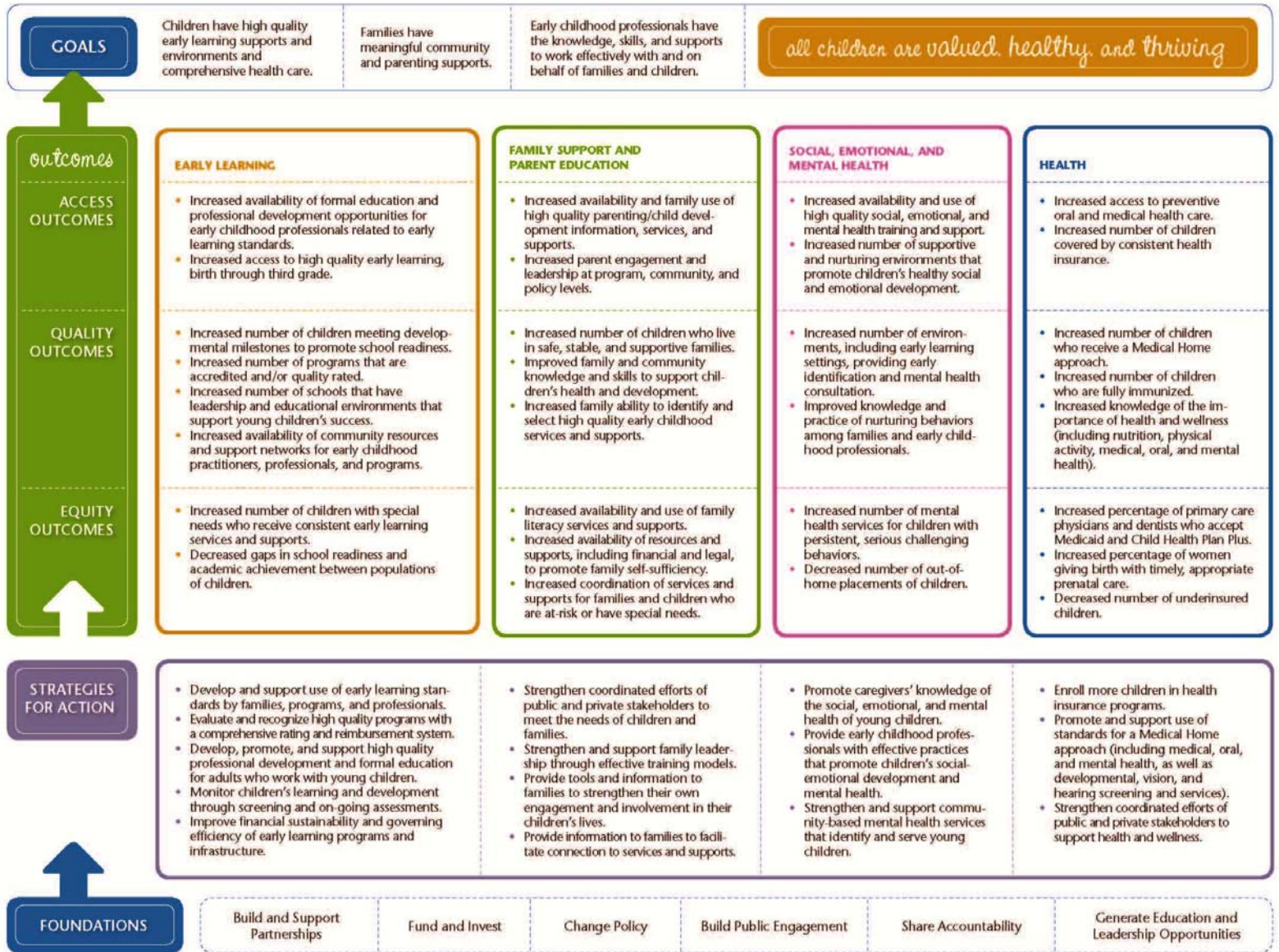
Early Childhood Mental Health in Colorado

Positive Relationships and Creating Supportive Environments, Social and Emotional Teaching Strategies, Individualized Intensive Interventions, and Leadership Strategies.

Touchpoints

Through the Colorado Department of Education this program takes a cross disciplinary approach to support the development of children through relationships with those who care for them. Early Childhood Council Coordinators are encouraged to attend a Touchpoints Individual Level Training to strengthen their skills in establishing healthy positive relationships with parents and providers in their communities.

Appendix C. Early Childhood Framework Colorado



Appendix D. Philanthropic investment and partnerships in other states

States have used private foundation funding for purposes such as to leverage public funds, enhance public funds, fund partnerships and supporting policy analysis, advocacy and systems development.

Much of this appendix was retrieved from The Ounce Backgrounder (The Ounce Backgrounder: Public-Private Partnerships, April 2012 Chicago: Ounce of Prevention Fund. Retrieved October 30, 2012, from <http://www.ounceofprevention.org/national-policy/Public-Private-Partnership-State-Examples-Paper-April-2012-v2.pdf>) which serves as a substantial resource for developing public/private partnerships in early childhood.

The National Center for Children in Poverty has suggested that public-private collaboration is essential to developing and financing a system of care that provides a continuum of early childhood mental health services. They have identified that public-private as well as interagency collaboration works best when sustained by formal mechanisms such as legislation, regulation, memoranda of understanding, and other formal guidance.

What follows are examples of eight states' philanthropic investments and partnerships.

Connecticut

Philanthropic leaders documented more than \$75 million in private and philanthropic funds allocated to early childhood programs and services in Connecticut. Using the results, public, private, and philanthropic leaders developed a plan to align investments to the priorities of the Connecticut Early Childhood Education Cabinet's Early Childhood Investment Framework.

Another unique public-private partnership in Connecticut is Child FIRST. Significant private and public funding has been leveraged to expand Child FIRST statewide with matching grants from the Department of Children and Families, the Department of Education, the Children's Fund of Connecticut, the Connecticut Health Department and the William Caspar Graustein Memorial Fund. Local and regional foundations including the Connecticut Community Foundation, the Fairfield County Community Foundation, Hartford Foundation for Public Giving, United Way of Coastal Fairfield County, the Community Fund of Darien, the Leever Foundation, Norwalk Children's Foundation and the William C. Bullitt Foundation all support Child FIRST in their communities. Child FIRST (Child and Family Interagency Resource, Support, and Training) is a home-based early childhood intervention, embedded in a system of care. Child FIRST works with the most vulnerable young children (prenatal through age five years) and families to decrease serious emotional disturbance, developmental and learning problems, and abuse and neglect. Based on the most recent research on the developing brain, Child FIRST employs a two-pronged approach: 1) Decreases environmental or "toxic" stress by connecting families

to needed services and supports, and 2) Protects the developing brain from damage by facilitating a nurturing parent-child relationship and secure attachment.

Illinois

A number of Illinois-based foundations invested in building the capacity of the early childhood field over time. Grant-makers recognized the complexity of the system-building process, and different foundations focused on different parts of the system including research, advocacy and policy development, and professional development.

The Irving Harris Foundation and early childhood advocates approached the Illinois School Board of Education to develop an Infant and Early Childhood Mental Health Consultation Project. The Foundation agreed to provide partial funding for this work for two years if the Illinois School Board would match the grant and eventually assume full responsibility for the costs of the project. The Foundation also contributed \$5 million to the Erikson Institute to support training and leadership development for the infant and toddler and mental health workforce.

Ohio

Early childhood mental health efforts in Cuyahoga County, Ohio have been embedded in a larger early childhood initiative. The county has used significant local public and private dollars, as well as state and federal funding streams. Supplementing the existing capacity to provide more intensive treatment to young children and their parents, the county has expanded its prevention and early intervention services by integrating mental health consultation into existing early childhood programs.

Michigan

The Early Childhood Investment Corporation (ECIC) was created in 2005 to be the state's focal point for information and investment in early childhood in Michigan so that children arrive at the kindergarten door, safe, healthy and eager for learning and life. ECIC leverages and invests public and private dollars. ECIC receives state funds to support local Great Start Collaboratives comprised of community leaders to who work together to create information, services and resources that parents want and need. Over \$9 million dollars have been invested by foundations, including the Kellogg Foundation and the Kresge Foundation.

Minnesota

Over 30 foundations statewide participate in Start Early: Funders for Children and Minnesota's Children, a group that supports a collective policy agenda with the end goal of increased school readiness. In 2009, this group invested \$18 million in school readiness related efforts.

The Minnesota Early Childhood Funders Network provides information to network members and policymakers, monitors how changing public policy affects early childhood issues and organizations, and works to strengthen the voice for early childhood within Minnesota philanthropy.

Nebraska

In April 2006, the governor signed legislation to create a Birth to Three Early Childhood Education Endowment for at-risk children, with a commitment of \$40 million in public funds matched by \$20 million from private philanthropic sources. The endowment generates approximately \$2 million annually to support high quality birth to three services. In November 2006, voters approved a constitutional amendment to permanently establish public funding for the endowment through the use of Educational Land Trust Funds. A board of trustees administers the endowment's grant allocation process. The endowment awards competitive grants to school districts to partner with local agencies or programs in their communities to deliver evidence-based birth-to-three services for at-risk children.

Oklahoma

During the 2006 legislative session, Oklahoma appropriated funds to the Oklahoma State Department of Education for a new public-private partnership called the Early Childhood Pilot Program for Infants and Toddlers. This pilot was initiated from the private sector, with support from the public sector, to create a replicable model for early education programs that prioritize serving the most at-risk children. Private funding to support these has grown to approximately \$15 million per year.

Virginia

In 2005, Governor Tim Kane facilitated the creation of the Virginia Early Childhood Foundation (VECF). VECF's private partners include a variety of national and local philanthropic and corporate organizations. VECF integrates public and private funding streams, offers systems-building grants and technical assistance to build capacity of local Smart Beginnings partnerships, tracks programmatic outcomes, and builds public awareness of the importance of early childhood development. While initially VECF pledged a dollar-for-dollar private match for every public dollar invested, VECF and its local coalitions have leveraged more than \$4 in private, local, and federal funds for every dollar of state investment. Since 2006, a total of \$30.1 million has been raised at the state and local levels leveraging state general fund investment of \$6.8 million to support Smart Beginnings.