

Infant and Early Childhood Mental Health Strategic Plan Oklahoma's Framework for Change 2015 – 2020

Introduction and Process

In March 2014 stakeholders convened to participate in the Oklahoma Infant and Early Childhood Mental Health Summit, which included conversation related to the state's *Infant and Early Childhood Mental Health Strategic Plan*. Champions for each of the four existing plan goals were identified and work groups were established on that day to provide input around the content, look and usability of the existing plan. The four groups met over a period of six months to provide recommendations for revisions to the plan.

During this time, Oklahoma received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), for Project LAUNCH, a systems development and implementation project around infant and early childhood well-being, with a specific focus on mental health promotion and prevention for children birth through age eight. Strategic planning for Oklahoma Project LAUNCH was conducted during the revision period which further provided input, developed concepts and informed change within the state *IECMH Strategic Plan*. As Oklahoma Project LAUNCH was developing and state plan changes were being made, it became imperative to tie the state plan to the work within Oklahoma Project LAUNCH. Through strategic planning for Project LAUNCH, input from the groups around the *IECMH Strategic Plan* was incorporated into Project LAUNCH implementation and vice versa. Conversation developed to shift state plan revisions toward making the plan's purpose be a framework for change for Oklahoma. The framework will serve as an umbrella for project implementation around infant and early childhood mental health across the state, drive forward the *IECMH Strategic Plan* and begin to tie Oklahoma's work together.

A requirement of Project LAUNCH was to have both state and local Early Childhood Wellness Councils. At the state level, the Systems of Care Children's State Advisory Work Group (CSAW) and the State Advisory Team (SAT) serve that purpose. The CSAW and SAT include representatives from all child serving state agencies and multiple other organizations. These groups have been invested in collaboration around a coordinated budget for children's mental health for many years and serve as a place to connect the early childhood work with the larger children's mental health service delivery system in the establishment of Oklahoma's Early Childhood System of Care.

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Purpose

The science of early childhood development underscores that early experiences in life provide the foundation for just about all of the social problems society faces.¹ Oklahoma has recognized the need to incorporate the importance of early experiences into the planning and work of improving the health and well-being of Oklahomans.

The young brain is especially vulnerable to stress. When prolonged stress occurs, particularly during infancy and early childhood, stress hormones are released throughout the young brain and body compromising normal brain development and the immature immune and nervous systems. The key concept underlying the ACE (Adverse Childhood Experiences) Study is that stressful or traumatic childhood experiences can result in social, emotional and cognitive impairments. The ACE Study demonstrates that early stress is a strong factor for developing many of the diseases Oklahoman's face (i.e. cardiovascular disease, cancer, diabetes, obesity) and Oklahoma's high rate of drug and alcohol addictions. The ACE Study results are disturbing to some because they imply that the basic causes of addictions are to be found in our personal histories, not in drug dealers or dangerous chemicals. The results of the ACE Study strongly suggest that billions of dollars are spent everywhere except on the solution (Taken from www.americasangel.org, March 4, 2015).

Many of the essential capabilities needed to become a productive Oklahoman center around the development of executive function (decision-making, coping, critical thinking skills) and self-regulation. The development of these capacities in early childhood does not happen in isolation. Services that include interventions that focus explicitly on enhancing developmental capacity through caregiving relationships can mitigate the effects of adverse childhood experiences and toxic stress.

Even under highly adverse conditions, development can proceed in a positive direction if parents and other caregivers provide consistent responsiveness, and if communities provide resources and supports that strengthen families' capacities and make a broader environment of protective relationships accessible to all children. ²

Investing in early experiences and supporting relationships between young children and their caregivers is a primary prevention strategy to paying for negative health and social outcomes later. The foundations of resilient Oklahomans beginning in the earliest years and continuing into adulthood can be strengthened by promising practices, both public and private, supported by the

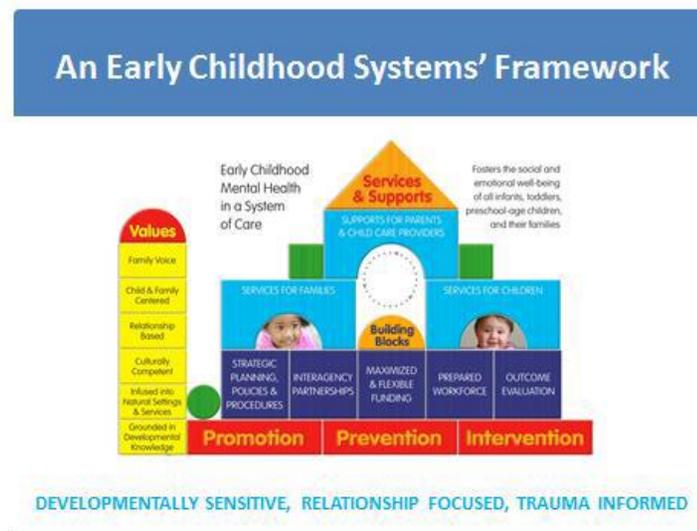
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development of strong policy. The Oklahoma Early Childhood System of Care is an integral piece to improving health and social outcomes in Oklahoma. The *IECMH Strategic Plan* is focused on establishing a coordinated cost-effective services array that supports positive child and family outcomes while scaling back ineffective approaches that are not grounded in current early childhood science.

Theoretical Foundation and Priority Areas

The *IECMH Strategic Plan* seeks to link state initiatives around infant and early childhood mental health and community based applications to further four priority areas, which serve to guide efforts across child serving systems. These include 1) promoting awareness of the significance of infant and early childhood mental health, 2) enhancing the competency of the infant and early childhood mental health workforce to effectively meet needs, 3) developing, enhancing, and expanding programs for IECMH promotion, prevention, early intervention, and treatment and 4) establishing infrastructure and developing policies to support the integrated early childhood system of care.

The *IECMH State Strategic Plan* is founded upon a theory of change that is embedded within the values and principles of Systems of Care (SOC) with a solid foundation in Infant and Early Childhood Mental Health (IECMH) constructs.³ All SOC are rooted in the same core values (*Early Childhood SOC Lessons from the Field*, update June, 2011, NTC for Children’s Mental Health, Georgetown University). The ten values assure services are child-centered and family-focused and the needs of the child and the family guide the types and mix of services provided, focus on service development that is community based with the locus of services as well as management and decision making responsibility resting at the community level, and emphasize culturally competent agencies, programs and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.



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OKLAHOMA INFANT AND EARLY CHILDHOOD MENTAL HEALTH STATE PLAN 2015 - 2020

Mission statement:

The mission of the Oklahoma Infant and Early Childhood Mental Health (IECMH) initiative is to ensure positive infant, child and family outcomes through facilitation of system change at the state and community level in the areas of public awareness, workforce development, enhancement and expansion of services and integration of policy and infrastructure.

Vision Statement:

The social and emotional well-being of Oklahoma's infants, toddlers and young children, their families and caregivers is fostered through the Early Childhood Mental Health System of Care (EC SOC) that is collaborative, developmentally sensitive, relationship focused, trauma informed and spans the continuum of promotion, prevention and treatment.

Core Values:

- Child-centered, youth-guided and family-focused
- Family/caregiver voices are important
- Relationship-based
- Culturally competent
- Infused into natural settings and services
- Grounded in developmental knowledge
- Complements existing initiatives
- Community participation
- Data-informed decisions

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Goals, Objectives and Implementation/Sustainability Strategies

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| Goal 1 | Promote awareness of the significance of infant and early childhood mental health |
| Rationale: | A lack of knowledge of the science and understanding of the impact of early experiences has led to limited inclusion of early childhood issues in policy, programming, funding and community development |
| Objective 1.1 | Targeted audiences have increased awareness and engagement around early childhood issues |
| <u>Strategies</u> | 1.1.1 Build awareness of Infant and Early Childhood Mental Health (IECMH) among targeted professional populations to improve their decision-making and practices regarding infants, young children, their families and caregivers through a comprehensive communications plan |
| | 1.1.2 In the communications plan, provide targeted messages on social-emotional development to parents/caregivers of children birth to age eight |
| | 1.1.3 In the communications plan, provide targeted messages on social-emotional development to increase community involvement in the early childhood systems |
| Policy Implications: | <ul style="list-style-type: none"> • The needs of infants, infants, young children, their families and caregivers are considered in policy decisions at the state and local levels |
| Coordination and Collaboration Implications: | <ul style="list-style-type: none"> • Committee collaborates to develop and implement communications plan across the state • Committees include representatives of local community and state organizations • Engagement of “tertiary” audiences to IECMH and wellness to develop messages for their targeted group • Collaboration from both private and public sectors to adopt and support consistent messaging around the topic of IECMH |
| Funding and Sustainability Implications | <ul style="list-style-type: none"> • Collaborate to braid funding from private and public sectors to continue awareness efforts • Approach new funding from a collaborative stance rather than applying for funding in “silos” |
| Workforce Implications: | <ul style="list-style-type: none"> • Members of the community who are direct service providers, tertiary support providers and state and community leaders will incorporate information about social and emotional development, IECMH and the needs of families into their work and decision making |

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| Addressing Behavioral Health Disparities and alignment with National CLAS Standards: | <ul style="list-style-type: none"> • Campaign materials will be developed in languages that are accessible to families across Oklahoma • Developed and/or adopted materials will be culturally sensitive • All contracts and interagency agreements that support awareness efforts around infant and young child wellness will align with National CLAS Standards |
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| Goal 2 | Enhance the competency of the infant and early childhood workforce to effectively meet the needs of children birth to eight, their families and caregivers |
| Rationale: | There are significant gaps in the workforce that hinder attempts to create a responsive and comprehensive Early Childhood System of Care. |
| Objective 2.1 | Mental health providers skilled in providing evidence based practice in IECMH |
| <u>Strategies</u> | 2.1.1 Implement a workforce development plan for mental health providers to expand their capacity to serve families and caregivers with children birth to eight around mental, emotional and behavioral health issues |
| Objective 2.2 | Early care and education providers competent in supporting social and emotional development. |
| <u>Strategies</u> | 2.2.1 Enhance early care and education providers’ ability to support social-emotional development and connect families/caregivers to resources |
| Objective 2.3 | ECMH consultants skilled in providing evidence-based practice |
| <u>Strategies</u> | 2.3.1 Plan and implement training and support for the network of ECMH consultants |
| Objective 2.4 | Home visitors competent in addressing the mental health needs of infants, young children, their families and caregivers |
| <u>Strategies</u> | 2.4.1 Build a professional support network for home visitors so they can better address IECMH and family/caregiver mental health issues |

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| Objective 2.5 | Higher education students across multiple disciplines knowledgeable and trained in IECMH, as appropriate |
| <u>Strategies</u> | 2.5.1 Work with universities that have mental health degree programs to infuse IECMH curricula to prepare mental health and early care and education providers to serve infants, young children, their families and caregivers |
| | 2.5.2 Work with universities and medical schools to infuse IECMH curricula into medical and health-related degree programs |
| Objective 2.6 | Other professionals knowledgeable and trained in IECMH, as appropriate, who support infants, young children, their families and caregivers |
| <u>Strategies</u> | 2.6.1 Partner with professional systems to infuse IECMH into continuing education and training |
| Policy Implications: | <ul style="list-style-type: none"> • Workforce development policies jointly created that consider the needs of public and private service providers • An IMH “credential” that is attached to reimbursement policies and practices |
| Coordination and Collaboration Implications: | <ul style="list-style-type: none"> • Coordinated planning between state and local levels to develop and implement training and support for evidence-based practices • Coordinated planning to support implementation of IECMH workshops into local university settings and expansion to other university programs across the state • Public and private sectors participate in the Institute for IECMH |
| Funding and Sustainability Implications | <ul style="list-style-type: none"> • Coordinated/shared funding around workforce development to include cross-agency hosted trainings, shared mentoring, opportunities for peer to peer supports, learning collaboratives, etc. • Workforce development plan across disciplines that is supported by multiple agencies to guide application for continued funding and planning of training efforts at the local and state levels • Maximize workforce development opportunities through collaborative funding and expand to other areas within the state that are resource poor |
| Workforce Implications: | <ul style="list-style-type: none"> • Shared training efforts across agencies and service delivery systems address gaps in the Early Childhood System of Care |
| Addressing Behavioral Health Disparities and alignment with National CLAS Standards: | <ul style="list-style-type: none"> • Targeted recruitment efforts for bilingual service providers • Selection of evidence-based practices and screening tools that are accessible in multiple languages • Assure contracts and interagency agreements that support workforce development align with National CLAS Standards |

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| Goal 3 | Develop, enhance and expand programs for IECMH promotion, prevention, early intervention and treatment to support the well-being of children birth to 8, their families and caregivers. |
| Rationale: | Communities often face a number of obstacles in providing services that support best practices in IECMH. Young children and their families need a full array of individualized services and supports that are embedded into natural settings and that span the continuum of care. |
| Objective 3.1 | Increased access to screening, assessment, and referral for infants, young children, their families and caregivers |
| <u>Strategies</u> | 3.1.1. Improve coordination of screening and assessments across child-serving systems to reduce duplication and improve connections to appropriate resources |
| | 3.1.2 Partner with current state and national efforts to enhance and expand existing systems designed to screen, assess, and diagnose infants and young children using appropriate tools |
| Objective 3.2 | Improved access to mental health consultation for early care and education providers and expansion of MHC to other systems and settings |
| <u>Strategies</u> | 3.2.1 Educate early care and education providers on mental health consultation and how it can be used |
| | 3.2.2 Expand and implement mental health consultation within Head Start, school settings and other child care settings that do not qualify for DHS subsidy |
| | 3.2.3 Increase access to mental health consultation for other child-serving providers |
| Objective 3.3 | Increased usage of a comprehensive home visitation system that meets the needs of infants, young children, their families and caregivers |
| <u>Strategies</u> | 3.3.1 Increase collaboration among home visitation programs to ensure young children, families and caregivers receive appropriate services |
| | 3.3.2 Increase access to home visitation programs |
| | 3.3.3 Encourage participation of home visitation clients |

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| Objective 3.4 | Increased integration of behavioral health into primary care settings through use of co-locating mental health providers and mental health consultation |
| <u>Strategies</u> | 3.4.1 Improve access to pediatric care |
| | 3.4.2 Partner with primary care providers and other health care settings to integrate mental health support services on site. |
| | 3.4.3 Improve primary care access to infant and early childhood psychiatric consultation |
| | 3.4.4 Optimize case coordination across systems for infants and young children at risk for negative outcomes |
| Objective 3.5 | Increase access and use of a flexible service array of evidence-based/ evidence-informed (EB/EI) mental health services across the continuum of care specific to the unique needs of infants, infants, young children, their families and caregivers |
| <u>Strategies</u> | 3.5.1 Enhance and expand services that promote optimal well-being and prevent mental, emotional and behavioral disorders |
| | 3.5.2 Enhance and expand treatment services and supports |
| | 3.5.3 Increase support for communities to integrate the Strengthening Families Protective Factors Framework |
| Policy Implications: | <ul style="list-style-type: none"> • Develop policy recommendations to ensure evidence-based and evidence-informed practices are utilized and families have access to services • Develop recommendations on state and local partnerships within the Early Childhood System of Care |
| Coordination and Collaboration Implications: | <ul style="list-style-type: none"> • Local participation on state planning workgroups where appropriate • Pilot service implementation efforts through state and local projects • IECMH Co-Leads collaborate with allied stakeholders such as the Behavioral Health Advisory Committee, Oklahoma Partnership for School Readiness, Early Childhood Mental Health Consultation Advisory Committee, Mental Health Subcommittee of the SoonerStart Interagency Coordination Council, Oklahoma Association for Infant Mental Health, CAP action Committee, etc. • Expansion of CSAW to incorporate the needs of the Early Childhood System of Care |

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| Funding and Sustainability Implications | <ul style="list-style-type: none"> • Identify funding streams to continue efforts • Connect with other existing efforts to increase the use of evidence-based and evidence-informed practices • Develop marketing and branding efforts to disseminate recommendations |
| Workforce Implications: | <ul style="list-style-type: none"> • Coordination of training efforts for evidence-based and evidence-informed practices • Customize service delivery system to find best fit for implementation within communities • Increase workforce competency in IECMH to address the needs of families/caregivers with children birth to age eight |
| Addressing Behavioral Health Disparities and alignment with National CLAS Standards: | <ul style="list-style-type: none"> • Assure materials and services are available to families in multiple languages to meet the needs of the community • Assure that evidence-based and evidence-informed practices selected are appropriate for culturally diverse populations • Work with local community agencies to provide services in other languages or provide interpreters to support program delivery • Agencies have policies that align service provision with CLAS standards • CLAS standards are reflected in contracts and intergovernmental agreements |
| Goal 4 | Establish infrastructure and develop policies to support the integrated Early Childhood System of Care |
| Rationale: | There is a lack of an organized way to come together to make decisions around policy, service delivery, and usage and leverage of funding toward the Early Childhood System of Care. This is reflected on the community level where pockets of services exist within a community but there is no coordination. |
| Objective 4.1 | Increased coordination and sharing among agencies and organizations serving families/caregivers with children birth to eight |
| <u>Strategies</u> | 4.1.1 Increase the state child-serving systems' capacity to improve access to services that match the needs of the population |
| | 4.1.2 Facilitate collaboration and communication between local and state levels on IECMH issues. |
| Objective 4.2 | Adequate funding that is integrated across systems to support best practice in early childhood |

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| <u>Strategies</u> | 4.2.1 Redefine and align existing and potential funding (including the Medicaid billing system) to support IECMH best practices in promotion through treatment required within the Early Childhood System of Care |
| | 4.2.2. Create a financial plan for IECMH |
| Objective 4.3 | Policies that support the Early Childhood System of Care |
| <u>Strategies</u> | 4.3.1 Work with policy makers to adopt best practice standards for IECMH |
| Objective 4.4 | Use of data-driven planning and implementation approach to support effective mental health services and systems for children birth to eight, their families and caregivers |
| <u>Strategies</u> | 4.4.1 Determine existing data sources relevant to IECMH across state systems and opportunities for using this data for needs assessment and program evaluation. |
| | 4.4.2 Develop and implement a shared evaluation plan for IECMH across systems that will result in coordinated data to improve planning, service deliver and evaluation. |
| Policy Implications: | <ul style="list-style-type: none"> • Coordination of policies across agencies and service delivery systems to support an integrated Early Childhood System of Care • A shared vision for the Early Childhood System of Care that guides service implementation and funding requests • Alignment of state funding infrastructure (Medicaid, insurance reimbursement) that supports best practice within the Early Childhood System of Care |
| Coordination and Collaboration Implications: | <ul style="list-style-type: none"> • Co-Leads coordinate development and implementation of the <i>Oklahoma IECMH State Strategic Plan</i> • Collaboration to ensure state and local policies are aligned • Collaboration with other state initiatives that support young child wellness outcomes to maximize funding, reduce duplication of effort, and improve access to services for families/caregivers with young children birth to age eight • Local communities and state organizations collaborate on decision-making • Engage family/caregivers in state and local activities • Engage private sector partners in state and local planning |
| Funding and Sustainability Implications | <ul style="list-style-type: none"> • Co-Leads facilitate development of a process where partners come together to make decisions around funding applications • Coordinated budget proposal for IECMH submitted to the legislature for funding • Completion of a financial map to reduce duplication of effort and expand services across the Early |

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| | <p>Childhood System of Care</p> <ul style="list-style-type: none"> • Improved partnerships with private funding sources when as gaps are identified that align with the donor’s mission |
| Workforce Implications: | <ul style="list-style-type: none"> • Workforce is trained and supported across service delivery systems in an integrated way to assure model fidelity, maximize funding and improve access |
| Addressing Behavioral Health Disparities and alignment with National CLAS Standards: | <ul style="list-style-type: none"> • Coordinate with state and local level Oklahoma Health Equity Campaign (OHEC) activities to assure that Culturally and Linguistically Appropriate Service provision is included in all grant plans and activities. • Work with the Office of Minority Health (OSDH) and Offices of Tribal Liaisons (OSDH and ODMHSAS) • Support OHEC position statements to reduce health disparities and partner with OHEC to develop statements that are specific to behavioral health • Agencies have policies that align service provision with CLAS standards • CLAS standards are reflected in contracts and intergovernmental agreements |

1. National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*.
2. National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families, Commission on Behavioral and Social Sciences and Education. Washington, D.C.: National Academy Press.<http://www.developingchild.harvard.edu>.
3. An Early Childhood Systems; Framework, developed by Roxanne Kaufmann, GUCCHD; design by: Lucia Foley, Hampshire Educational Collaborative.