



2020 TASK FORCE REPORT

Early Childhood and Family Mental Health



Task Force Membership

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2020 Task Force Report

Early Childhood and Family Mental Health

Building common language, vision and integration

Building Bright Futures

Building Bright Futures (BBF) is Vermont’s foundational early childhood public-private partnership established by law to monitor the state’s early care, health, and education systems and to advise the Administration and Legislature on policy and system improvements. BBF serves as a backbone organization for collective impact at the state and local level by convening stakeholders and community members with a common goal of meeting the diverse needs of all Vermont children from birth to age 8 and their families.

The BBF State Advisory Council recognizes the importance of mental health in the lives of Vermont children and families. Given the urgency and importance of this issue, the State Advisory Council formed an Early Childhood and Family Mental Health Task Force. This document is a result of the work of the Task Force and outlines common language and recommendations to best serve and support Vermont’s children and families.

Introduction

Early Childhood and Family Mental Health provides the foundation for all future development. Positive environments and stable, responsive relationships build a strong foundation which shapes a child’s ability to make friends, cope with adversity, and achieve success in school, work and community. Creating a community that supports children and their emotional and mental well-



being is core to the work of Building Bright Futures and its partners. In 2019, when BBF learned children were increasingly accessing services from Designated Mental Health Agencies, the State Advisory Council started a conversation with families and those supporting children and families to discuss their

experiences across our state related to the increasing demand for mental health services. Anecdotally, early childhood leadership consistently heard that more and more children were accessing services from designated agencies, utilizing crisis services and children with more intense behavioral challenges were being identified at earlier ages. The 2019 DMH data confirmed these anecdotes and stories from the field.

In response, the Building Bright Futures State Advisory Council identified Early Childhood and Family Mental Health as a priority to focus on in 2019. BBF invited community members to Council meetings to share their experiences in this arena as well as convened an Early Childhood and Family Mental Health Task Force. The Task Force identified policy needs to reach a more integrated system; one that will work better for children and families.

The Task Force sought to highlight existing, evidence-based, successful strategies in Vermont. We highlighted strategies that help children and families at home, in childcare, schools, parent child centers or other community-based settings, as well as strategies utilized by public and private mental health providers.

Opportunity to Turn the Curve

It is important to note that while many successful strategies used in Vermont are clearly effective and working, both providers and families shared examples of siloed services and system fragmentation, including how the language the field uses to talk about services for children and families is varied, confusing, and obtuse. Terms like "early childhood and family mental health", how to "build resilience and social-emotional competence", and "family stability" are used so often and interchangeably that meaning and clarity gets lost in translation. Using multiple words and phrases to describe the same concept, and conversely, using the same word to describe many concepts creates confusion, misinterpretations, conflict and possible duplication. This impacts practice, relationships, funding, and over the long-term, our ability to be a coordinated, continuous system of care.

Task Force Charge If the goal is to build a system that is both coordinated and collaborative, identifying a shared vision and using clear and consistent language to do so is an essential step to promoting and supporting children and families' mental health. Stakeholders came to the Task Force table recognizing not all systems talk to each other and so family experiences are different across the state, and not everyone has access to the same supports. The Task Force role was not to tell people what to do or seek to redefine Early Childhood and Family Mental Health or any other field. The goal was to identify common language and understanding across disciplines, such as health, mental health, and education, so that providers can better partner with one another and be more supportive to families.

A Parent's Perspective

New Leaf childcare run by Washington County Mental Health was an amazing place for my children to grow. I have one child whose early trauma manifests in behavior challenges. I found the staff at New Leaf approached his behavior as an opportunity to get creative and learn something new. I appreciated the way they looked at every misbehavior as an opportunity to ask, "what is he trying to communicate, what can we do differently to support him?" That attitude and positive energy made all the difference for my son and for us as parents.

When he was two and a half, we started to plan for his transition from New Leaf to pre-school. We met with the School District, Washington County Mental Health case manager and staff from Children's Integrated Services. He qualified for speech and physical therapy services but only if we found a qualified pre-school program within the Supervisory Union. We could not find a place and were so frustrated. We live in a very rural area- it's not even that programs were full; there just aren't early education programs in this area. As a working parent, we had to piece it together to send him to the part-time EEE program at the school.

If I could go back to make change to build a system that works better for my child, I would want a system that is flexible to the needs of each child; not one that asks kids and families to squish into a certain form. That would be really helpful.

-Karoline May, Parent

Task Force Desired Outcomes:

- Identify shared language and a visual continuum to lead how early childhood and family mental health partners talk about our work across disciplines
- Review different strengths-based mental health frameworks in use across Vermont
- Identify policy recommendations to reach this shared vision

Task Force Process

Keeping children and families at the center of the process was essential. The Task Force was composed of individuals providing a range of services for children and families that promote mental wellness in Vermont (see membership on page 2). The group met four times between July and September 2019 with recommendations adopted by the BBF State Advisory Council in December 2019.

The group acknowledged some basic assumptions, including:

- We collectively care for children and families and their communities
- We all have responsibility for children's mental health
- Mental health is health
- We use language that may lead to misunderstanding
- We come to the table with expertise and want to be valued at this and other tables
- We recognize the complexity of this work and are conscious of unintended consequences when we define things
- We believe in collaboration and integration
- We define family holistically including parents, grandparents or other family raising a child

Collectively, the task force considered a range of frequently used words often misinterpreted or used interchangeably such as: mental health, social and emotional competencies, treatment, early childhood and family mental health, and trauma. Despite the varying backgrounds and expertise in the room, to our surprise the definitions for these terms were very similar. The conversation then shifted from a focus on problematic terms and definitions to a broader discussion about the importance of the intent of our spoken words as well as the political and financial climate's respective roles in the use of particular terminology. The group also agreed to use the term mental health versus mental wellness to remove the negative stigma associated with mental health. Mental health is health and as a state we want to create a culture where it is just as

A Provider's Perspective

One successful strategy I have seen that supports children's social-emotional development, creates a more trauma-informed early education setting, and prevents staff turnover is Early Multi-Tiered Systems of Support (EMTSS). As a mental health provider at Howard Center in Chittenden County, I am very supportive of all child care centers getting trained in Early Multi-Tiered Systems of Support, especially those who serve a higher percentage of children with a trauma history.

EMTSS is an evidence-based framework that trains child care staff in how to teach social and emotional skills to preschool children. In my experience, when teachers have the support they need in the form of training and on-going support, they are less likely to experience burnout and leave the center they are working at. Given that children learn new skills in the context of their relationships with important adults, staff retention serves as a protective factor for children because they can focus less on developing relationships with teachers/determining if they are safe and more on learning the social/emotional skills they need.

-Gina Plasse, Early Childhood and Family Mental Health provider

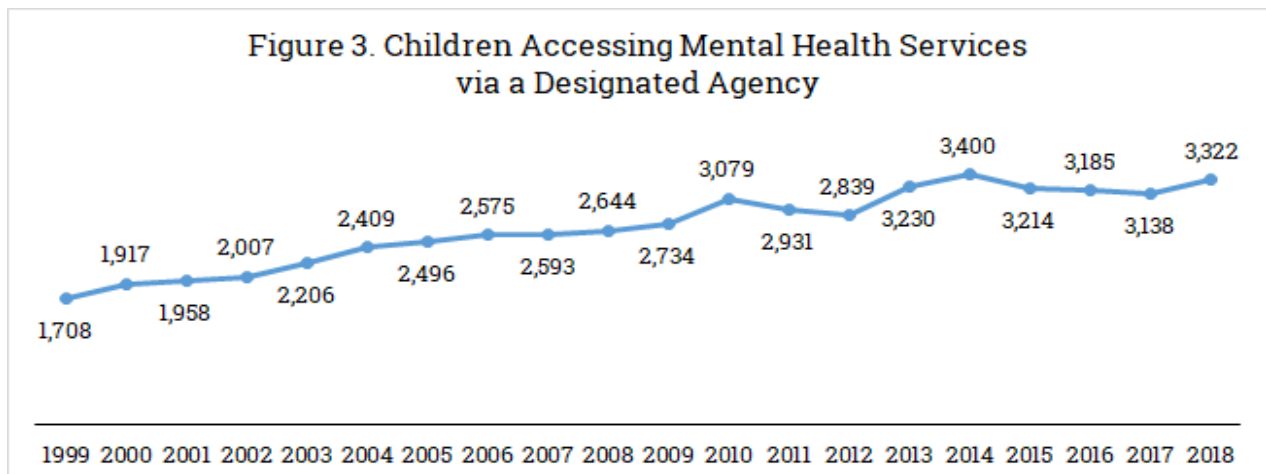
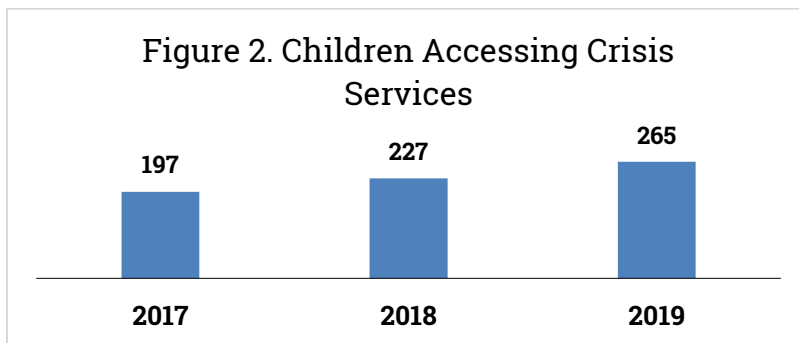
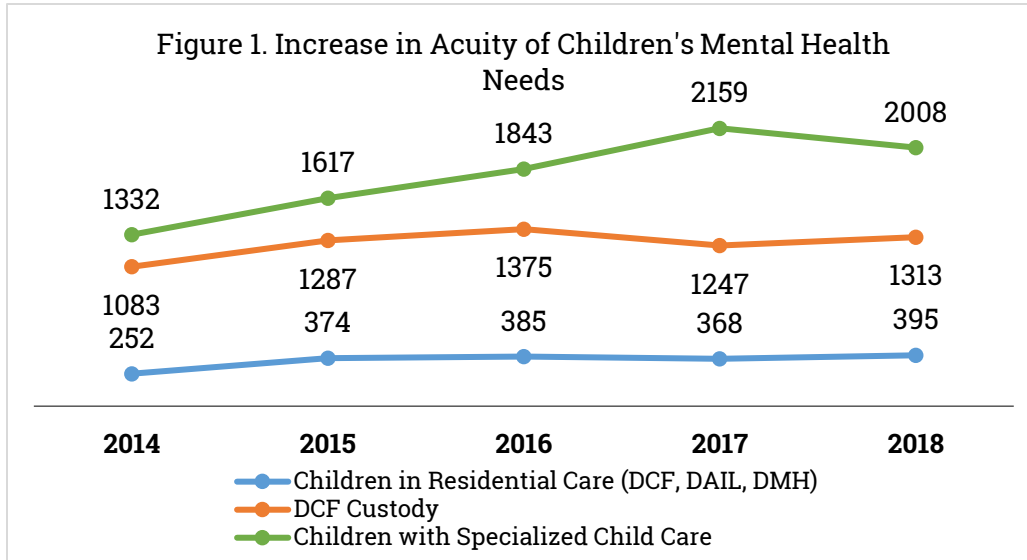
acceptable to get support for your mental health as it is to go to the doctor for your physical health.

Envisioning what a successful early childhood and family wellness system could be in Vermont, the group identified a set of values and characteristics including a family-centered system that builds the capacity of adults; a system that emphasizes and prioritizes wellness and prevention and does not wait for a child or family to be in crisis; one that is culturally inclusive and geographically accessible; and a system that has sustainable infrastructure that supports an integrated, preventative system.



Data Spotlight

The following data, which can also be found in the Vermont System of Care Plan 2020 shows the increase in acuity of need as evidenced by the increase in the number of children in DCF custody and the number of young children accessing specialized child care.



Over time, Vermont's mental health system has seen a consistent increase in young children accessing many types of services from Designated Agencies, and a striking growth in the use of crisis services (see Figures 2 and 3)¹.

Policy Recommendations to Support the Mental Health of Children and Families

Recommendation 1: Build the capacity of parents and caregivers to promote children's health and wellbeing

The healthier parents and caregivers are, the greater the capacity to stay calm under pressure and support their children's emotional development. We must provide adults involved in the lives of infants, toddlers, and preschoolers with the knowledge and training to promote social and emotional development.

Opportunity for Vermont to Turn the Curve:

- Embed the Strengthening Families Protective Factors framework in all early care and learning programs to build family strengths, enhance child development and reduce the likelihood of child abuse and neglect. The five protective factors are: parental resilience; social connection; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children.
- Expand opportunities to foster secure attachment between children and their parents. Successful models include MESCH home visiting; home visiting and parental support through Parent Child Centers; and the Resource Parent Curriculum for foster, adoptive and kin caregivers about the impact of trauma on the development, attachment, and behaviors of children in their care.

Recommendation 2: Ensure families are partners in mental health

Family-centered care ensures families have a primary decision-making role in the care of their children. Creating meaningful partnerships leads to better outcomes for children.

Opportunity for Vermont to Turn the Curve:

- Build a system where families know where to go for help and support is provided in an accessible, culturally competent way. Ensure families are involved in identifying the care their child needs and
- Support families during transitions from early childhood to pre-K to the elementary education system.
- Ensure families are in leadership positions to inform policy, practice, and funding decisions such as Head Start Policy Councils, Designated Agency committees with families advising

¹ Vermont Department of Mental Health (2019). Data provided by the VCP Data Repository through the Department of Mental Health Interagency Planning Director.

on early childhood Part B and C services, BBF Families and Communities Committee, and Local and State Interagency Teams (Act 264 Teams).

Recommendation 3: Invest in prevention and early detection to build resilient children who turn into resilient adults

Interventions at this age have the biggest impact at the smallest dosage. A tiered approach provides universal supports and prevention practices to all children and individualized interventions to the very small number of children with persistent challenges.

Opportunity for Vermont to Turn the Curve:

- Vermont’s Early Multi-Tiered System of Supports (Early MTSS) framework promotes Pyramid Model research-based practices and strategies to support positive social and emotional skills. Practices are geared to families, home visitors, teachers, special educators, and mental health providers. Tier 1 provides universal supports through responsive relationships and high quality environments. Tier 2 is focused on prevention practices that target social emotional strategies for children at risk of challenging behavior. Tier 3 is individualized intensive interventions. The Early MTSS framework includes ongoing training, on-site coaching, use of fidelity measures, and mental health consultation.
- Invest in flexible funding to support Early Childhood and Family Mental Health (ECFMH) consultation to help children struggling in early care and learning programs. ECFMH consultation provides an ECFMH specialist to strategize with early educators. Preschool teachers with access to mental health consultation are less likely to expel children with behavioral problems from their programs².
- Increase the use of universal developmental screening to monitor children’s developmental progression, identify challenges, and connect children to supports as early as possible. Help Me Grow is building a coordinated developmental screening and response system and trains early educators to routinely screen children in their care.

Recommendation 4: Make the early childhood system easier to navigate so families receive high-quality and timely care

Vermont’s early childhood system requires coordination across sectors including: healthcare, education, early care and learning and social service and early intervention programs. Many services still operate in silos, often due to rigid policies and funding, making it difficult for families to navigate. It is important to create more flexible funding for innovative solutions such as Children’s Integrated Services (CIS), Integrating Family Services (IFS) and mental health payment reform.

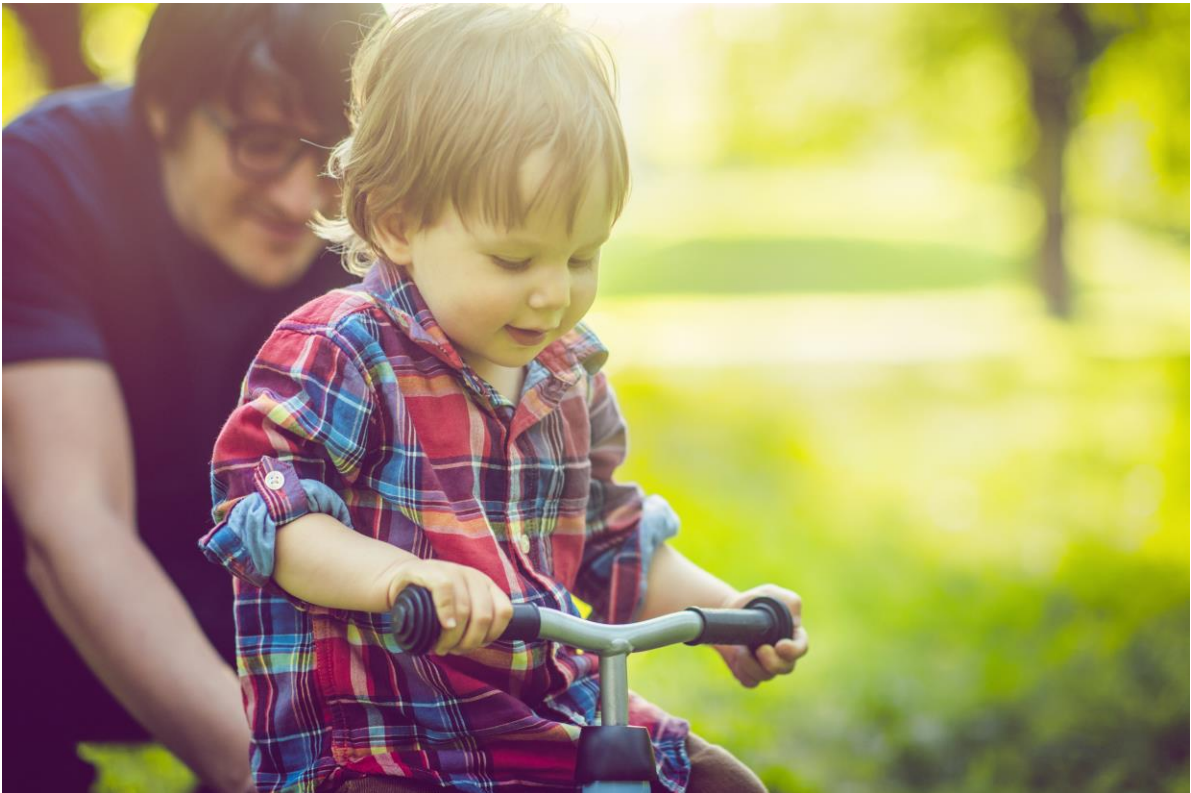
Opportunity for Vermont to Turn the Curve:

- Utilize BBF, the entity charged with being Vermont’s State Advisory Council on Early Childhood by both state and federal mandates, to bring together partners across state

² {Gilliam, W. (2005). Prekindergarteners left behind: Expulsion rates in state prekindergarten systems. New Haven, CT: Yale University Child Study Center. }

agencies, regions and communities to facilitate effective communication and collaboration, information gathering and dissemination of best practices.

- Create more resilient and trauma informed communities that include community-based mental health supports such as Mobile Response and Stabilization Services to provide supports and interventions for families and their child before emotional and behavioral difficulties escalate.
- Invest in up-to-date, high quality data and longitudinal data systems required to address data gaps and key policy, program and service challenges for children and families. This will guide more equitable and strategic resource investments.



Visual 1. Created with providers and parents as the target audience.

3 REASONS

WE CARE ABOUT CHILDREN'S MENTAL HEALTH



BRAIN ARCHITECTURE

Children are born ready to learn. Early experiences shape the brain. As families and caregivers, we have a shared stake to make sure babies and toddlers develop a strong foundation that supports healthy emotional development and the ability to bounce back in the face of hardship.



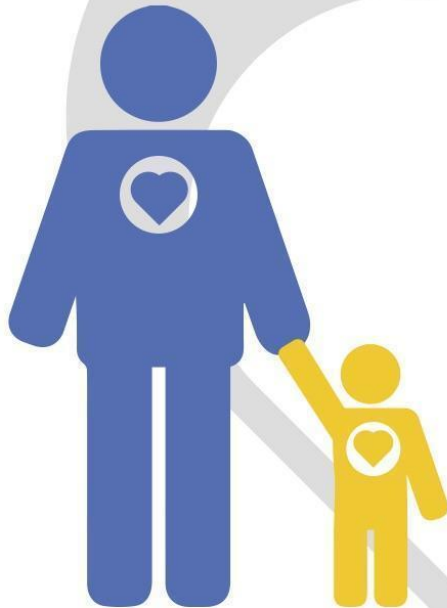
BODY & HEALTH

Infants and toddlers thrive when their world feels loving, safe and predictable. Nurturing relationships and communities help support a young child's well-being. Without supportive environments, unrelenting stresses – known as “toxic stress” – can take a toll and have a negative effect on a child's developing brain. Responsive caregiving and a supportive community tip the scale toward resilience and healing from traumatic experiences.



BEHAVIOR & RELATIONSHIPS

A caregiver who is attentive to a baby's needs is the basis for secure attachment. Attachment is built through a process of observing and tuning into a child's cues, thinking about what the behavior might mean, and responding in a developmentally appropriate, nurturing way. When young children have experienced relationships with responsive caregivers, they develop the ability to self-regulate, get along with others, solve problems, and ultimately be successful and productive – the basis for social and economic prosperity.



INFANT AND EARLY CHILDHOOD MENTAL HEALTH

is the foundation of all future development. Everyone who touches the life of a child can promote social and emotional well-being. This happens in the context of the family, community and culture.

Developed for BBF Early Childhood and Family Mental Wellness Task Force with inspiration from Michigan Association for Infant Mental Health document 2016



Visual 2. Created to map system with policy makers and program managers as the target audience.

Vermont Early Childhood and Family Mental Health Supports and Services

A SHARED VISION

For more information visit <https://buildingbrightfutures.org/>
ADOPTED NOVEMBER 2019

Strategies for Action

- Build the capacity of parents and caregivers to promote children’s health and wellbeing
- Ensure families are partners in mental health
- Invest in prevention and early detection to build resilient children who turn into resilient adults
- Make the early childhood system easier to navigate so families receive high-quality and timely care

Early childhood and family mental health provides the foundation for all future development

Core Principles

The Vermont Early Childhood Framework is guided by these principles:

- Whole child and family centered
- Prenatal through age eight
- Strengths based
- Culturally relevant and responsive
- Outcomes focused
- Informed by evidence based and promising practices
- Cross-sector collaboration

Results

CHILD
Young children reach their developmental potential and are ready to succeed in school and life

COMMUNITIES
Communities are safe, stable and supportive

RELATIONSHIPS
Adults are knowledgeable, responsive and interact effectively with and on behalf of children

VERMONT
Vermont attains economic and social benefits by prioritizing children and families

Discussion Guide

Framing Language Building Bright Futures recently released a set of recommendations and language around early childhood and family mental health. This guide is to assist in local discussions and ways this report can be a tool to have dialogue, share information, and build a common language and understanding to better serve children and families.

Discussion Facilitation Ideas:

- Share full report with participants at least a week ahead of time. Build time into a council meeting for people to read a recommendation or section (5-10 min) that can then guide discussion, rather than assuming people will have had time to read it thoroughly ahead of the meeting.
- Introduce the report using framing language – have participants take turns reading the four recommendations.
- Review the two graphics in the report. One is geared to use by families and providers, the other for policy makers. Where do you see yourself in graphic 2? Why is it important to have an integrated system for families?
- Discuss what language you have used or that you hear when discussing mental health and how that language may differ across disciplines.
- In pairs, choose one recommendation each and discuss the following:
 - Where have you seen this strategy used well to support a child and their family?
 - What is your part in supporting child and family mental health?
 - What language shift or practice can you make to improve how families are involved in building mental health and creating a shared understanding of what mental health means in early childhood?
 - What changes in your agency, the state system, policy or funding would make this recommendation/strategy more successful?
- As a group discuss:
 - What did you learn from your discussion with your pair that excites you?
 - What is a change we (as a staff, department, council) can do to promote mental health and support family engagement?

