

RESULTS-BASED PUBLIC
POLICY STRATEGIES FOR

Promoting Children's Social, Emotional and Behavioral Health

MARCH 2012

POLICY for **RESULTS.org**

Center
for the
Study
of
Social
Policy

The Center for the Study of Social Policy (CSSP) believes that policymaking should be based on achieving concrete results; and that using reliable data for learning and accountability leads to improved outcomes for all children and families.

Results-based public policy helps policymakers:

- Establish an aspiration that directs policy, budgeting and oversight on the desired result for children and families.
- Use results to drive decisions about policies, programs, practices and the investment of taxpayer dollars.
- Measure progress and assure accountability by using powerful and commonly understood data.
- Improve cost-effectiveness because smart policies that make a difference are essential to the nation's long-term economic and civic health; and leading with results is the best way to make hard spending decisions.

CSSP helps provide state policymakers with research-informed, results-based policy strategies to support child and family well-being in their states through **PolicyForResult.org**. This web-based tool provides guidance on maximizing federal resources and highlights state examples of effective policies and financing approaches; which is critical during tough economic times. This paper is intended to be a companion piece to the [promote children's social, emotional, behavioral health section on PolicyForResults.org](#).

Stringent criteria were used to select the indicators and recommended strategies in this paper. For example, the indicators are limited to those for which 50-state data are available and those that research or practice indicates can be improved. All indicators and strategies were chosen in consultation with issue experts and based on specific research regarding their effectiveness. Levels of evidence were identified and used to guide the selection of strategies and recommendations.

We recognize that evidence exists in different forms. PolicyForResults.org relies on three levels of evidence:

- **Rigorous statistical evidence** refers to the most scientifically defensible evidence, which comes through statistical evaluations with control groups, randomly assigned participation, and/or tests of statistical significance. Research of this sort is usually not available, particularly in the fields related to children and family policy. In addition, it is important to exercise caution when interpreting and generalizing findings from this sort of research to entire populations. True random assignment is ethically prohibited in many cases and this limitation must be recognized when interpreting the findings of quasi-experimental studies.
- **Program evaluation and emerging evidence** refers to evidence that is derived from state studies, policy analysis, the evaluations of specific programs and research or extrapolations from related fields.
- **Practice-based evidence** refers to evidence that enjoys broad consensus from practitioners. Practice-based evidence of success and experience can provide compelling evidence, as can research, provide strong, but not conclusive, statistical evidence.

PROMOTING CHILDREN'S SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH

Most mental health problems begin with early signs or identifiable risks. Even infants and toddlers in the first two years of life can experience risks or more serious conditions. Just over 20 percent of children (or 1 in 5) have either currently or at some point in their lives experienced a seriously debilitating mental disorder.¹ Child mental health disorders are not only very common but can also begin at a very young age. Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system and fewer stable and longer-term placements in the child welfare system than children with other disabilities. Unfortunately, most children with mental health disorders (75 to 80 percent) do not get the supports and services that they need – and that would make a significant difference.²

In order for children to meet developmental milestones, learn, grow and lead productive lives, it is critical that they be healthy. Good social-emotional and mental health is a key component of children's health and healthy development. National data document children experience a [significant range](#) of mental, social, emotional and behavioral health conditions, and most of their problems are amenable to intervention. State policymakers can contribute to the social, emotional and behavioral health of children through strategies that promote awareness and work to identify and treat the needs of children and their families. It is important for states to consider the range of interventions, from promoting children's healthy development to addressing serious mental health disorders. States can: adopt continuum of strategies to promote social, emotional and mental health in children, establish strategies for early identification and intervention for children at risk and provide for crisis and long-term intervention strategies for those with more serious conditions. Mental health disorders can be identified in a child's early years, and when treated, children and youth with mental health problems are more successful at home, in schools and in their communities.³ An important aspect of supporting children's mental health is ensuring culturally competent services that involve families and youth in their own treatment plans.⁴ Whether the child is two years old or fifteen years old, family involvement is a proven practice. By coordinating efforts at the state level and ensuring that all families have access to necessary, quality care, state policymakers help children to grow up with the supports they need to be healthy and productive.

Important to Consider

In instituting an effective continuum of care, it is important to distinguish between children who are at risk because of known adverse events (child abuse, parental divorce or homelessness, for example) or environments (such as extreme poverty or maternal depression) and children with social, emotional and behavioral issues related to diagnoses such as Autism Spectrum Disorders or ADD/ADHD, whose origin is not known.

¹ National Institute of Mental Health (2011). Statistics: Children and adolescents. [Available online.](#)

² National Center for Children in Poverty (2006). Children's Mental Health: Facts for Policymakers. [Available online.](#)

³ National Center for Children in Poverty (2006). Children's Mental Health: Facts for Policymakers. [Available online.](#)

⁴ Ibid.

Root Causes Related to Children’s Social, Emotional and Behavioral Health

There is not a specific identifiable cause of mental health disorders that serves as an explanation for every child across all circumstances. Mental health issues are currently understood to be caused by the interaction between genetic and environmental factors that include: inherited traits, biological factors, life experiences and brain chemistry.⁵

There are, however, some factors that have been shown to have particular impact children’s social, emotional and mental health. They include:

Poverty. Children and youth from low-income households are at an increased risk for social, emotional and behavioral health problems. According to the Center for Children in Poverty, 21 percent of low-income children and youth (ages 6 through 17) have mental health issues. Additionally, 57 percent of these low-income children and youth come from households with incomes at or below the federal poverty level.⁶ Obviously, it is not directly the lack of money that causes mental health problems – poverty is associated with parental stress, inadequate early care and education, and family or community violence, which in turn contribute to mental health problems.

Trauma. Experiencing physical or mental trauma can have a profound impact on children. When children are injured, see others harmed by violence, suffer sexual abuse, lose loved ones or witness other tragic events, it can increase their risk of experiencing social, emotional or behavioral health problems.⁷ Additionally, children and youth who are in the child welfare (50 percent) and juvenile justice systems (67-70 percent) have higher rates of mental health disorders than children and youth in the general population.⁸

Inadequate Treatment. Study after study has shown that children with mental health disorders who are receiving appropriate treatment are more successful in their schools, homes and communities. However, a majority of children and youth who require mental health treatment do not receive it. There are significant differences across states in regard to the mental health treatment they provide children, spanning 31 percent to 51 percent unmet need for mental health services.⁹

⁵ The Mayo Clinic (2011). Mental Illness: Causes. [Available online.](#)

⁶ National Center for Children in Poverty (2006). Children’s Mental Health: Facts for Policymakers. [Available online.](#)

⁷ National Institute of Mental Health (2009). Coping with Trauma after Violence or Disasters. [Available online.](#) Centers for Disease Control and Prevention (2011). Adverse Childhood Experiences Study. [Available online.](#)

⁸ National Center for Children in Poverty (2006). Children’s Mental Health: Facts for Policymakers. [Available online.](#)

⁹ National Center for Children in Poverty (2006). Children’s Mental Health: Facts for Policymakers. [Available online.](#)

Setting Priorities: Why is it Important That Children are Healthy?

A child's development is shaped by a number of factors, such as genetics, relationships with parents or other caregivers, socioeconomic factors, and early childhood experiences. By supporting the healthy development of young children policymakers help to provide the foundation needed for children to grow into thriving adults. Children who are healthy and successful socially and emotionally have a greater chance of becoming economically productive and engaged citizens. In addition to the important benefit to children, making investments in the well-being of the next generation ultimately translates into both benefits to and savings for taxpayers.

What are the Key Elements to Achieving this Result?

Reaching health and developmental milestones. Optimal results start with planned, healthy births to individuals who are prepared for parenthood and continue with children's positive social and emotional development, safety, physical health and cognitive growth. Stress associated with maternal deprivation, poverty, poor nutrition and child abuse can lead to lifelong behavior, learning and physical and mental health problems.¹⁰

Supportive families. Stable, secure and nurturing relationships are a core component of healthy development. Parents who have effective parenting skills, are literate and have the capacity to provide for their children's physical and emotional needs, combined with connections to supportive networks and services, are the foundation for healthy and prepared children. Teens that delay parenthood, and plan for parenthood as adults, are better able to achieve educational and financial goals that result in better outcomes for their children.

NEED MORE?

[Helping Those Who Need it Most: Meeting the Mental Health Care Needs of Children in the Child Welfare and Juvenile Justice Systems](#), from the California Family Impact Seminar includes suggestions for improving mental health services for youth in the foster care and juvenile justice systems.

¹⁰ Schorr, L.B. and Marchand, V. (2007). Pathway to children ready for school and succeeding at third grade. Cambridge, MA: Pathways Mapping Initiative, Harvard University. Available [online](#).

USING DATA

How are your kids?

Using data enables policymakers to examine the data trends within their state and compare these trends with other states and national averages. Considering the data in context, by analyzing the root causes behind the data leads to considering data projections and setting targets for improvement.

Projections

In order to achieve measureable results, it is essential to examine the direction in which a trend is likely to move. Making projections allows policymakers to determine the current and future conditions and to set realistic and appropriate targets. When making these projections consider the following questions:

- What do trends suggest about the current outcomes for children, families and communities?
- What will rates for children who have one or more emotional, behavioral or developmental conditions look like in the near and distant future (for instance, after one year, three years and five years) if you continue on the current course?
- Does the projected trend suggest positive conditions for children, youth and families?
- If positive change is projected, is it significant? Is it enough?
- What is the impact on communities, public systems and state budgets?

Targets

Target-setting is an important step in achieving positive outcomes for children, youth, families and the community. In order to achieve better results, leaders can commit to setting a measurable target and a timeframe for its accomplishment. When establishing targets consider the following questions:

- Based on trend and projection data what is an achievable target?
- How will the target be used?
 - As an inspiration for mobilizing public will and action?
 - As a benchmark for measuring performance and accountability?
- Can targets be set for specific groups or regions within the state?
 - How will local targets be incorporated, if at all, into the state target?
 - What support can the state give to local entities to set and achieve targets?
- How will racial disparities, geographic differences and other variations be considered?
- What will ensure targets are appropriately set and used over time?
 - How can you prevent targets from being misused for punitive purposes or from leading to unintended consequences and poor practices?

The Data

Children who have one or more emotional, behavioral or developmental conditions: These data are the percentages of children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD or behavioral/conduct problems. Data is from the Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau’s National Survey of Children’s Health.

Percent of children ages 2 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD or behavioral/conduct problems in 2007.

United States	15.2	Missouri	16.3
Alabama	18.4	Montana	17.1
Alaska	15.2	Nebraska	15.2
Arizona	13.5	Nevada	12.7
Arkansas	19.1	New Hampshire	17.4
California	13.0	New Jersey	14.3
Colorado	13.3	New Mexico	13.6
Connecticut	15.7	New York	14.2
Delaware	19.1	North Carolina	20.0
District of Columbia	15.4	North Dakota	15.5
Florida	15.7	Ohio	19.9
Georgia	12.4	Oklahoma	18.1
Hawaii	12.5	Oregon	15.9
Idaho	14.4	Pennsylvania	16.5
Illinois	12.9	Rhode Island	19.2
Indiana	18.2	South Carolina	15.3
Iowa	16.5	South Dakota	13.4
Kansas	16.3	Tennessee	15.8
Kentucky	18.1	Texas	11.9
Louisiana	18.8	Utah	13.5
Maine	19.6	Vermont	20.3
Maryland	18.4	Virginia	16.0
Massachusetts	18.2	Washington	16.6
Michigan	16.6	West Virginia	18.1
Minnesota	14.0	Wisconsin	15.0
Mississippi	15.3	Wyoming	17.3

For additional information on trends, as well as for additional comparative state and national data please see our PolicyforResults.org [data section](#) on promoting children’s social, emotional and behavioral health.

STRATEGIES FOR PROMOTING CHILDREN'S SOCIAL, EMOTIONAL AND BEHAVIORAL HEALTH

What works?

Strategy #1 - Promote early childhood social and emotional development

Developing a common vision and a comprehensive approach to addressing children's social, emotional and behavioral health needs is an integral part of child and adolescent health and health care.

Policymakers can promote policies that call for a comprehensive state plan, interagency strategies and coordinated investments to support early social and emotional development. By integrating social and emotional development into existing programs and services, policymakers support efforts to comprehensively address the mental health needs of children and their families. The promotion of early childhood social and emotional development is the first step in prevention and early intervention. Some Strategies that can be used to promote early social emotional development include:

- ***Develop initiatives to increase understanding of early social and emotional development.*** Developing initiatives to increase public understanding of the important developmental needs and milestones for children, as well as information on supporting those milestones, is a critical way to promote social, emotional and behavioral health. Information about early childhood mental health, early indicators of risk and mental health disorders and ways that parents can best support their child's early social and emotional development can be shared through a variety of means. State agencies can launch outreach and educational efforts, state legislators can declare an "early childhood mental health month" or a "healthy child month" and support initiatives in their home districts to broaden awareness. State agencies and their partners can provide information to the public on healthy social, emotional and behavioral health as well as information on where families can go for help. **Wisconsin's** [Think Big, Start Small](#) campaign is a statewide effort to promote early childhood issues, including infant mental health.
- ***Integrate social and emotional development into existing programs and services.*** States can use current systems and funding to expand their capacity to support early childhood social, emotional and behavioral health. States could use Medicaid to promote healthy development through routine developmental screenings and care coordination, utilize Head Start to support parent education, provide training and professional development to early childhood programs and agencies and use federal funds to enhance their state's capacity. **Kansas** expanded the Early Head Start programs in their state through the commitment of TANF funds. Kansas expanded Early Head Start [further in 2010](#) with the investment of American Recovery and Reinvestment Act funds.

Raising Awareness.

SAMSHA's [Caring for Every Child's Mental Health Campaign](#), launched in 1994, is devoted to increasing awareness around children's mental health through the strategic use of social marketing and communications strategies.

[National Children's Mental Health Awareness Day](#) occurs annually in May.

Strategy #2 - Prevent social, emotional and behavioral health disorders

Early identification of developmental and mental health issues in young children is essential for preventing more serious social, emotional and behavioral health disorders. Policymakers can promote the creation of statewide standards and strategies for identifying—in medical, childcare, school and community settings—the developmental needs of young children and developing appropriate interventions. Early childhood screening, with proven tools, is a critical investment, particularly for Medicaid programs as part of EPSDT. Linkages among providers help to assure that children’s risks are addressed and conditions treated before they worsen. In addition, policymakers can support the identification and treatment of parental mental health needs and thereby the healthy development of their children. Some of the strategies that can be used to support prevention efforts include:

- ***Expand opportunities for early identification.*** To help identify infants and toddlers at risk of social, emotional and behavioral health problems and enable providers to deliver effective interventions, policymakers can support regular developmental screenings and early assessments at well-child pediatrician visits. State legislators can work to ensure the standardized use of reliable screening tools by directing state agencies and their contractors/vendors to use such tools and requiring insurance, HMO and Medicaid contracts to include coverage for developmental and behavioral health screenings, for example. As a result of a class action lawsuit, Massachusetts reconstructed its Medicaid behavioral health care system for children. The state now requires EPSDT behavioral health screenings using specified, validated screening tools in all well-child visits from birth to age 5, and trainings for pediatric primary care providers have been offered statewide. As a result of the state’s efforts to expand early identification approaches, the percent of MassHealth well-child behavioral health screens for children under age 6 nearly tripled (from 2007-2008). MassHealth is now analyzing claims data to assess service utilization by families with positive screens.¹¹
- ***Invest in Early Care and Education.*** Policymakers can [invest in quality early care and education](#) that supports healthy social and emotional development by funding mental health consultation and training for early childhood providers. Such training enables program staff, who frequently interact with young children and their families, to identify and address warning signs of mental health disorders, prevent behavioral problems and support healthy family relationships. Kentucky’s [Kids Now](#) initiative aims, in part, to prevent young children and their families from being expelled from early care and education settings due to behavioral problems. To achieve this goal, the initiative provides assessments for young children (birth to age 5) with mental health needs as well as therapeutic services for their families; in addition, Kids Now offers mental health consultation and training to child care providers serving these young children.¹²

¹¹ D. R. Lyman, W. Holt, and R. Dougherty. State Case Studies of Infant and Early Childhood Mental Health Systems: Strategies for Change. The Commonwealth Fund: July 2010. [Available online.](#)

¹² J. Cohen, N. Onunaku, S. Clothier, and J. Poppe. “Helping Youth Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development.” National Conference of State Legislatures: September 2005. [Available online.](#)

- **Require Quality School Standards.** To develop a continuum of identification and intervention, policymakers can require quality school standards, including the presence of early childhood mental health professionals in schools. These professionals can help maximize the ability of existing school staff to identify at-risk children in school settings as well as develop a series of interventions—such as classroom-focused interventions, home-based interventions and a system of referrals for children who need more intensive and/or specialized services—to address their needs. As part of Colorado’s child care consultation project, infant and early childhood consultants observe classrooms and work with teachers to identify children’s needs and develop interventions. Working with teachers and parents and conducting trainings in community settings, the consultants link children and families to the mental health services they need. Evaluation of the state’s consultation program demonstrated a significant reduction in emotional disturbances as well as improved child interactions and quality of the classroom.
- **Invest in family mental health services and supports.** Addressing family mental health needs is a two-generation strategy. Family mental health concerns—such as maternal depression, substance abuse and family violence—affect parents’ availability and capability to nurture their children, posing a risk to children’s healthy development. Policymakers can improve both child and adult outcomes by investing in family mental health needs. By targeting services to pregnant women and new mothers, women most at risk of maternal depression, policymakers can work to prevent and/or quickly address maternal mental health needs.¹³ Additionally, policymakers can require the use of high quality screening tools for identifying parent mental health concerns and their coverage by state insurance, HMOs and Medicaid. In collaboration with the state’s health and mental departments, **Indiana’s** Medicaid authority has standardized health and behavioral health screenings for prenatal and postpartum women. The state plans to implement presumptive Medicare/Medicaid eligibility with notification of pregnancy, which will allow more women to be screened. Additionally, Indiana’s Medicaid authority plans to reimburse care management organizations for comprehensive health and behavioral health risk screenings for mothers and their infants.¹⁴
- **Fully implement CAPTA and IDEA.** Infants and toddlers in foster care have rates of developmental delays at approximately four to five times those of children in the general population.¹⁵ To address their development needs early and prevent later social, emotional and behavioral health disorders, policymakers can support the full implementation of new [CAPTA](#) and [IDEA provisions](#), which require states to develop policies and procedures for referring children under age 3 who are involved in a

¹³ J. Cohen, N. Onunaku, S. Clothier, and J. Poppe. “Helping Youth Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development.” National Conference of State Legislatures: September 2005. [Available online.](#)

¹⁴ “Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online.](#)

¹⁴ D. R. Lyman, W. Holt, and R. Dougherty. State Case Studies of Infant and Early Childhood Mental Health Systems: Strategies for Change. The Commonwealth Fund: July 2010. [Available online.](#)

¹⁵ J. Cohen, N. Onunaku, S. Clothier, and J. Poppe. “Helping Youth Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development.” National Conference of State Legislatures: September 2005. [Available online.](#)

substantiated abuse or neglect case to Part C of IDEA. These policies and procedures might include funding a pilot study to shape an effective process for referrals and data-sharing, directing your state’s Interagency Coordinating Council for Part C to develop procedures for referrals or mandating that interagency contracts be established between all relevant state agencies to fully implement federal requirements.¹⁶ In 1996, **Delaware** child welfare and early intervention program (EI) agencies established policies and procedures, including an operations agreement that outlines roles and expectations of child welfare workers and EIP staff, to refer children involved in substantiated abuse or neglect cases to the state EIP and to share relevant resources. In addition, child welfare workers stationed at the EIP as liaisons provide case management on individual cases, monitor the status of all referred children and utilize a development checklist developed by the EIP and linked to the child welfare computerized tracking system.¹⁷

Strengthening Families, an initiative developed by the Center for the Study of Social Policy, helps child welfare systems, early care and education programs and other organizations that work with parents to build protective factors—parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competence of children—into the care and treatment of vulnerable children.

¹⁶ J. Cohen, N. Onunaku, S. Clothier, and J. Poppe. “Helping Youth Children Succeed: Strategies to Promote Early Childhood Social and Emotional Development.” National Conference of State Legislatures: September 2005. [Available online](#).

¹⁷ “Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online](#).

Strategy #3 - Connect the specialized needs of children with appropriate services

Children who have social, emotional and behavioral health needs should receive the best services and supports possible. By expanding staff training and professional development opportunities, state policymakers can aid in the creation of a well-trained workforce able to meet children's mental health needs. By assuring that Medicaid financing is available for treating risks and more serious conditions, states can maximize their investments. Through better integration and coordination of public resources, policymakers can help ensure that families are able to obtain and afford the comprehensive care that they need. For children who have experienced trauma, and are therefore at increased vulnerability for mental health disorders, states can use proven practices to provide these children with the specialized supports that they need. Some of the strategies for connecting children's specialized needs with appropriate service include:

- ***Expand staff training and development.*** In order to ensure that children are appropriately assessed and treated for social, emotional and behavioral health disorders, it is critical to have well-trained staff. State policymakers can create specialized projects in colleges and universities to recruit and graduate mental health professionals, including early childhood mental health specialists. In professional development for agency staff, policymakers should ensure that licensing and certification requirements do not create unnecessary barriers and should work closely with state mental health agencies and associations to identify training and professional development strategies. The **Connecticut** Oversight Committee for the Mental Health Transformation Initiative approved funds for a state [Mental Health Workforce Transformation Workgroup](#), which focused on identifying the major workforce-related needs and the necessary resources to meet the workgroup's recommendations, including establishing programs for younger children that tie in to existing programs for older children, training for pediatric providers to do mental health screenings (allowing for early intervention) and providing training institutes on young children.
- ***Address gaps in Medicaid reimbursement.*** State policymakers should ensure that their state's most vulnerable children are receiving needed mental health care. One way to expand mental health care is to allow for state Medicaid plans to reimburse for screenings, assessments, referrals and treatment for children with, or at risk of, social, emotional and behavioral health issues. Providing reimbursement for at-risk children will allow for identifying and intervening early, with the greatest impact. **Pennsylvania** Governor Tom Corbett's Commission for Children and Families issued a [state action plan](#) for improving children's health and well-being, which included a focus on changing Medicaid reimbursement rules to cover the mental health needs of children and their parents.
- ***Provide specialized treatment to children who have experienced child abuse, substance abuse and domestic violence.*** Children who have experienced maltreatment, substance abuse and domestic violence are at increased risk of social, emotional and behavioral health problems. State policymakers can ensure that these children receive priority for mental health services, fund services and follow-up for children and families involved with the child welfare system and for families seeking drug and alcohol addiction services and require systems of care to include early childhood and family mental health

objectives. The state of **Florida** funded the Infant and Young Children’s Mental Health Pilot Site in the Miami-Dade County Juvenile Court to address the mental health needs of infants, toddlers and their families who were at risk of involvement with the child welfare system.

- ***Develop statewide, shared, comprehensive resources for services and supports.*** State policymakers can promote coordination through the creation of a state-wide strategic plan for developing a comprehensive early childhood mental health system. By coordinating efforts around service provision, states ensure that children and their families are able to get the most thorough and appropriate services. **Indiana’s** 2005 [Senate Enrolled Act 529](#) created a task force to develop the [Indiana State Children’s Social, Emotional and Behavioral Health Plan](#). The state plan focuses on agency coordination, early identification and intervention; funding that assures access and equity; improved processes to deliver appropriate care and to learn about effective practices and public education about resources and reducing stigma surrounding mental health issues. The **Illinois** state Children’s Mental Health Act led to the Children’s Mental Health Partnership, a comprehensive, coordinated children's mental health system comprised of prevention, early intervention and treatment for children ages 0-18 years and for youth ages 19-21 transitioning out of key public programs.

System of Care. **Missouri's** [System of Care Initiative](#) offers an organized system enabling children with complex mental health needs to remain in their homes, schools and communities and receive the mental health services needed (for psychiatric needs, developmental disabilities and alcohol and drug abuse).

Success Story: Connecticut

The state of Connecticut has developed a comprehensive, coordinated set of strategies to promote children's social, emotional and behavioral health.

Created in 2005 and restructured in 2010, [Connecticut's Early Childhood Education Cabinet](#) aims to ensure that children reach age-appropriate milestones each year of ages birth to 5, enter kindergarten healthy and ready for school success and achieve the state's fourth grade reading targets on time. Members of the Cabinet include the heads of major state agencies, legislators and representatives from the Connecticut Commission on Children, the School Readiness Council and the Head Start Association; the Cabinet is co-chaired by the Governor's Senior Policy Advisor for Children and Youth and the Commissioner of Education, and it is funded by state appropriations and philanthropic co-investment. In 2008, the Cabinet created five workgroups—health, mental health, education, special education/ELL and nutrition—each of which included approximately 15 providers, parents and experts in the field who developed the educational levels, competencies and guiding principles for early childhood consultants.¹⁸ Since its creation, the Cabinet has adopted Ready by Five, Fine by Nine: Connecticut's Early Childhood Investment Framework and a corresponding cost modeling plan; established a range of higher quality standards for early childhood programs receiving state funds; completed an early childhood workforce development plan; created an accountability plan rooted in Results Based Accountability; designed an early childhood information system that includes child, teacher and program data; and partnered with foundations to support statewide parent leadership training and the development of community-level early childhood strategic plans.

As part of the [Connecticut Assuring Better Child Health and Development \(ABCD\) Screening Academy Project](#), funded by the Commonwealth Fund, Connecticut strengthened its preventive pediatric care and statewide development screening system. The state developed a set of policies to help pediatric practices implement recommended screenings and connect children to needed follow-up resources. Connecticut also revised its Medicaid policy to allow for a developmental screening to be billed on the same day as a well child visit or an evaluation and management visit. To aid in implementing the changes, the state collaborated with the Child Health and Development Institute of Connecticut and the Help Me Grow Initiative to revise the [Educating Practice in their Communities](#) model and work directly with physicians' offices to educate them about Medicaid policy changes.¹⁹

The state's Early Childhood Consultation Partnership (ECCP) employs early childhood mental health consultants across the state and works with community partners to serve children birth to age 5 in center-based early care and education programs. Co-funded by the state's Department of Children and Families and Department of Education and administered by a nonprofit

¹⁸ "Early Experiences Matter: A Guide to Improved Policy for Infants and Toddlers." Zero to Three. [Available online.](#)

¹⁹ Connecticut: ABCD Screening Academy Project. National Academy of State Health Policy. [Available online.](#)

Success Story: Connecticut continued...

behavioral health company, ECCP aims to prevent the suspension and expulsion of young children with mental health and behavioral challenges from their care settings. ECCP has been successful with 98 percent of children referred in promoting consistency of care and assisting care professionals to meet each child's unique needs.²⁰

The [Connecticut Center for Effective Practice \(CCEP\)](#) is a unique public/private partnership of state agencies and academic institutions working to improve the effectiveness of treatment provided to all children with serious and complex social, emotional and behavioral disorders. CCEP partners include the Department of Children and Families, the Court Support Services Division, the Department of Psychiatry at the University of Connecticut Health Center and the Yale Child Study Center.

In 2008, the state began [Connecticut's Playbook for Prevention](#), an initiative to promote a unified vision and set of strategies for parents, educators, care providers and policymakers to support the healthy development of young children. The initiative was developed by a public/private, state/national partnership of the Connecticut Commission on Children, Connecticut Public Broadcasting, the Committee for Economic Development, the National League of Cities' Institute for Youth Education and Families and the Frameworks Institute.

[Connecticut's Help Me Grow](#) system provides for the training of child health providers in effective developmental surveillance, statewide data collection and analyses regarding children's developmental status and the creation of a resource inventory of community-based programs supporting child development and families. The initiative also created a statewide referral system including a hotline through which parents and providers can access developmental services for children, care coordinators to answer families' calls to the hotline, on-site provider trainings and partnerships with community advocacy and service organizations. Reportedly, referrals to service programs in the state increased 60 percent under the program, and the percent of referred children who successfully accessed services has increased steadily since the program's creation.²¹ Based on the success of the Help Me Grow system in Connecticut, the system is being replicated in states [nationwide](#).

²⁰ "Early Experiences Matter: A Guide to Improved Policy for Infants and Toddlers." Zero to Three. [Available online](#).

²¹ Kenney, G. and Pelletier, J. "Improving the Lives of Young Children: The Role of Developmental Screenings in Medicaid and CHIP." Urban Institute. [Available online](#).

IMPLEMENTATION, ACCOUNTABILITY AND FINANCING

How can you ensure and sustain success?

Implementation

Because of the variety in proven interventions, states and communities have leeway to find programs that suit local values, opportunities and budgets. The key is to select strategies that have documented effectiveness, assure that they are implemented well and recognize the critical importance of a strong commitment to continuous program improvement.

- **Match expectations with sufficient resources.** Be clear about the goals, purpose and target audience for specific programs. Provide sufficient resources to ensure fidelity to the evidence-based model or modify expectations to accommodate variances.
- **Identifying barriers.** Effective policy development requires the identification of factors that may impede effective implementation.
- **Make provisions for broad-based input.** When involvement will increase the likelihood that the needs of children and families are being met by the policy, engage community stakeholders (children and youth, parents, schools, service providers, faith leaders and community groups) in implementation.
- **Support local capacity and communication.** Provide technical assistance, monitoring and oversight to local programs and agencies. Create opportunities for local-to-local communication, best practice sharing and local input on state policy decisions.
- **Support ongoing evaluation** and continuous program improvement.

Indiana State Senate Enrolled Act 529, called for the state to address several matters regarding children's social, emotional and behavioral health. An Interagency Task Force was formed to develop a [Children's Social, Emotional, and Behavioral Health Plan](#) containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention and treatment services for children from birth through age 22; adopt joint rules concerning the children's social, emotional and behavioral health plan; and conduct hearings on the implementation of the plan before adopting joint rules. The interagency task force includes members from the Department of Education, Department of Child Services, Department of Correction, Division of Mental Health and Addiction – Family and Social Services Administration, Medicaid – Family and Social Services Administration, Indiana State Department of Health, a parent advocate and the Governor's Office.

Accountability

Evaluation is essential for successful policy implementation and to ensure intended outcomes.

Accountability requires determining whether programs are implemented correctly, the right programs and strategies are used, progress is measured appropriately and children and families are benefiting.

This is established through both monitoring results (what we are trying to accomplish) and monitoring performance (how we tried to accomplish it).

- **Monitoring Results.** Through data, other information and consultation, it is possible to determine if the results we set out to achieve for children and families have been attained. By reexamining the selected indicators we can measure our progress toward the desired result.
- **Monitoring Performance.** Oversight requires policy-makers to determine if policy objectives have been achieved by focusing attention on the performance of specific programs or agencies. This involves reviewing individual programs and their impact on the lives of the people the program is designed to serve.
- **Assign responsibility for realistic outcomes.** Responsibility for outcomes should be designated based on the appropriate roles, resources and capacity of public and private stakeholders.
- **Establish oversight bodies** that consistently review key actions by state agencies.
- **Measure and report progress** to stakeholders and the community. Require public availability of data to allow administrators, policymakers and the public to measure the state's progress on key outcomes.

Considering Co-Investment

Are we consulting with appropriate experts, advocates and constituents?

Are we ensuring that families being consulted and that their views and experiences are being considered?

Considering Racial Equity:

Does this policy take into account differences in cultures and community norms?

Will/Is this policy improving racial equity?

Financing Options

In order to ensure that state policies are sustainable it is important to consider ways to both maximize federal resources and to utilize public-private partnerships. To that end, there are several opportunities to support state efforts to promote children's social, emotional behavioral health. For example:

Maximize Federal Funds.

Medicaid: [Medicaid's Early and Periodic Screening, Diagnosis and Treatment benefit](#) (EPSDT) requires states to finance developmental screening (including mental health), an array of early intervention services and mental health treatment for more serious conditions.²² For children enrolled in Medicaid, EPSDT also can finance case management, developmental services, maternal depression screening and an array of other services and supports. In order to maximize Medicaid funds, states can clarify for families and providers the range of services that can be reimbursed, particularly mental health and developmental screening as part of comprehensive well-child examinations known as EPSDT screening visits. This is at the heart of the preventive purpose of EPSDT.

[Title V/Maternal and Child Health Program \(MCH\)](#): Title V funds can be used to finance a wide range of maternal and child health services and programs. Every state has a Title V-funded Program for Children with Special Health Care Needs and some of these programs include services for children with social-emotional and mental health needs. Some states use Title V funds to support family support services and to promote the development of comprehensive, coordinated systems of care for children and their families.²³ These flexible block grant dollars can also be used for special projects, such as training for child care health and mental health consultation.²⁴

[Child Abuse Prevention and Treatment Act \(CAPTA\)](#): The Basic State Grant program under CAPTA provides funding to fully implement the legislation's requirement that states refer children under age 3 involved in a substantiated abuse or neglect report to IDEA Part C Early Intervention Programs.²⁵ In most states, this means that referred infants and toddlers receive a comprehensive evaluation to determine whether or not they are eligible for Part C.

²² Kay Johnson and Jane Knitzer (2005). "Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness." National Center for Children in Poverty. [Available online.](#)

²³ Maternal and Child Health Services Title V Block Grant. U.S. Department of Health and Human Services: Health Resources and Services Administration. [Available online.](#) Kay Johnson and Jane Knitzer (2005). "Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness." National Center for Children in Poverty. [Available online.](#)

²⁴ "Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online.](#)

²⁵ "Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online.](#)

Head Start and Early Head Start: [Head Start](#) grantees are required to assure that children receive developmental screenings and are linked to follow-up testing and treatment for children with development delays or suspected disabilities. Head Start funding can be used to support this requirement in various ways, including trainings for practitioners and building systems of coordination with mental health, Part C and the child welfare agencies.²⁶

Temporary Assistance for Needy Families (TANF): States can use TANF dollars to fund preventive programs, such as assessments, that support children’s healthy social, emotional and behavioral development while reducing out-of-home placement.²⁷

The [Community Service Block Grant](#) is a formula grant available to states through a Department of Health and Human Services application process. Funds can be used, in part, for strengthening educational opportunities and providing services and activities that help low-income individuals achieve greater participation in the affairs of the community.

Utilize Public-Private Partnerships.

[The Commonwealth Fund’s](#) Assuring Better Child Health and Development (ABCD) Program funds efforts aimed at improving the delivery of early child development services for low-income children and families, particularly those whose health care is covered by state health care programs such as Medicaid. The National Academy for State Health Policy administers the funds and provides technical assistance to states in their creation of models of service delivery and changes to financing of screenings, assessments and care for young children. Between 2004 and 2008, [North Carolina’s ABCD Program](#) quintupled the number of screening tests administered during Medicaid well-child visits to identify young children at risk for developmental disabilities and delays and quadrupled referrals to Early Intervention programs. The Commonwealth Fund also provides grants to states and public/private entities for other child and family health-related policy and practice improvements.

In 15 states, the [Ounce of Prevention Fund \(the Ounce\)](#) invests private dollars in innovative programs to support healthy child development and works with states to leverage public funding for replication and expansion of these programs. In **Illinois**, the Ounce has worked to create the state’s Early Intervention Task Force, trains early childhood professionals to recognize warning sign of mental health disorders in children ages 0 to 3 and supported the passage and implementation of legislation that sought to promote early detection and treatment of maternal depression during and after pregnancy.

More Information

In addition to providing advanced hospitalization and administrating several health care programs across the country, [Nemours](#) funds research and projects related to supporting children’s healthy development.

²⁶ “Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online.](#)

²⁷ “Addressing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services. Child Welfare Information Gateway: May 2007. [Available online.](#)

FINANCING PRINCIPLES: What Does It Take to Invest in Results?

While the above are financing options to specifically promote children's social, emotional, behavioral health there are some universal guidelines around funding that should be considered with any results-based public policy initiative.

A compelling vision. Powerful visions – such as clear and compelling goals for improving children's lives – are magnets for resources.

Aligning financing with results. The goal is to invest in policies, programs and practices that research and experience indicate will contribute to better results for children. Policymakers can act to ensure that desired results drive financing, instead of available funding driving policy and programs.

Effective use of existing resources. The number one financing priority is to use resources that you already have to pay for better results. Fiscally responsible approaches that are accountable to taxpayers focus on spending existing funds in more effective ways.

Packaging financing. No single financing approach will support the change required to achieve ambitious targets for improving children's lives. The best results are accomplished with financing packages that draw from a wide array of resources, instead of getting stuck on a single funding stream or financing approach.

Leveraging resources. Even small amounts of money can be leveraged to have positive impact. For example, grants from foundations or the federal government can provide seed money for shifting investments.

Local-state-federal-private financing partnerships. Federal policies, funding streams and regulations have an enormous impact on the well-being of state residents. Likewise, communities are dramatically affected by both state and federal financing. While cost shifting across levels of government can have dire consequences, carefully crafted agreements developed in partnership can provide powerful incentives for change.