SYSTEMS OF CARE
EVALUATION UPDATE

The Need for Early Childhood Systems of Care

March 2008

Most parents understand the importance of their children's physical well-being in early childhood. As much as parents ought to be concerned with polio and tetanus shots, they should also be paying attention to their children's mental health, according to experts in the field.

It's during early childhood that a child begins to develop the capacity to experience, regulate and express emotion. That's also when children develop the ability to form close, secure relationships, and the drive to explore the environment and learn from experience. Disruptions to normal development in these areas can lead to emotional and behavioral challenges in later years.

With federal funding and support, early childhood systems of care have begun to improve mental health services for young children—by strengthening partnerships among various public agencies that are involved in the lives of young children and their families.

These early childhood systems of care have been working hard within their own communities— as well as across communities— to emphasize the importance of effective mental health services and supports for young children and their families. Often, these communities help young children who have multiple risk factors, such as high-risk home environments, exposure to abuse or neglect, and other stressful life circumstances, in addition to having serious mental health needs. The early childhood systems of care have been working together with community partners particularly vital in young children's lives such as the child welfare system, primary health care for young children, and child care providers and preschool programs.

Now, more than ever before, mental health services are a critical part of early childhood systems. Today's children and families face many challenges. More and more young children are being diagnosed with serious mental illnesses or are experiencing behavioral problems earlier in school, which is detrimental to their overall success. Early childhood systems of care can help with these issues by creating a system of care that prioritizes the special needs of young children and their families in order to provide age-appropriate treatments.

As an increasing proportion of children and youth served by systems of care in communities throughout the nation are young children, early childhood systems of care are likely

Challenges for the Early Childhood Communities

Early childhood systems of care are very important for the process of developing good mental health in children, but they face some unique challenges. Some of the challenges they face are:

- Providing a diagnosis,
- Using evidence-based practices, and
- Defining the role of a youth coordinator.

Many mental health providers are not comfortable making a mental health diagnosis for a very young child. However, a child must have a diagnosis to be eligible to receive services from a CMHS-funded system of care. Because of this, some early childhood system of care communities are having trouble finding children to enroll and are working with CMHS to allow children 0-3 years of age to enroll in a system of care without a diagnosis.

Evidence-based practices help people who are designing mental health treatment plans choose treatments that have been shown to work well in different situations and in different cultures. Grant communities funded by CMHS are required to provide evidence-based practices as part of their service plans, so they can provide the most effective services possible.

However, there have not been many evidence-based practices developed for very young children, which presents a real challenge for early childhood systems of care. Some communities are adapting evidence-based practices... (Continued on page 2)

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originally developed for older children. Unfortunately, in changing an evidence-based practice, the community can't be sure that the revised program will work as well for young children as it did for older children. More research is needed to develop evidence-based practices designed specifically for young children.

System of care communities value having youth participate in planning their own services. Most system of care communities have a youth coordinator whose job it is to coordinate youth involvement in the system of care, and to make sure that youth are considered equal partners in bringing about improvements in the system of care.

Since the early childhood system of care communities serve children that are too young to participate in planning services or in evaluating services, the role of youth input is unclear in these communities. Some early childhood communities are developing creative ways to incorporate the youth voice, such as including youth-age siblings of young children enrolled in the system of care and creating teen parent groups from among the parents of the young children enrolled.

In spite of the challenges that the communities face, early childhood system of care communities are making excellent progress in preventing and treating mental health problems through early intervention.

Early Childhood Systems of Care Evaluators

Would you ask a two-year-old child if he had ever driven a car or gotten in trouble with the law? No, because questions like these do not apply to young children. Unlike other system of care communities, early childhood communities work only with young children and need more appropriate questions to ask these young children and their caregivers. The way this information is analyzed and presented must also be altered to make it useful.

Building Leveraged Opportunities and Ongoing Mechanisms (BLOOM) in Colorado is one of the few early childhood community funded prior to 2005. Among the system of care communities funded in 2005, there are six communities that are focused on an early childhood population. These sites include:

- Integrated Service System of Infants, Preschoolers and Families Program in Los Angeles, CA;
- Building Blocks in southeastern CT;
- Sarasota County Early Childhood Mental Health Partnership in FL;
- Starting Early Together (SET) in Allegheny County, PA;
- Wraparound Oregon: Early Childhood in Portland, OR; and
- Rhode Island Positive Education Partnership (RIPEP) in RI.

The evaluators from these communities have been working together over the past 18 months on a number of initiatives to ensure that data collection and reporting are appropriate for communities that have a focus on an early childhood population.

Together with the National Evaluation Team, this group of evaluators helped to modify the Enrollment and Demographic Information Form (EDIF) so that it now includes information that is appropriate for an early childhood community, such as the option to use a different diagnostic system for children ages 0-3. The group is now in the process of modifying both the Data Profile Report (DPR) and the Continuous Quality Improvement (CQI) progress report so that the data summarized in these reports are more useful to communities in understanding the early childhood population .

Early in their funding, the early childhood community evaluators realized that the national evaluation is geared to a 6-18 year old population. The six 2005-funded early childhood communities, along with Project Bloom in Colorado, have been meeting to establish a way to develop local evaluations that will increase the understanding of the characteristics of very young children who have severe emotional and behavioral challenges and how involvement in systems of care can help them.

Each of these communities has identified outcome measures to include in its local evaluation and many of these measures are being collected across multiple communities. The data collected will be a valuable resource to others in the field of early childhood. Since the data is collected as part of local evaluations and not the national evaluation, the early childhood communities are in the process of developing a grant application for submission to the National Institutes of Health (NIH) to fund a data repository so that data from all of the communities can be combined to give an even better picture of the early childhood population.

In addition to this initiative, the early childhood evaluators are also considering other projects, including presentations at conferences and journal articles. These evaluators working together have been able to do more for their communities than any one of them could have done individually. They set an excellent example for cross-community collaboration.

Future *Evaluation Updates*

- Evidence-Based Practices
- Tribal Financing

Making Outcomes Meaningful in an Early Childhood System of Care

The Sarasota Partnership for Children's Mental Health is an early childhood system of care in Florida that is working to find better ways to meet the needs of young children and their families.

Upcoming Evaluation Activities

- **Youth Involvement in Evaluation Webinar—May, 2008**
- **Youth Session: "*Youth Evaluation...I'm Convinced! Now What?*" at the Training Institutes in Nashville, TN—July 16-20, 2008**
- **September 2008 Evaluation Training—September 2008**

Through the process of developing our community's logic model, we have developed a shared understanding about issues faced by young children and their families and how best to meet those needs. The logic model is a living document that will change as the system of care community continues to develop.

In our third year, efforts to improve accountability in the system of care focus on clarifying linkages between the logic model and the data collected. Linking data to outcomes for children and families has been an important process to maintain engagement of community partners, and has allowed us to integrate into the evaluation a framework to interpret the results based on a shared language and vision for change.

For example, in the process of developing the logic model, we looked at what the term "early childhood mental health" meant and identified resources and strengths in the community to help young children and families. Questions were asked in community forums, and early childhood mental health was defined across three domains:

1. Experiencing and expressing emotions;
2. Forming close, secure relationships; and
3. Exploring the environment and learning.

Young children rely on their caregivers to help them manage the full range of their emotions, and to feel safe and confident enough to explore their environment. This is how they learn. This is why parents and primary caregivers are so important in early childhood. This priority identified by the community was translated into an important outcome, and we have tracked data to provide ongoing feedback on the success of the system of care in reducing disruptions in children's relationships with primary caregivers and family.

We are exploring the national and local evaluation data to see how consistency in placements and relationships of young children helps the child's positive behavior at home and in early learning and care settings. The community uses this information to train the staff and modify services that can continue to each child's positive adjustment and well being.

Building Leveraged Opportunities and Ongoing Mechanisms (BLOOM)

The Colorado public mental health system served almost 4000 children ages 0-5 years each year through the community mental health centers prior to the CMHS funding of Project BLOOM. Through BLOOM, four communities are receiving funding through the Colorado Division of Mental Health to build systems of care for early childhood. Now, in the final year of funding, thoughtful reflection provides many lessons in the evaluation of the CMHS program.

BLOOM has benefited from the use of the Data Profile Reports, reviewing each as they have been available. Given the early childhood focus of the project, the interpretation of these reports requires full participation from stakeholders, including project staff, family members, and evaluators, and greater processing of the results; i.e., what these results mean in the context of our families. Likewise, the CQI progress reports are reviewed carefully by the Committee for Overseeing and Directing the Evaluation (CODE) and incorporated into the BLOOM Quality Improvement process.

The BLOOM evaluation team also emphasized process evaluations, with the primary focus of determining system of care model implementation in the early childhood population. The national evaluation worked with BLOOM to provide training to a Colorado team to conduct the system of care assessment that is done for all system of care grantees. The assessment measures the degree to which system of care principles and values are present in the infrastructure and service delivery in the communities. Teams of Colorado interviewers carried out the assessments in the three sites not included in the national evaluation assessment. Reports were produced for each community, and the teams presented the results to the local governing councils. (Continued on page 4)

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Each community incorporated the results into its work as it determined appropriate.

The Wraparound Fidelity Index is being used to assess how the Wraparound planning has operated in practice. With the early childhood population, the interagency collaboration can look very different— for example, criminal justice involvement of the child isn't relevant and, in many cases, the child is not enrolled in pre-school or childcare.

BLOOM's local evaluation team relies heavily on a database developed for the project to track children and family information and services utilized. The Tracking Systems of Care (TSOC) database was developed specifically for BLOOM and provides invaluable reporting of data not otherwise collected. Each of the communities enters the information into the web-based system and receives an individual community report as part of the application.

While the early childhood focus has provided many challenges in the implementation of the evaluation of BLOOM's system of care, it has afforded even more opportunities for the development and application of thoughtful, innovative approaches. The excitement and energy that accompanies such efforts have been evident throughout. As the end of the federal funding nears, everything discussed is critical in planning for sustainability of components of the system of care for each child in Colorado.

The Role of the Family in Early Childhood Systems of Care

Young children with behavioral and emotional challenges can't make decisions about their enrollment in a system of care—that's the responsibility of their families. So, how does a system of care that is focused on young children motivate families to stay involved in the system? One way is through using many different family-driven activities and checking in with families to make sure these activities are meeting their needs. Allegheny County's (PA) Starting Early Together program has made this a top priority and has included family-driven practices through all its activities.

Some of these practices are providing stipends to support family member participation in planning and oversight committees; offering childcare, food and transportation for committee meetings; and holding committee meetings at times and places that are convenient for family members. The system of care maintains a Community Evaluation Team to provide opportunities for learning about evaluation to family members and to ensure the ongoing involvement of family members in evaluation activities.

Data collected by the local evaluation team for the Building Blocks program in Southeastern Connecticut shows how children's symptoms are related to their caregivers' levels of stress and strain. Caregivers of children enrolled in the system of care are interviewed when they become part of the system of care. At this time, caregivers are asked how much their children showed 100 different behaviors in the previous two months—behaviors such as cruelty to animals, crying a lot, or hitting other children.

Some of these behaviors are considered "internalizing" (such as acting too young for his/her age) and some are considered "externalizing" (such as hitting other children). Caregivers are also asked about the strain they are under (such as disruptions in their lives and negative feelings, like worry, they have been having) and their levels of stress. When the interview responses of 55 caregivers were analyzed, there were clear relationships between caregivers' strain and stress levels and the number of externalizing behaviors shown by their children. These results point out the need for early childhood systems of care to focus on family-level interventions, particularly help to caregivers and families in coping with their children's behaviors.

These findings were recently presented during a symposium at the University of South Florida's annual research conference. The evaluators from four of the 2005-funded system of care communities joined forces to present a symposium titled *"Risk Factors Among Young Children Served in Early Childhood Systems of Care."* This symposium was co-facilitated by Gary Blau, the head of SAMHSA's Child, Adolescent, and Family Branch, and was very well-attended.

One symposium paper described a trauma-informed system of care, incorporating universal trauma screening and assessment along with specialized trauma programs. This represents an important new focus for young children. Clearly there is a great interest in learning how to best help young children and their families promote resilience and reduce risk factors.

TIP OF THE MONTH!

Did you know that there is a very helpful matrix that integrates findings of current early childhood research studies? The Public Policy Forum recently posted a matrix of early childhood education outcomes produced by various studies.

The matrix provides a quick glance at findings from different studies in a number of areas. Conveniently, clicking on the title of the study in the matrix links you directly to the source. In general, the current findings seem to support the association between early childhood programs and positive educational outcomes.

Check out the matrix at http://www.publicpolicyforum.org/Matrix.html.