

Department of Human Services 2009-11 Policy Option Package

Division Name: Addictions and Mental Health Division and Public Health Division

Program Name: Children's Treatment Systems and Office of Family Health, Maternal and Child Health

Policy Option Package Initiative: Families are safe and stable.

Policy Option Package Title: Mental Health Consultation in EC Settings

Policy Option Package Number: 284

Related Legislation:

Summary Statement:

This combined package promotes early identification and treatment of Oregon's children with physical, behavioral, social/emotional health and development concerns, and allows them to remain in or join community-based child care. It will expand the Child Care Health Consultation (CCHC) program from four county-based sites to four service districts including trained mental health consultants with 1,000 child care providers in each district. The expanded program would reach approximately 800 providers and 4,400 children, including those in the mental health area.

1. WHAT WOULD THIS POLICY OPTION PACKAGE DO AND HOW WOULD IT BE IMPLEMENTED?

Specific Problem/Opportunity (please summarize in a few sentences):

The funds obtained through this policy option package will be used to sustain the current Child Care Health Consultation program, expand it regionally, strengthen health and safety standards, and improve the evaluation process. It supports the infrastructure of the early childhood system and the integration of mental health services into early childhood care and education settings through the establish Child Care Health Consultation Program. It will increase early childhood behavioral health workforce knowledge, skills and abilities. It establishes a cross-disciplinary support network for consultants to early childhood programs, and contributes to the early childhood public awareness campaign.

The goal of the CCHC partners is to expand the program from four county-based sites to four service districts with 1,000 child care providers in each district. Expansion of the Oregon Child Care Health Consultation program would improve child care quality and support healthy, safe and nurturing child care for children across the state. Expanding the scope and scale of the program would also promote the early identification and treatment of children with physical and social/emotional health and development concerns, and facilitate their inclusion and retention in community-based child care. The proposed expansion will begin with four regions, increasing capacity to serve 20% of child-care providers in those regions (approximately 800 providers and 8,800 children). Expansion is based on principles that support statewide incremental expansion at a pace consistent with available and sustainable funding and community support. It would begin with the four regions surrounding current local programs. The long-term goal is to grow to provide service to 20% of all child-care providers in Oregon (approximately 1,400 providers and 15,400 children) by leveraging knowledge and skills between existing and new local programs and sites.

	# Regions	Health Resource Teams	Care Providers Served	Children Served
2009-2011	4	4 Regional Programs Each Health Resource Team consists of: - 2 FTE Health Consultants - 1 FTE Early Childhood Educator - 1 FTE Child Care Specialist - 2 Mental Health consultants	Regional capacity – 800 (20%) of the estimated 4,000 providers in 4 regions will receive on-site consultation annually.	Estimated 4,400 children (11 children per provider) will be served by the providers receiving consultation annually.

Multiple early childhood system partners describe a lack of trained mental health providers who are knowledgeable about issues, environments and interventions for the early childhood population and the need for available mental health consultation in early childhood settings. The Child Care Health Consultation Program (CCHP) partners with the statewide Child Care Resource and Referral Network and provides health consultation for child care providers. One third of the consultations provided in current sites are for mental health, social-emotional and behavioral issues. This package will provide trained Qualified Mental Health Professionals to address early childhood mental health issues. Mental health consultation, an indirect service, builds the capacity of the providers to maintain these children in their programs and provide appropriate services to support their social and emotional development.

In July 2007, the Oregon Child Care Health Consultation (CCHC) program completed its four year demonstration with promising results: 1) increases in health knowledge and practices among care providers in child health (21%), child safety (19%), children’s emotional and behavioral health and development (20%), connecting and coordinating with health care resources (20%), and professional development (18%); 2) significant improvements in child health and safety policies (i.e. guidance & behavior/discipline, emergency plans, health exclusions and hand-washing); 3) a 18% increase in known health care providers and a 14%

increase in known dental care providers; and 4) a 30% increase in children's up-to-date for recommended immunization.

2. WHY DOES DHS PROPOSE THIS POLICY OPTION PACKAGE?

This POLICY OPTION PACKAGE will:

- Support the local infrastructure by coordinating services across systems.
- Develop a cross-disciplinary support network for consultants to early childhood programs.
- Increase the number of childcare providers who provide enhanced quality of care by increased health knowledge and practices among child care providers in child health, child safety, children's emotional and behavioral health and development.
- Improve connections and coordination of families and child care providers with health care resources.
- Increase child care provider documentation of child health care and dental care providers, and children's up-to-date for recommended immunizations, and their ability to link families to community health resources.
- Increase the availability of highly skilled early childhood behavioral health providers for assessment, consultation and treatment.
- Reduce expulsions of children with challenging behaviors from child care settings by increasing child care provider knowledge, skills and confidence in addressing social, emotional and behavior challenges.
- Increase early identification of children and their families with social, emotional or behavioral risks and conditions and referral to appropriate services.
- Support families to maintain employment or education.

Early care and education settings are critical venues for facilitating school readiness, promoting children's physical, cognitive, and social emotional growth and development, and helping to detect and address physical and behavioral health conditions as early as possible. A study found 20% of Oregon children ill-equipped for Kindergarten.¹ Approximately 37% (232,000) of all Oregon children ages 0-12 spend an average of 29.1 hours

in paid child care each weekⁱⁱ, and evidence indicates that many of these children are not getting what they need to grow, develop and learn. Both national and Oregon studies have found early care settings to be of mediocre quality and sometimes even dangerous. A chilling statistic revealed Sudden Infant Death Syndrome (SIDS) deaths in child care at a rate of more than double than expected.ⁱⁱⁱ

The CCHC Program has built a beginning infrastructure for the promotion of health, mental health, safety and the delivery of information and consultation to the child care providers who care for so many children in Oregon. It is listed as a strategy for achieving the Early Childhood Comprehensive System Plan goals and objectives to build capacity in the area of health.^{iv} In a report presented to the Governor and the Legislature in 2007^v, the Oregon Commission for Child Care designated “safe and healthy” child care as one of five priority areas, and recommended the Child Care Health Consultation Program as one of nine program initiatives. Twenty-four states now mandate some type of health consultation for early care and education programs.^{vi} While Oregon is not one of those states, the “Oregon Model for Supporting Young Children’s Social and Emotional Development in Early Childhood Care and Education Settings”^{vii} includes recommendations for consultation at intensive, individual and universal levels with children, families, and early education, and child care providers.

3. HOW DOES THIS FURTHER THE AGENCY’S MISSION OR GOALS?

Early childhood is the time for building the architectural structure of a child’s brain through relationships with consistent, nurturing adults. It produces children who will be successful in school, relationships and life. Supporting childcare providers to provide skilled, quality care through health and mental health consultation produces children who are healthy and independent (for their age).

The Child Care Health Consultation (CCHC) program focuses on prevention. Its services align with the Oregon Model^{viii} by supporting healthy, safe and nurturing child care for all children (Universal). For the smaller number of children who are at risk of health, behavior and mental health issues, program consultants create individual plans and connect families to needed resources (Individual). Consultants assist providers to include

and retain in care the very small number of children with special needs through training, problem-solving and coordination with their health and mental health care providers (Intensive). Services at the Intensive level are in sync with the community-based services envisioned in the Wrap-Around Initiative.^{ix}

4. IS THIS POLICY OPTION PACKAGE TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POLICY OPTION PACKAGE?

We will count the number of qualified mental health professionals who are trained to provide early childhood consultation and to address issues relating to social and emotional development, and early childhood mental health. Contracts will identify performance measures developed in collaboration with the Office of Family Health and local providers relating to child care providers' knowledge and skills, and health and mental health outcomes for children and their families. These measures include the change in number of children expelled from child care for behavior problems, increase in provider comfort when addressing challenging behaviors, and numbers of children and families receiving mental health consultation.

5. DOES THIS POLICY OPTION PACKAGE REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Depending completely on federal and local funds to support the program was rejected. Federal funding available for these services is limited and will not fund program expansion. Communities are contributing 20% of the cost of the program with difficulty. Statewide availability of child care health consultation is unlikely without state general fund contribution. Putting off or not expanding child care health consultation services in the state after promising outcomes from the demonstration phase of the program was rejected because there is

support from state and local leaders for making services available across the state. This is clearly evidenced by the recommendations from the Oregon Commission for Child Care and the inclusion of CCHC as a strategy for achieving the Early Childhood Comprehensive System Plan. Providing early childhood training to the current public mental health workforce would increase the availability of clinicians equipped to address early childhood issues. This approach would not link mental health professionals with service providers where families naturally and regularly take their children. Linking the current public mental health workforce with early childhood service providers is not fruitful when many mental health professionals lack the necessary specialized training in early childhood issues, interventions and consultation practices.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POLICY OPTION PACKAGE?

Child Care providers will continue to provide care that has been deemed on average only fair in quality while lacking the level of professional support that has been demonstrated to improve health and safety and the quality of care for children. The state and local resources used to forge partnerships across systems, develop an infrastructure for integrated service delivery for child care providers, children and their families, and implement this successful program that has demonstrated promising outcomes will have been wasted. The mediocre quality of Oregon's child care will continue to affect children's physical and emotional health, development and safety, and influence their potential to learn, grow and thrive.

The current approach of treating children in mental health clinics results in the children being expelled from childcare. The current approach does not support children with social, emotional or behavioral challenges to remain in their natural environment. It places further burdens on families whose children have challenges, and delays identification and treatment of mental health conditions.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POLICY OPTION PACKAGE? HOW WOULD THEY BE AFFECTED?

This POLICY OPTION PACKAGE would link with and enhance the current cross-system efforts:

- The Child Care Health Consultation Program (including a mental health component), which links with the Office of Family Health, Children Adults and Families, the Child Care Division, the Oregon Child Care Resource and Referral Network, and the Oregon Commission on Children and Families.
- The Inclusive Child Care Program, Oregon Department of Education, Child Care Division to provide mental health consultation as a support to child care providers when the child has a mental health or behavioral problem that contributes to their disability.
- The Oregon Model for Supporting Young Children’s Social and Emotional Development through the Oregon Department of Education spearheaded by the Head Start Collaboration Project and piloted in nine Early Intervention regions (45 classrooms).
- Links between local partners including Early Intervention and Early Childhood Special Education, child care licensing, private physical, mental and oral health care providers.

This proposal presents the combined POLICY OPTION PACKAGE proposed by the Office of Family Health and the Addictions and Mental Health Division.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POLICY OPTION PACKAGE?

Implementation Date(s): October 1, 2009

End Date (if applicable): Training for mental health professionals would begin. Provision of health and mental health consultation in child care settings would be an ongoing activity.

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

- | | |
|--|--|
| <input type="checkbox"/> Administrative Services | <input checked="" type="checkbox"/> Addictions and Mental Health |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Public Health |
| <input type="checkbox"/> Division of Medical Assistance Programs | <input type="checkbox"/> Seniors and People With Disabilities |

DHS Addictions and Mental Health Division would need to:

- Developing contracts for specialized training.
- Coordinate with other divisions and state agencies to provide training.
- Develop method for funding contracted community positions.
- Monitor contracts and evaluate the project for compliance and quality.

DHS Public Health Division Office of Family Health would need to:

- Develop contracts for regional program expansion.
- Provide technical assistance to local programs expanding regionally for planning and program implementation.
- Coordinate with regional programs for child care health consultation training of staff.
- Coordinate with regional programs to put in place evaluation processes and train staff to collect evaluation data.

- b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.**

No.

- | | |
|---|--|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Payment Accuracy and Recovery |
| <input type="checkbox"/> Information Security/Privacy | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts and Procurement |
| <input type="checkbox"/> Information Services (computers) | <input type="checkbox"/> Budget, Planning and Analysis |
| <input type="checkbox"/> Financial Services (accounting) | <input type="checkbox"/> DHS Office of Communications |

- c. Will there be changes to client caseloads or services provided to Policy Option Package population groups? Specify how many in each relevant program.**

Regional capacity – 800 (20%) of the estimated 4,000 childcare providers in 4 regions will receive on-site consultation annually.

- d. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

CCHC Project Coordinator (Program Analyst 2)	1.0 FTE: New, permanent
Health Training Specialist (PHN2)	1.0 FTE: existing; revised position description
Research Analyst (RA3)	1.0 FTE: New, permanent
Administrative Support (OS2)	0.5 FTE: New, permanent
Operations and Policy Analyst 2	1.0 FTE: New, permanent
Office Specialist 1	.25 FTE: New, permanent

Funds will be provided to Community Mental Health Programs in the four regions to hire 2 Full time Equivalent (FTE) Qualified Mental Health Professions at \$120,000 per FTE annually. The positions will work 24 months each biennium in a permanent capacity

In the 2011-2013 biennium, the program will expand to cover the rest of the state. This will require training and additional positions for local service provision.

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Zero to Three training for clinicians:

3-day training in 4 regions:

2 trainers @ \$2,500 each per day 12 days =	\$60,000
plus travel and	\$6,000
per diem for 2 trainers @ \$200/day x 20 days	\$8,000
Total	\$74,000

Positive Behavior Support Training

Positive Behavior Support conference registration for 8 staff @ \$200= \$1,600

Per diem costs for 3 days for 8 staff @\$200/day = \$4,800

Travel = 400 miles round trip average @ \$.505/mile for 8 staff = \$1,616

Total each year \$8016 x 2 = **\$16,032**

Teaching Research Assistance to Child Care Providers Training

5 day training @ \$2600 / day for 1 trainer = \$13,000

Per diem for QMHP = 5 days x 8 QMHP x \$200 = \$8,000

Travel = 400 miles round trip average @ \$.505/mile for 8 staff = \$1,616

Total **\$22,616**

Promoting First Relationships curriculum

3 day training

Per diem 3 days x 8 QMHP x \$200 each year (2) = \$4,800

Travel = 400 miles round trip average @ \$.505/mile for 8 staff = \$1,616

Outreach and training for regional partners \$50,000

f. What are the ongoing costs?

Contracted 8 FULL TIME EQUIVALENT QMHP positions, state level salaries, and maintaining the existing and new regions will require \$140,000 annually at the state, not including state level salaries. This includes the Child Care Resource and Referral Network contract, outreach and training and operations costs. Local lead agencies in the four regions will receive \$1.4 million annually to support the local Health Consultation Teams in 4 regions.

g. What are the potential savings?

Early identification and intervention with early childhood health, social, emotional and behavioral issues will reduce later higher treatment costs and costs related to education for children with special needs and burdens on the health and mental health systems.

h. Based on these answers, is there a fiscal impact? Yes

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”

Local level is matched with Local regional programs providing 20% of the costs, General Fund providing the balance.

¹ CDC, NCHS, DHIS, SLAITS, *National Survey of Children's Health*, 2003 [cited June 27, 2007]. Available from: <http://nschdata.org/DataQuery/DataQueryResults.aspx>

¹ Weber, B., Vorpagel, B., & Kujala, B. *Child care and education in Oregon and its counties: 2004*. Oregon Child Care Research Partnership, Oregon State University. January 2007.

¹ Ramler M., Nakatsukasa-Ono, W., Loe, C. et al. *The influence of child care health consultants in promoting children's health and well-being: A report on selected resources*. The Healthy Child Care consultant Network Support Center. August 2006.

¹ *Oregon's Early Childhood Comprehensive Systems Plan: Strategies to Equip Young Children for School, Work, and Life*. Department of Human Services. Available from <http://egov.oregon.gov/DHS/ph/ofhs/mch/docs/eccsplanfullreport.doc> November 2006

¹ Oregon Commission for Child Care, *Child care & education: Building a firm foundation for Oregon's families & Oregon's economy. Report to the Governor & the Legislature 2007*. March 2007.

¹ Healthy Child Care Consultant- Network Support Center (HCCC-NSC) website: <http://hccnsc.edc.org>. 2007.

¹ Oregon Department of Education. *Oregon Head Start Collaboration Project. Special Edition*, October 2006. available from http://www.ode.state.or.us/gradelevel/pre_k/introoregonmodel.pdf

¹ Oregon Department of Education. *Oregon Head Start Collaboration Project. Special Edition*, October 2006. Available from http://www.ode.state.or.us/gradelevel/pre_k/introoregonmodel.pdf

¹ *Oregon Statewide Children's Wraparound Initiative Steering Committee Report to Governor Ted Kulongoski*. December 2007. Available from www.oregon.gov/dhs/mentalhealth/wraparound/main.shtml

