

FLORIDA'S STRATEGIC PLAN  
FOR  
*INFANT MENTAL HEALTH*

STATUS REPORT  
JANUARY 2007



**DRAFT**

*Prepared by*  
The Florida State University Center for Prevention and Early Intervention Policy

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*A collaborative effort by:*

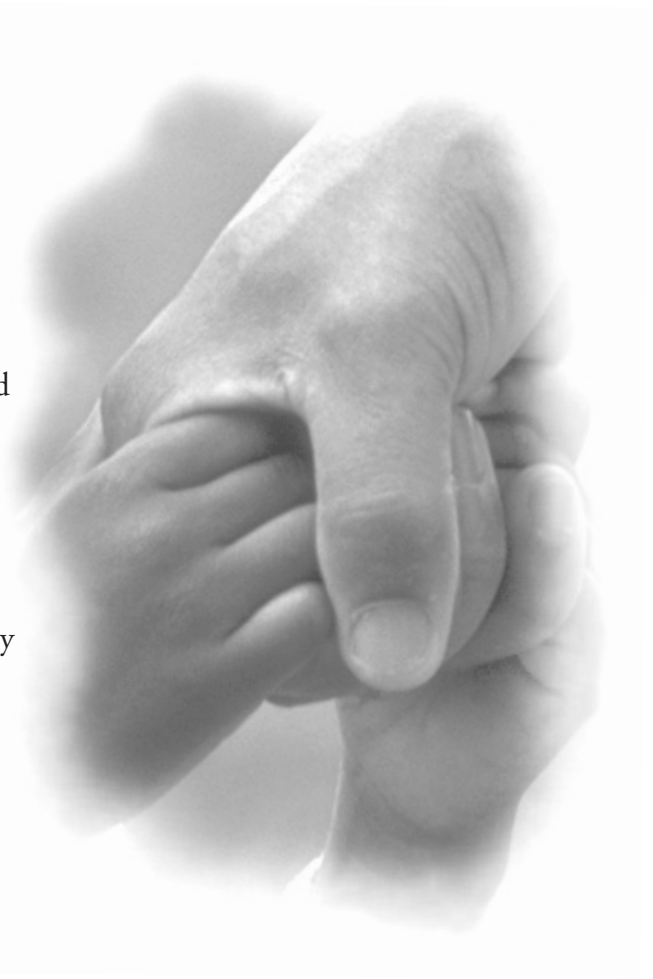
The Florida Department of Health  
The Florida Developmental Disabilities Council  
The Florida Agency for Health Care Administration  
The Florida Association for Infant Mental Health  
The FSU Center for Prevention and Early Intervention Policy

# OUR VISION...

Our vision is that one day all children will be emotionally healthy, equipped to learn, and nurtured to develop their full potential.

Our purpose is to help implement this vision by defining the need, investigating what interventions are most effective, translating these research findings into public policy, integrating infant mental health services into current programs throughout the state, building a cadre of infant mental health specialists, establishing training opportunities, securing adequate, on-going funding, and continuing to evaluate the long-term impacts in the community.

Our work diligently addresses the needs, develops a plan, secures the resources, and provides services necessary for strengthening the emotional development of young children. A brighter future for Florida's children can be achieved with a greater investment and collective commitment to prevention and early intervention.



# FLORIDA'S STRATEGIC PLAN

FOR

## INFANT MENTAL HEALTH

*Establishing a Florida System of Mental Health Services*

*for Infants and Young Children and their Families*



**Overarching Goal:** Develop a comprehensive system to effectively prevent, identify and treat emotional and behavioral disorders in families with children birth to age five. The system will include appropriate training, screening and assessment, interventions, funding, public awareness and policies.

### GOALS AT A GLANCE

- GOAL 1. Develop a system to prevent children birth to age five from developing emotional and behavioral disorders.
- GOAL 2. Improve and expand mental health services for children under age five with risks, delays or disabilities.
- GOAL 3. Develop a coordinated system to screen and assess mental health needs for children birth to age five.
- GOAL 4. Develop and implement evidence-based mental health treatment and interventions for children birth to age five.
- GOAL 5. Build a training infrastructure for infant mental health in Florida including Level 1 front-line caregivers, Level 2 early interventionists, and Level 3 infant mental health therapists.
- GOAL 6. Secure funding for training and mental health services for children birth to age five and their families.
- GOAL 7. Develop a social marketing campaign to raise the public awareness of the mental health needs of children birth to age five and the consequences of poor social-emotional development.
- GOAL 8. Develop public policies that support prevention and treatment of mental health for children birth to age five.



# Goal



Develop a system to prevent children birth to age five from developing emotional and behavioral disorders.

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## Strategy A:

Involve the major agencies and interested stakeholders in creating the Level 1 system of prevention for infant mental health.

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### **Goal 1 Task A1**

*Meet with leadership of key organizations to determine legislative, policy or funding issues needed to implement the system.*

#### **Status: Some Progress**

There are numerous organizations responsible for the provision of services for children from birth to age five. Although there has not been a specific effort to create a system of prevention for Infant Mental Health, progress has been made in targeted areas.

- The Florida Developmental Disabilities Council has a Prevention Task Force that has initiated policies (Handicap Prevention Act, Part C Early Intervention Program), compiled research and best practices (Florida's Children: The Future is In Our Hands) and funded pilot prevention programs. They also funded the initial Florida Strategic Plan for Infant Mental Health in 2000 and recently funded Infant Mental Health social marketing efforts.
- The Florida Office of Early Learning and the local Early Learning Coalitions are designated as the coordinating systems for "school readiness programs" serving children birth to age five. These local coalitions are at various stages of creating systems of care for young children in child care and pre-kindergarten programs. Some Coalitions such as Hillsborough, have embraced prevention efforts associated with social, emotional and developmental issues. They have supported the local Florida Association of Infant Mental Health Chapters and funded teams to identify problems in child care. Some other Coalitions, for example, the Escambia Early Learning Coalition, have funded major Infant Mental Health awareness activities and training initiatives. Others, like the Miami-Dade Early Learning Coalition, have supported prevention efforts such as numerous quality improvement efforts for child care.
- The Florida Department of Health's Healthy Start Coalitions, comprise a statewide group focused on maternal child health and development. Some have embraced problems like identification of Maternal Depression to prevent problems in young children. They also house the Early Childhood Comprehensive Services Grant that focuses on the coordination of systems of child health and mental health with those for school readiness for children birth to age five.
- Children's Medical Services oversees the Early Steps program and works with the Florida Interagency Coordinating Council for Infants and Toddlers to provide policy recommendations for children birth to age three. The program does not emphasize primary prevention, because of the eligibility criteria for established conditions and delays.

- Although not with a prevention focus, the Agency for Health Care Administration has reviewed policies, funded services and provided training toward a system of early identification and treatment of early childhood mental health conditions.
- Nationally, Early Head Start and Head Start have emphasized Infant Mental Health prevention and some local programs have had major prevention activities.
- The Department of Children and Families, Office of Children’s Mental Health has provided seed money to help develop systems of Infant Mental Health and has participated in cross agency workgroups toward expanding systems of care.
- Healthy Families Florida has expanded a system of care to prevent child abuse, focusing on enhanced social emotional well-being of families.
- Children’s Service Councils have provided substantial support to build systems of prevention.
- Both Manatee and Leon Counties have developed Whole Child systems to coordinate services for young children and their families including prevention and mental health. These projects are funded by the Lawton Chiles Foundation.
- The only groups specifically targeting Infant Mental Health systems of care and prevention are the Florida Association for Infant Mental Health (FAMIH) and their 15 local chapters, including:
  - Broward Infant Mental Health Chapter
  - Capital Area Infant Mental Health Chapter (Tallahassee)
  - Central Florida Infant Mental Health Chapter (Orange, Seminole, Brevard and Osceola Counties)
  - Early Childhood Mental Health Committee of the Pinellas Early Learning Coalition
  - Early Childhood Council of Hillsborough County
  - Infant Mental Health Chapter of Manatee County
  - Miami Infant Mental Health Chapter
  - Naples (in process)
  - North Central Florida Infant Mental Health Chapter (Gainesville area)
  - North Florida Infant Mental Health Chapter (Jacksonville area)
  - Northwest Florida Infant Mental Health Chapter (Escambia, Santa Rosa, Okaloosa and Walton Counties)
  - Panama City Chapter
  - Palm Beach County Early Childhood Social Emotional Wellness Network
  - Suncoast Chapter of the Florida Infant Mental Health Association
  - Volusia County (in process)

The Chapters are voluntary organizations involved in many diverse activities at the community level to help develop capacity to address social and emotional development and infant mental health.

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**Strategy B:**

Develop a statewide prevention campaign to educate and engage communities about the importance of early social/emotional development and ways to foster and prevent problems.

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**Goal 1 Task B1**

*Incorporate social/emotional development and healthy relationships into guidance, life management and other school curricula.*

**Status: Unknown**

The extent to which schools have stressed healthy relationships and emotional development with youth as part of their regular school curricula is unknown.

**Goal 1 Task B2**

*Develop information about ways to promote early emotional, social and behavioral development, and disseminate this information in doctors' offices, stores, schools, libraries, faith-based organizations, and other community groups.*

**Status: Some Progress**

Several notable efforts have been made in this area.

- The Florida Developmental Disabilities Council funded The Florida Center for Children and Family Development in Sarasota to develop a social marketing campaign with public awareness radio and television spots, and print materials on the importance of social/emotional development.
- Miami's Early Childhood Initiative Foundation created a public awareness campaign with billboards, TV ads and a website ([www.teachmorelovemore.org](http://www.teachmorelovemore.org)) to promote the importance of early childhood development, including social/emotional components.
- The Northwest Florida Infant Mental Health Chapter created a CDROM to educate community groups about Infant Mental Health.
- The FSU Harris Institute created a brochure, "What is Infant Mental Health," which has been widely distributed and is downloadable from the website.
- The Capital Area Infant Mental Health Chapter developed packets on Infant Mental Health for local pediatricians' offices.
- The Florida Association for Infant Mental Health has a webpage with downloadable resources: [www.cpeip.fsu.edu](http://www.cpeip.fsu.edu).
- The Pinellas County Early Childhood Mental Health Chapter developed an informational brochure to promote infant mental health and the importance of healthy social/emotional development for school readiness programs.
- The North Florida Chapter of the Florida Association of Infant Mental Health in Jacksonville targeted training activities to pediatricians using "Born Learning" materials.

- In 2005, the North Central Chapter started a task force to address Infant Mental Health in medical settings.
- The Division of Family Health Services, Department of Health, has focused on Maternal Depression and its impact on the development of young children, including:
  - An updated current psychosocial screening tool, “Tell Us About Yourself,” to assist in the identification of depression,
  - Developed guidelines on depression for the county health departments, and
  - Developed a partnership with the Florida Obstetricians and Gynecologists, and the American College of Obstetricians and Gynecologists to provide information and guidelines on Maternal Depression to support treatment and services for mothers.
- The Department of Health developed a resource guide on Fetal Alcohol Spectrum Disorders that has been widely distributed and presented at conferences.
- The Department of Health, Maternal and Child Health is funding a one-year project with Tallahassee pediatricians. Children receive *Ages and Stages Questionnaire (ASQ)* screening during well-child check-ups. Their mothers will receive a post partum depression screen at the two-month visit. Children at 24 months will receive the *Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)*. Children at any age may receive a social/emotional screening if there are concerns. The project does not provide interventions and refers children to local services.

### **Goal 1 Task B3**

*Ensure that expectant and current parents, grandparents, foster parents, and other caregivers receive information and training in every community about ways to promote early social and emotional development.*

#### **Status: Some Progress**

- Healthy Start and Healthy Families work with expectant and new parents providing materials on social/emotional development. They use the home visiting curricular series, “Partners for Healthy Baby,” that includes Infant Mental Health handouts for parents.
- With funding from Florida’s Agency for Health Care Administration, the Department of Health created “Baby’s First Year” and distributed it to medical professionals around the state.
- The Office of Early Learning created materials for new parents and standards that included social/emotional development.
- Zero to Three has developed a national consulting network to improve child care through consultation, training and technical assistance to directors and key management staff in infant/family programs and to support their efforts to deliver the best possible services to expectant parents, infants, toddlers and their families. The Mailman Segal Institute of NOVA Southeastern University was one of the six consultants selected to provide training and technical assistance. The NOVA Institute worked with 10 child care centers in the Orlando area.
- Children’s Psychiatric Center operates the Preschool Rearing Enrichment Program, which provides child development information to parents and teachers of children ages birth to five.
- The Miami Children’s Trust funds parent/child groups in locations throughout the community.

### **Goal 1 Task B4**

*Develop family-friendly business practices to promote strong parent-child relationships such as on-site child care, breastfeeding, and family leave.*

#### **Status: Unknown**

It is unknown the extent to which communities and businesses have developed family-friendly practices to promote strong parent-child relationships, such as on-site child care, time off for breast feeding and family leave.

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### **Strategy C:**

Integrate mental health principles into all programs serving children birth to age five, including: Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, subsidized and other early care and education programs, Pre-Kindergarten Early Intervention, teen parent programs and other school programs.

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### **Goal 1 Task C1**

*Develop best practice guidelines to help ensure that social, emotional and behavioral development is promoted throughout daily care, practices, screenings, assessments, parent training, and interventions.*

#### **Status: Some Progress**

- The Office of Early Learning has developed standards entitled, “Florida School Readiness Birth to Three Learning and Developmental Standards”. Additional sets of standards were published for three, four and five year old children. These standards have sections dedicated to social/emotional development as well as suggested principles such as “relationships are the basis for learning”.
- The Department of Health has adopted “Bright Futures” as a best practice guideline for medical professionals to use in identifying and addressing mental health issues in children. They plan to provide training on these guidelines in 2007.
- One example of a local initiative in this area is the research-intervention partnership between Miami-Dade County Early Head Start and the University of Miami Project. This project provided mental health services to families with children in the Head Start program. Data showed a significant need for treatment with over half of the children having experienced violence and trauma, and a sizable minority of children meeting the criteria for Post Traumatic Stress.
- In Gadsden County, the Health Department has hired an Infant Mental Health therapist to provide treatment to children in the community.
- Much of the work to infuse Infant Mental Health practice and principles into these service systems has been done through training initiatives that are reported on under Goal 5.

### **Goal 1 Task C2**

*Review program practices and policies and strategize ways of infusing good Infant Mental Health practices throughout the respective programs.*

#### **Status: Some Progress**

- A state level workgroup has been meeting to develop strategies on how to fund Infant Mental Health consultants for child care settings.
- Early Head Start and Head Start are mandated to have mental health consultants to serve their families. Infusing Infant Mental Health concepts into their programs has been a national, as well as local, emphasis in many programs.
- Children's Medical Services is reviewing practices and developing strategies for the inclusion of Infant Mental Health therapists on their teams.
- Healthy Families has also identified the need for expanded Infant Mental Health resources.
- The Department of Juvenile Justice has expanded programs so that mothers and their babies can be co-located during their residential stay. They also changed their policy to now allow children to visit parents in Juvenile Assessment Centers.

### **Goal 1 Task C3**

*Determine ways to increase awareness of the needs of children birth to age five and provide training to all levels of staff in these programs.*

#### **Status: Some Progress**

Please see Goal 5 for the discussion on Training.

### **Goal 1 Task C4**

*Provide curriculum support and other teaching materials to assist staff.*

#### **Status: Some Progress**

Several new resources are available to assist teachers and staff:

- Promoting First Relationships by NCAST, which is being used by Family Central in Miami child care programs.
- The Partners for Healthy Baby Curricular Series includes Infant Mental Health handouts for parents and a CDROM to support home visitors.
- The Center on the Social Emotional Foundations for Early Learning ([www.csefel.uluc.edu](http://www.csefel.uluc.edu)) is a national center to develop and disseminate evidence-based, user-friendly information to help early childhood educators meet the needs of a growing number of children with challenging behaviors and mental health conditions in child care and Head Start programs.
- The Center for Evidence-Based Practice: Young Children with Challenging Behavior has numerous teaching tools including the widely used Positive Behavioral Support ([www.challengingbehavior.fmhi.usf.edu](http://www.challengingbehavior.fmhi.usf.edu)).

### **Goal 1 Task C5**

*Provide on-going consultation on infant mental health and if needed, submit legislative budget requests to add infant mental health specialist or consultant services for the programs.*

#### **Status: Some Progress**

- A state level workgroup has been meeting to strategize how to fund infant mental health consultants in child care.
- Research was conducted on model programs and funding options which has been published by Georgetown University and The National Center for Children in Poverty.
- Sarasota and Miami both have programs that provide early childhood mental health consultation in child care settings.
- The Early Childhood Family And School Support Teams (FASST) consists of a family advocate, a family support coordinator and a mental health professional to provide linkages to other community services, parental education, and develop and implement behavioral plans with the family and child care/preschool center staff. A mental health professional provides play therapy, individual counseling and consultation. Teams are located in three areas of Hillsborough County operated by Northside Mental Health Center, Mental Health Center, Inc. and the Children's Home. These programs are partially funded by the Children's Service Board. The purpose of the project is to provide services and coordination of care to families with children birth to age five who have developmental delays or behavioral problems. Services are provided in-home or in the child's preschool/child care environment.
- The Miami Safe Start Initiative is a collaborative effort between the Linda Ray Center, Early Head Start and the Juvenile Court. This project provides dyadic therapy services for toddlers at the first Juvenile Court/Early Head Start site in Miami's Liberty City community.
- Children's Psychiatric Center provides parent-child psychotherapy and teacher consultation to local Head Start and Early Head Start Centers.

### **Goal 1 Task C6**

*Identify model programs and encourage site visits, networking and replication.*

#### **Status: Some Progress**

Examples of model programs in Florida include:

- The Miami Safe Start Initiative that was featured in the Zero to Three Institute in December 2002 as an excellent way for courts to engage in infant mental health intervention.
- Cysis Teen Parent Program in Sarasota has long been a model child care program with NAEYC accreditation, continuity of care, and Infant Mental Health consultation. Numerous site visits have been provided.
- Creative Preschool in Tallahassee has received awards for developmentally appropriate practices and inclusion. People from all over the world come to see this model program.
- Three pilot projects were created to demonstrate effectiveness of Infant Mental Health dyadic therapy

through the Department of Children and Families. Of these, the Florida Center for Children and Family Development in Sarasota and the Linda Ray Center at University of Miami have center based programs that can be visited.

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**Strategy D:**

Work with the Office of Early Learning and the Early Learning Coalitions to intensify their focus on social, emotional, and behavioral development in Florida programs for children birth to age five.

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**Goal 1 Task D1**

*Educate members of both the Florida Office of Early Learning and the local Early Learning Coalitions about the importance of emotional and social development in children birth to age five.*

**Status: Some Progress**

Staff members in the Office of Early Learning and the local Early Learning Coalitions are knowledgeable about the importance of social and emotional development in young children. For example, the Pinellas County Early Childhood Mental Health Chapter developed an informational brochure to promote Infant Mental Health and the importance of healthy social-emotional development to school readiness personnel. The Chapter intends to have the brochure distributed to the local child care centers by the Coalition. This Early Learning Coalition is also developing a community-based screening that will include social/emotional development, and members of the Chapter are assisting on the project. This group is also reviewing evidence-based social and emotional learning curricula to recommend to providers in the community.

As part of the federal project, Early Childhood Comprehensive Services Grant, the Department of Health has contracted with FSU to determine if there are additional opportunities for collaboration on Infant Mental Health and enhancing the social and emotional development of very young children with the Early Learning Coalitions.

**Goal 1 Task D2**

*Initiate and support plans to improve child care programs based on infant mental health principles including but not limited to: reduction in required child to worker ratios, defining maximum group sizes, initiating continuity of care with caregivers and young children staying together over time, and retaining qualified employees by increasing salaries and providing benefits.*

**Status: Unknown**

The Office of Early Learning and the local Early Learning Coalitions are responsible for supporting and improving the local child care programs and have Quality Initiative funds available to provide training and technical assistance to the Coalitions. It is currently unknown the extent to which the Coalitions have been able to impact these issues.

### **Goal 1 Task D3**

*Review the local coalition's plans with regards to their emphasis on emotional and social development as a foundation for school readiness.*

#### **Status: Unknown**

The local Early Learning Coalitions complete plans annually that show the areas that they would like to concentrate on. A request has been made to receive a summary of the review of the plans when it is available.

### **Goal 1 Task D4**

*Include information about good early social and emotional development in early care and education in the mandatory training.*

#### **Status: Some Progress**

The standards for early childhood programs developed by the Office of Early Learning include sections on social and emotional development. The Office of Early Learning conducts training on these standards and addresses social and emotional development.

### **Goal 1 Task D5**

*Ensure the early learning screening and assessment tools are able to identify possible emotional, behavioral, or relationship issues in order to make timely referrals when appropriate for children birth to age five and their families.*

#### **Status: Some Progress**

All Coalitions are required to ensure that all children birth to five years old in early learning programs receive an age-appropriate developmental screening. The Office of Early Learning has published a document entitled, "Birth to Three Screening and Assessment Resource Guide" to assist the child care centers in meeting this requirement. However, few social emotional screenings or assessments are included. The Coalition's plans are required to include information on how children (whose results are outside the developmental norm) receive further evaluation and services. Some Coalitions provide more than the basic screening requirements; for example, the Early Learning Coalition of Pinellas administers the ASQ and the ASQ:SE at community screenings. The Early Childhood Specialist scores certain portions of the screen while the mental health professionals and mental health educators score the ASQ:SE and speak to all the families and make referrals to services if needed. Two area hospitals provide speech, physical, occupational therapists and audiologists to assist in the screening as well.

In Sarasota, the Early Learning Coalition has built up a comprehensive system of support for child care providers and children. This support includes training on how to complete screenings and on-site consultation to create environments in the classroom that support children's social and emotional well-being on a universal level.

### **Goal 1 Task D6**

*Implement formal provider agreements to ensure referrals are received and acted upon in a timely fashion.*

#### **Status: Some Progress**

It is very likely that many of the Coalitions have developed formal protocols for referrals with their community agencies; however, there are no data available at this time to report on the number of coalitions and the number of protocols that have been developed. In general, the child care centers and parents call the Early Learning Coalitions, warmlines, inclusion specialists, Early Steps or FDLRS when they are interested in making a referral. The Office of Early Learning, as part of their work on educational requirements, is considering requiring clearer referral protocols.

### ***Goal 1 Task D7***

*Provide consultation by trained mental health professionals to the early care and education staff to assist them with children showing signs of emotional problems and their families.*

#### **Status: Some Progress**

Some Coalitions have contracted with mental health specialists to provide mental health consultation in early child care settings. For example:

- The Sarasota Coalition contracts with the Florida Center for Children and Family Development for consultation.
- Children’s Home Society in Panama City has a contract with the local Early Learning Coalition to develop training to teach child care best practices with the emphasis on Infant Mental Health. Children’s Home Society is also offering on-site classroom observations as a way to provide feedback to teachers and identify potential referrals. Since last year, staff members from Children’s Home Society have been invited to directors’ and teachers’ trainings and conferences to talk about Infant Mental Health.
- In Clay, Nassau, Baker, Bradford, Putnam and St. Johns counties, Episcopal Children’s Services works with their local Early Learning Coalitions to provide training and technical assistance to all the child care providers and spend regularly scheduled time with a select number of providers to encourage nurturing care. The Infant/Toddler Specialists provide the child care workers with the latest information on social and emotional development as well as model best practices for the staff. Parent training is available as well. The specialists complete a monthly newsletter with information about brain research and tips for improving services. These newsletters also are available to parents.
- In Miami, the Children’s Trust has funded a project to provide Infant Mental Health consultation in child care centers that target teen parents. Trained Infant Mental Health specialists support social and emotional development through classroom activities, support of caregivers and individual work with teen parents and their children.
- Santa Rosa, Okaloosa, Walton and Escambia Coalitions have funded Infant Mental Health training for local mental health professionals in order to provide consultation to child care programs. Leon Early Learning Coalition also funds an infant mental health consultant for child care programs.

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**Strategy E:**

Improve the ability of law enforcement, the judicial system, substance abuse, mental health and domestic violence programs to identify and provide mental health and behavioral services for children birth to age five.

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**Goal 1 Task E1**

*Obtain or develop protocols for how social, emotional and behavioral problems can be prevented or identified in the children of their clients.*

**Status: Unknown**

It is unknown whether any organization has developed any way to work with adults who are in these systems regarding the needs of their children. Substance Abuse has some special programs for parents and their children that are discussed below.

**Goal 1 Task E2**

*Work with law enforcement, judicial, substance abuse, mental health and domestic violence programs in each community to implement good mental health practices for the children of the clients they serve.*

**Status: Some Progress**

The Department of Children and Families has completed several activities that have addressed this task. These are listed below:

- A new outcome has been added to DCF Strategic Plan stating, “Increase the identification and coordination of services for families with multiple service needs”. This includes services to families with young children. Implementation of this outcome could involve working with adults in a voluntary manner regarding the needs of their children. Children could receive developmental screenings and parents could be provided assistance in helping their children access appropriate early intervention services.
- DCF has developed a special program in Miami. Mothers that have completed substance abuse treatment have been identified to be trained as peer parent training providers to other mothers in treatment. A specialized curriculum was developed for recovering parents with TANF funding. The peer providers are able to model their successful treatment strategies and provide support and knowledge that leads to more successful parenting.
- The DCF Office of Substance Abuse recently completed a survey of the number of treatment programs that worked both with the parents (receiving treatment) and their young children. They found that at least nine residential programs permit the children to reside with the parent during treatment. Several outpatient programs also provided some level of parent training or counseling. Some report that they use a science-based curriculum that is designed for parents with substance abuse entitled, “The Nurturing Program for Parents with Substance Abuse Issues”.
- In 2005-06 a pilot project was funded in the St. Petersburg area that focused on families with infants and toddlers where there is a maternal diagnosis of mental illness. The Directions for Mental

Health, Inc. partnered with the community agencies serving the target population and developed interventions with the goal of minimizing the impact of maternal mental illness on the young child. The goals included: prevention of mother-child separations, supporting the mother's recovery and the mother-child relationship. A resource manual for families with new babies was developed and a one-day training program was provided to 44 community providers on maternal mental illness and its effects on the mother/child relationship.

- A faculty member from the FSU Center presented a paper at the Florida's Coalition Against Domestic Violence in 2006.

### ***Goal 1 Task E3***

*Encourage cooperative agreements between adult programs and programs aimed at children birth to age five to facilitate mental health screening, assessment, and services for the whole family.*

#### **Status: Some Progress**

It is unknown whether any cooperative agreements have been developed between adult programs and programs serving young children.

### ***Goal 1 Task E4***

*Work with substance abuse providers, correctional facilities, and other institutions that provide residential care to ensure that their programs recognize the importance of healthy emotional and social development for children birth to age five and that their programs encourage relationship-based principles and good parenting skills.*

#### **Status: Some Progress**

Recently, Substance Abuse completed a survey on the number of residential and outpatient programs providing parenting assistance to their clients. They found that some outpatient programs provide parent training and counseling using science-based materials. At this time there is no information regarding the practices of the Department of Corrections.

### ***Goal 1 Task E5***

*Encourage residential treatment programs to allow delinquents and substance abusing mothers to keep their infants in residence with them.*

#### **Status: Some Progress**

DJJ has opened a second residential program, WINGS, that serves young mothers in the juvenile justice system and their young children. Substance Abuse has operated programs for many years that permit the mother in treatment to live with her young children at the residential program.

### ***Goal 1 Task E6***

*Include information about good early social and emotional development in the mandatory training for each program.*

**Status: Some Progress**

There is no information currently available regarding whether information on early social and emotional development is included in the mandatory training for law enforcement, the judicial system, substance abuse, mental health and domestic violence programs. Some training has been provided to Judges and DJJ staff. Please see Goal 5 for more discussion on in-service training.

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**Strategy F:**

Encourage pediatricians, nurses, aides, and other healthcare providers to intensify their focus on emotional, behavioral and social development and to incorporate relationship based principles into health care provided for families with children age birth to age five.

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**Goal 1 Task F1**

*Create and disseminate best practice guidelines for implementing good infant mental health practices into healthcare.*

**Status: Some Progress**

This issue was discussed above under Goal 1 Task B2.

- In Hillsborough County the Children's Wellness Program utilized a mobile clinic for routine care to identify the need for consistent preventive healthcare and to locate a medical home.
- The Department of Health has a project underway to promote the use of medical homes.
- The Department of Health is funding a one year pilot with Tallahassee pediatricians to administer ASQ and ASQ:SE during well-child visits. A maternal postpartum depression screen is administered during the second month visit.
- The Allegany Franciscan Ministries funded a one-year pilot with plans for the Children's Board to continue funding. Child development specialists also assist in a parent-led developmental screening, parent-engagement play activities and referral for Early Steps.

**Goal 1 Task F2**

*Include infant mental health in continuing education and mandatory training for healthcare professionals.*

**Status: Unknown**

It is not known to what extent continuing education and mandatory training of healthcare professionals have included Infant Mental Health principles and practices in their programs.

**Goal 1 Task F3**

*Educate professional healthcare associations and organizations about the impact of the early years on emotional and social development and the benefits of relationship-based principles to their work.*

**Status: Some Progress**

The Department of Health has educated healthcare associations regarding Maternal Depression as discussed above. The University of West Florida sponsored a workshop on Maternal Depression that drew more than 600 people.

**Goal 1 Task F4**

*Explore the possibility of becoming a TouchPoint Community using Dr. Berry Brazelton's relationship-based principles for the healthcare community.*

**Status: Unknown**

Palm Beach County's Children's Service Council funded Touchpoints for community providers. According to the Brazelton TouchPoint Center newsletter, teams from Florida have attended training. The Child Care Association of Brevard County sent five members to receive training. It is unknown the extent to which other Florida communities have been trained in the TouchPoint model.



## Goal 2

Improve and expand mental health services for children under age five with risks, delays or disabilities.

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### Strategy A:

Improve mental health services provided for children birth to age five with developmental disabilities, attachment disorders or other established conditions served by the Department of Health Children's Medical Services Part C service system.

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#### ✿ **Goal 2 Task A1**

*Meet with CMS to review policies, practices, and rules to develop strategies for infusing good mental health practices and relationship-based interventions throughout the Part C program.*

#### **Status: Some Progress**

Children's Medical Services (CMS) leadership is knowledgeable about the need for and benefit of early social and emotional development and infant mental health. They have been involved in numerous meetings on this issue since the inception of the plan.

#### ✿ **Goal 2 Task A2**

*Increase awareness of how social emotional functioning impacts other areas of functioning. Incorporate into current evaluation and treatment.*

#### **Status: Some Progress**

CMS staff members are aware of the importance of the impact of social and emotional development on other aspects of functioning. The certification training required for the Infant and Toddler Developmental Specialists includes components on social and emotional development. The acceptable screening instruments include *Ages and Stages Questionnaire, Birth to Three Screener*, or *Early Learning Accomplishments Profile Screener*. Special screens and assessments for social and emotional problems are completed if there is concern about the child's social and emotional development. CMS requires that all evaluations and assessments of the child's functional status must address social and emotional skills including interaction and relationships with parents and caregivers, other family members, adults and peers.

#### ✿ **Goal 2 Task A3**

*Expand therapies and treatment from a child-centered focus to fostering developmental gains through strengthening the parent/child dyad.*

#### **Status: Some Progress**

- In 2003 the Florida Developmental Disabilities Council and CMS sponsored a series of one-day introductory workshops throughout the state on infusing Infant Mental Health into early intervention services.

- In several parts of the state, the Early Steps program has added Infant Mental Health professionals to their teams.
- In Tallahassee, the Early Steps program leadership is involved in the local Capital Area Infant Mental Health Association and have hired staff to complete social/emotional assessments as part of the clinical evaluation.

CMS has identified the need to ensure that Infant Mental Health expertise is available in each part of the state for teams working with childrens' emotional issues. However they currently lack funding to be able to contract with or hire the additional professionals. Staff members from the Florida State University Center for Prevention and Early Intervention Policy (FSU Center) have met with CMS leadership to discuss strategies for adding infant mental health expertise to the teams when necessary. CMS is reviewing different funding avenues to cover this service.

❁ **Goal 2 Task A4**

*Identify and disseminate best practices and model programs that infuse infant mental health into services for children with delays or disabilities.*

**Status: Some Progress**

Several areas of the state have incorporated Infant Mental Health as part of the Early Steps process. However, there are no data readily available regarding which teams have done so and to what degree.

❁ **Goal 2 Task A5**

*Work with university and professional associations to modify curricula to reflect infant mental health and relationship-based practices.*

**Status: Some Progress**

CMS has worked with universities in the development and implementation of the curriculum for the Infant and Toddler Developmental Specialist. Universities may provide classroom or on-line instruction that helps students obtain their certification. It is unknown if Early Steps staff have worked with universities and professional associations to modify curricula for professionals (that participate on the Early Step teams) to incorporate Infant Mental Health and relationship-based practices.

❁ **Goal 2 Task A6**

*Provide continuing education and other infant mental health training opportunities for practicing therapists and early interventionists in the Part C system. (See Goal 5 for training )*

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**Strategy B:**

Improve mental health services provided for children birth to age five in the Department of Education Part B service system.

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**❁ Goal 2 Task B**

*Develop strategies for improving early identification, referral, and treatment of social, emotional, and behavioral development in children in the Part B program.*

**Status: Some Progress**

The school districts are responsible for providing special education services for young children ages three through five. The majority of the children determined eligible for the services are usually eligible due to developmental, language or speech delays. The eligibility category of emotionally handicapped is infrequently used for young children. Social and emotional problems with children served through special education are identified during the assessment process. These problems should be addressed in the individualized education process through the provision of specially designed instruction and related services. There are no data available on the number of young children who are referred for mental health services outside of the school program.

**❁ Goal 2 Task B2**

*Infuse good mental health practices and relationship-based interventions throughout the Part B program.*

**Status: Some Progress**

Each school district has the responsibility to infuse good mental health practices and relationship-based interventions throughout their special education programs. To provide some level of assistance, the Department of Education has a discretionary project with the University of Central Florida to provide technical assistance to the school districts' pre-kindergarten programs for children with disabilities. To expand the skill set, project training on the *Teaching Tools* has been provided. Project staff will use these training resources to provide technical assistance as requested by the school districts. While not considered a comprehensive approach, this resource is available to help school districts improve their practices in this area.

**❁ Goal 2 Task B3**

*Work with university and professional associations to modify coursework and continuing education to reflect infant mental health and relationship-based practices throughout curricula for professional training.*

**Status: Some Progress**

The Department of Education has provided discretionary funding to nine state universities known as the Professional Development Partnership. This partnership primarily focuses on pre-service development and such issues as recruitment and retention of staff. Although it may address early childhood professional preparation as part of the overall goal, it was not established for that purpose. However, it does offer an avenue to address the issue through an already organized entity.

❁ **Goal 2 Task B4**

*Encourage the provision of mental health consultation to special education teachers working with children with disabilities and the provision of mental health services to children with disabilities who are experiencing emotional/behavioral problems in the exceptional education classrooms.*

**Status: Some Progress**

It is likely that some school districts have mental health/behavioral consultation available in some classrooms, but the decision to do so is dependent upon the local school district. There are no statewide data available on this issue. Consultation from the Center for Autism and Related Disorders (CARD) is available for children with autism and autism spectrum disorders.

❁ **Goal 2 Task B5**

*Provide continuing education and other early childhood mental health training opportunities for practicing therapists, teachers, and early interventionists in the Part B system.*

**Status: Some Progress**

Teachers are required to have continuing education to maintain their certification. The local school systems provide on-going training to help teachers meet these requirements. It is likely that many of the school systems provide training in social and emotional development, behavioral challenges and mental health issues, but there are no statewide data available on the extent of this training.

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**Strategy C:**

Prevent emotional and behavioral problems in children birth to age five in the child protection system.

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❁ **Goal 2 Task C1**

*Meet with the Department of Children and Families to review policies, practices, and rules to develop strategies for infusing good mental health practices and relationship-based interventions throughout their programs, especially the Family Safety Program, the Community Based Care section Child Protection Teams, and Guardian Ad Litem.*

**Status: Some Progress**

The Department of Children and Families Office of Children's Mental Health has been one of the leaders in the implementation of the Strategic Plan. They have worked with Family Safety to strengthen the training requirements for dependency case managers and have worked with the Florida Coalition for Children to hold meetings on the integration of mental health and child welfare. The office also meets on a regular basis with other agencies that serve young children and stresses the importance of prevention and early intervention with the district staff. In a recent meeting with staff from the FSU Center and the Florida Coalition for Children, Coalition staff indicated that they would consider featuring the needs of young children in their next interagency workshop with the department. Faculty from the FSU Center presented in 2005 at a state meeting for Guardian ad Litem.

❁ **Goal 2 Task C2**

*Include information about promoting emotional, behavioral, and social development in the mandatory training required by the Department of Children and Families.*

**Status: Some Progress**

The Department has sponsored several other trainings associated with social emotional development but these learning sessions have not been part of mandatory training for child welfare workers. Please see Goal 5 for further discussion of training for dependency case managers.

### ❁ **Goal 2 Task C3**

*Create and disseminate best practice guidelines for implementing good infant mental health practices into the child protection system throughout the system of care including receptionists, caseworkers, therapists, and foster placements.*

#### **Status: Some Progress**

- Since the development of Community Based Care lead agencies, much of the work in the area of best practices happens at the local level. Conferences, hosted by the Florida Coalition for Children, usually have at least one session dedicated to Infant Mental Health. Some of the Community Based Care lead agencies use specialized screening and assessment instruments for young children and are very aware of the needs of this population.
- Local initiatives are underway, such as one in Panama City where the Infant Mental Health Association created a package that includes a questionnaire addressing children birth to age three in the child welfare system. The goal is to improve communication with the placement unit and for protective investigators to use the questionnaire to minimize trauma and preserve continuity of care. A representative from the Panama City Infant Mental Health Association has been invited to talk about Infant Mental Health to the protective services investigators and dependency case managers during their training.
- In 2006 the Agency for Health Care Administration (AHCA) developed a Medicaid mental health managed care program for children served by the child welfare system. This program was awarded to a partnership of the Community Based Care lead agencies and Magellan Health Care that will be responsible for providing all the mental health services to children in the child welfare system (with the exception of children in AHCA Areas One and Six). This includes the comprehensive behavioral health assessment and services for children from birth to five. Dyadic therapy can be provided, if medically necessary, through the managed care entity. The managed care plan includes outreach to schools, preschools, Head Start, Pre-Kindergarten and requires family centered treatment.
- Medicaid and the Department of Children and Families (DCF) require that all children who are placed in foster care receive a Comprehensive Behavioral Health Assessment (CBHA). Trainings were provided to professionals throughout the state on completing assessments for young children.

### ❁ **Goal 2 Task C4**

*Conduct pilot projects to evaluate the effectiveness of various models for preventing, identifying and intervening with children birth to age five and their families in the Family Safety program.*

#### **Status: Some Progress**

- The DCF funded a three-year pilot project for infants and young children known as the Florida's Infant and Young Children's Mental Health Statewide Pilot Project. Three diverse sites were chosen: Miami (a collaborative project between the Dependency Division of the Juvenile Court, Eleventh Judicial Circuit and the University of Miami's Linda Ray Intervention Center), Sarasota (a community mental health center, the Florida Center for Children and Families), and Pensacola (Lakeview Community Mental Health Center). The purpose of the project was to provide a research-based model of dyadic therapy services with a sample of high-risk infants, toddlers, and their families during the critical first few years of life in order to promote bonding and attachment,

positive interactions, and secure relationships between the child and mother (or primary caregiver). The target population was children entering the foster care system who were at risk for out-of-home placement due to abuse or neglect or children who had already been placed in foster care but parental rights had not been terminated. Below is an abbreviated list of the outcomes:

- There were no cases of subsequent abuse or neglect following treatment.
  - Following treatment, 58% improved in their developmental functioning.
  - Parents showed an increase in behavioral and emotional responsiveness with a decrease in intrusive behaviors. Children showed an increase in positive affect and enthusiasm with their parents.
  - 70% of the caregivers reported minimal to no depression after treatment with pretreatment percentages being 51%.
- The Partners of Hillsborough, a collaborative of provider agencies, was developed to provide front-end, family-based support and early intervention services. This collaborative is implementing a comprehensive and holistic prevention continuum for children who are at high-risk for out-of-home placement due to neglect and abuse. The Tampa YMCA leads the initiative working with multiple agencies and social service providers to render an array of intensive prevention and early intervention services to children at risk for out-of-home placement. Services include comprehensive assessments, family supports, mental health, substance abuse and support for kinship care. A case management wrap around model is used to organize and provide the services. Although the project is designed to serve children up to the age of 18, 60% of the children are between birth and age eight with 25% of the children three and younger. This model is being evaluated by the Department of Children and Family Studies at Florida Mental Health Institute to determine its effectiveness in achieving positive, safe, and stable environments for children and their caregivers.

#### ❁ **Goal 2 Task C5**

*Encourage the Community Based Care section to incorporate requirements addressing the emotional and social development needs of children birth to age five in each district's Community Based Care Intention to Negotiate.*

#### **Status: Some Progress**

The Child Abuse Prevention and Treatment Act (CAPTA) amended in 2003 requires that children birth to three be referred to the Part C program for screening, assessment and services if eligible. An interagency workgroup has been assembled that consists of representatives from agencies that serve young children. This group is working on a Memorandum of Understanding that will successfully guide the Department's child welfare system in referring all children birth to three with substantiated reports of child abuse and neglect to the Department of Health's Early Steps program (Florida's Part C program).

All the requirements included in the contract with the Community Based Care organizations apply to children under five. Additionally, the federal Child and Family Service Review instrument includes a section on child well being that directly addresses the mental health status of children.

#### ❁ **Goal 2 Task C6**

*Educate the leadership of the Neighborhood Projects of the benefits of supporting emotional and social development in children birth to age five and strategies for implementing this support.*

#### **Status: Unknown**

There is no information available on the Neighborhood Projects.



# Goal 3

Develop a coordinated system to screen and assess mental health needs for children birth to age five.

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## Strategy A:

Recommend screening and assessment instruments and protocols designed to identify emotional, behavioral and social development issues in children birth to age five.

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### **Goal 3 Task A1**

*Request that the Office for Early Learning Performance Standards Workgroup recommend effective instruments, methods and protocols for identifying emotional and social development in children birth to age five based on current research and best practices.*

#### **Status: Completed**

The Office of Early Learning has developed materials for birth to three, three and four year old age groups that describe the expectations for child care environments and include social and emotional components. These materials include:

- Birth to Three Screening and Assessment Resource Guide
- Birth to Three Learning and Development Standards
- Three Year Olds Performance Standards
- Four Year Olds Performance Standards

Child care centers that receive subsidized payments are required to screen children for developmental delays. The resource guide provides an overview of available screening instruments. Some of the instruments listed include specific sections on social and emotional development. The screening instruments used most frequently include the *Ages and Stages Questionnaire* and the *Early Learning Accomplishment Profile*.

### **Goal 3 Task A2**

*Disseminate recommendations to programs serving children birth to age five through multiple means (web site, conferences, and publications).*

#### **Status: Some Progress**

The Resource Guide addressed above serves as a means to disseminate recommendations to the child care sites.

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**Strategy B:**

Encourage all programs, professionals, and agencies who diagnose mental health conditions to adopt the National Center for Clinical Infant Programs' Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Childhood for children birth to age three (DC:0-3), and the DSM-IV-PC for 4 and 5 year olds as their basis for defining medical necessity for infant mental health services.

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**Goal 3 Task B1**

*Meet with Medicaid staff at the Agency for Health Care Administration and with Children's Mental Health staff in the Department of Children and Families to determine ways to overcome barriers to implementing the DC:0-3 and DSM-IV-PC.*

**Status: Completed**

Medicaid and the Department of Children and Families have promoted the use of the DC:0-3 and the subsequent DC:0-3R version. There are no data available on the extent that the DSM-IV-PC is used for three and four year olds.

**Goal 3 Task B2**

*Develop a crosswalk between the DC:0-3 diagnostic categories and the Medicaid billing codes in the ICD-9 as an interim measure.*

**Status: Completed**

A crosswalk of the DC:0-3 and the ICD-9 was developed by Kathryn Shea, LCSW, from the Florida Center for Child and Family Development and updated again in August 2005 to correspond to the DC:0-3R. The revised crosswalk was approved by DCF and Medicaid and was disseminated statewide for use by Medicaid providers specializing in Infant Mental Health treatment.

**Goal 3 Task B3**

*Develop legislative strategies, if necessary, to modify Florida Statute 394 to require the use of the new diagnostic system, DC:0-3, for Children's Mental Health services.*

**Status: Not Required**

Legislative strategies were not necessary to adopt DC:0-3 and the DC:0-3R. No data are available on the use of the DSM-IV-PC.

**Goal 3 Task B4**

*Sponsor training and provide information on both the DC:0-3 and DSM-IV-PC.*

**Status: Completed**

The FSU Harris Training Institute conducted a "train-the trainer" with Dr. Bob Harmon to build a cadre of DC:0-3R trainers in Florida as follows:

- Escambia, Santa Rosa, Walton, and Okaloosa Counties – sponsored by Lakeview, SED-NET and

the Department for Children and Families.

- Broward, Miami and Monroe Counties – sponsored by the Health Foundation of Florida
- Palm Beach County – sponsored by the Department of Children and Families
- Jacksonville – sponsored by the school district.

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### **Strategy C:**

Infuse emotional, behavioral and social development items into the existing screening/assessment tools used by Medicaid, Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, schools, and other early care and education programs.

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### **Goal 3 Task C1**

*Review screening/assessment instruments and evaluation procedures regarding social, emotional and behavioral development to determine enhancements for: Early Head Start, Head Start, IDEA Part B & Part C, Healthy Families, Healthy Start, Child Protection Teams, subsidized child care, Pre-Kindergarten Early Intervention, Medicaid EPSDT, FDLRS, teen parent programs, First Start, Even Start and other school readiness programs.*

### **Status: Some Progress**

While most publicly funded programs serving Florida children birth to age five are required to screen children for developmental concerns, their guidelines and procedures for screening vary widely. Generally, for most programs, social-emotional screening is part of the larger process of screening all developmental domains.

Early Head Start and Head Start programs are required to “screen children for developmental, sensory, and behavioral concerns within 45 days of enrollment,” however, federal standards do not require one particular screening tool. Many Florida Head Start and Early Head Start programs use the *Denver II Developmental Screening Test*, and the *Ages and Stages Questionnaire (ASQ)*. As Early Head Start programs serving pregnant women are more focused on Infant Mental Health issues, some programs are beginning to use the *Ages and Stages Questionnaire: Social-Emotional (ASQ: SE)* to screen specifically for social and emotional concerns.

Other programs have adopted specific tools for developmental screening as follows:

- Healthy Families has adopted the ASQ and the Denver (does not routinely screen for social and emotional issues).
- Florida’s Early Steps Program has approved the ASQ, the *Birth to Three Screener*, and the *Early Learning Accomplishment Profile (E-LAP) Screener* for use in screening. Early Steps specifically screens for social and emotional issues “when it appears necessary.”
- The Florida Medicaid program’s Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) does not have a strong focus on social and emotional development.
- Florida’s Office of Early Learning has compiled the *Birth to Three Screening and Assessment Resource Guide* and child care centers that receive subsidized care funding must complete a developmental screening, with many using ASQ.
- Many teen parent programs use the ASQ and the ASQ: SE to screen infants of adolescent parents for social-emotional concerns.
- The Florida Diagnostic and Learning Resource System (FDLRS) uses the *Developmental Indicators for Assessment of Learning (DIAL)*.

One Children’s Service Council reports that it is difficult to find infant mental health instruments

that are valid, reliable, culturally and linguistically appropriate, and easy to administer. This Council is considering using ASQ: SE, the *Brief Infant Toddler Social Emotional Assessment*, and the *Devereaux Early Childhood Assessment Program* (DECA).

### **Goal 3 Task C2**

*Specify how children are determined eligible for infant mental health services in each program (i.e., eligibility for Medicaid, attachment disorder category in Part C, severe emotional disturbed in Part B).*

#### **Status: Some Progress**

It is unknown whether any organization has developed a document that specifies how young children are determined eligible for a variety of public services. Each organization has specific eligibility requirements. Examples of these are below:

- For Medicaid, the child must be Medicaid eligible and meet the medically necessary criteria for mental health services. These are specified in the Medicaid Community Mental Health Handbook and are required in the Medicaid Prepaid Mental Health Plans and the Health Maintenance Organizations contracts.
- For the Department of Children and Families, the child must be in one of the target populations specified in Chapter 394 of the Florida Statutes. However, DCF services are not an entitlement resulting in services being dependent upon available dollars.
- For Early Steps, Severe Attachment Disorder is considered an established condition. The program will accept a diagnosis of severe attachment disorder from a psychologist to establish eligibility.
- In Part B programs the category “severe emotional disturbance” is used infrequently for children under the age of five. Most children are determined eligible due to developmental, speech or language delays.

### **Goal 3 Task C3**

*Encourage state departments to submit legislative budget requests to add infant mental health specialists to respective evaluation teams.*

#### **Status: Some Progress**

Although legislative budget requests have not been submitted to date, policy makers with both Healthy Families and Early Steps recognize the benefit of having Infant Mental Health expertise on the teams and are reviewing options for including infant mental health therapists in the future.

### **Goal 3 Task C4**

*Recommend that screening for emotional and social delays are included in the Medicaid fee-for-service and Health Maintenance Organizations requirements for health care check ups for children birth to age five. Work with Medicaid to revise their screening instruments.*

#### **Status: Some Progress**

EPSDT is a Medicaid federally required screening system for all Medicaid eligible children. The Department of Children and Families and the Department of Health have encouraged Medicaid to expand the required screening to include mental health issues. However, Medicaid has been reluctant to do so because the rate currently paid to providers is low and may not be sufficient to cover the cost of additional screening requirements. The EPSDT screenings are now the responsibility of the HMOs for their enrollees. Additional work is needed to encourage HMOs to require more thorough screening for social and emotional issues.

### **Goal 3 Task C5**

*Meet with the domestic violence personnel, police officers, school student services staff, child abuse investigators, Guardian Ad Litem, and other program leadership to determine the best means for identifying children for infant mental health screenings within the populations that they serve.*

#### **Status: Some Progress**

Judge Cindy Lederman and the University of Miami Linda Ray Center have a Safe Start Grant to link children in domestic violence shelters with infant mental health services. Dr. Anne Hogan and Judge John Parnham have worked with Guardian Ad Litem on Infant Mental Health services. Probation officers have been trained statewide in the early identification of social/emotional problems in the teenagers and their babies.

### **Goal 3 Task C6**

*Work with pediatric health care practitioners to improve their ability to identify emotional, behavioral, and social issues in well-child visits and other encounters with children and families.*

#### **Status: Some Progress**

The Department of Health has worked with Medicaid to develop materials entitled, “Babies First Year” which was sent to medical professionals around the state. This resource includes information supporting social and emotional development for infants. The Tallahassee Children’s Medical Services provided the Georgetown “Bright Futures” training and materials to local health care providers. The Department of Health, Maternal and Child Health, is funding a pilot program with Tallahassee pediatricians to provide developmental screening – including a social and emotional screening – during well-child check-ups. The mothers receive a post-partum depression screen at the child’s two-month check-up.

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### **Strategy D:**

Encourage each local Early Learning Coalition to develop a simple and consistent referral mechanism for mental health assessments for children birth to age five.

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### **Goal 3 Task D1**

*Local Early Learning coalitions working with the district Department of Children and Families will determine the best means for providing mental health assessments for children birth to age five in their communities.*

#### **Status: Some Progress**

It is unknown how many of the Early Learning Coalitions have developed a community based referral mechanism for mental health assessments for children birth to age five. Each Early Learning Coalition is required to have inclusion specialists available in their communities as well as have warmlines available for information and referral. These points of contact offer an opportunity to build a system for referral. The Office of Early Learning is currently working on referral protocols as part of their rule drafting. Although information is not currently available regarding the different referral protocols that have been developed in each community, there is information available regarding some local projects as follows:

- In Sarasota, the Early Learning Coalition has made an effort to ensure that child care providers know how to identify children who need further assistance, as early as possible. The *Ages and Stages Questionnaire* (ASQ) is a routine developmental screening tool routinely used by all child care

providers. Training has been provided on how to screen and refer children for additional assistance. Over the years, Sarasota has built up a comprehensive system of support for child care providers and children that includes several levels of support from screenings to on-site consultations with additional screenings available upon request. The warmline is an integral part of their system and receives calls from providers on a regular basis.

- In Panama City, Children's Home Society has a program to provide infant mental health services to children in the community and the local Early Learning Coalition is interested in working with the Department of Children and Families to provide consultation in child care settings for children who are served by the Community Based Care program

### **Goal 3 Task D2**

*Create an easy system for parents and providers to use including a simplified point of entry, reasonable time guidelines, and responsiveness to individual needs.*

#### **Status: Unknown**

No data are available regarding the local systems of care for parents and providers to use. Sarasota County has recently received a federal System of Care grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop such a system for children birth to age eight living in Sarasota County. Once developed, this system could be used as a model for other communities.

### **Goal 3 Task D3**

*Provide widespread dissemination of how and where and who to refer to for parents, schools, health care providers, law enforcement, judicial system, and the early care and education community.*

#### **Status: Unknown**

This task should be completed at the local level. There are no data available regarding the degree to which the various communities have addressed this issue.

### **Goal 3 Task D4**

*Encourage the Department of Children and Families to submit a legislative budget request to create or expand funding for mental health evaluations.*

#### **Status: Not Completed**

The Department of Children and Families has not submitted a budget request specifically addressing this issue. Over the last few years the department's Bureau of Children's Mental Health has provided a budget from \$25,000 to \$50,000 to fund an infant mental health start-up project in every departmental district/region(14), resulting in infant mental capacity in every part of the state.



# Goal 4

Develop and implement evidence-based mental health treatment and interventions for children birth to age five.

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## Strategy A:

Determine best practices for effective treatment and interventions.

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### **Goal 4 Task A1**

*Review current research based evidence in order to specify best practices.*

#### **Status: Some Progress**

Since the completion of the Infant Mental Health Strategic Plan, several national organizations have addressed the need to disseminate information on evidence-based and best practice.

- The University of South Florida Center for Evidence-Based Practice: Young Children with Challenging Behavior is funded by the U. S. Department of Education, Office of Special Education programs. This Center raises the awareness and implementation of positive, evidence-based practices and is building an enhanced and accessible database to support these practices. The *Teaching Tools* referenced in Goal 2 were developed at this center.
- Georgetown University Center for Child and Human Development is a children's mental health technical assistance center and that focuses on early childhood mental health services.
- The Center on the Social and Emotional Foundations for Early Learning is a national center focused on strengthening the capacity of child care and Head Start programs to improve the social and emotional outcomes of young children. One of their goals is to disseminate evidence-based practices.
- Zero to Three Infant Mental Health Resource Center publishes research and information on infant mental health services in their journals and on their website.
- The National Center for Infant and Early Childhood Health Policy published a report in 2005 entitled, "Clinical Interventions to Enhance Infant Mental Health: A Selective Review," that provides an overview of some of the model programs in the nation at all three levels of infant mental health and discusses the evidence-base for infant mental health interventions.
- The FSU Harris Institute conducted a literature review and produced a Fact Sheet entitled, "Long-term Benefits of Infant Mental Health Treatments." See: [www.cpeip.fsu.edu](http://www.cpeip.fsu.edu)

### ***Goal 4 Task A2***

*Conduct focus groups with parents regarding their perspective of effective treatments.*

#### **Status: Some Progress**

- During 2006, the Florida Department of Children and Families Bureau Chief from Children's Mental Health conducted 10 focus groups around the state to obtain input from parents regarding service delivery. Parents were notified of the meetings through the National Alliance on Mental Illness (Florida), the Federation of Families, and the local district staff. It is not known whether the families in attendance had children below the age of five.
- In 2003 the national Early Head Start Resource Center at Zero to Three conducted focus groups among Early Head Start parents and other parents of babies and young children. The findings suggested the need for more education among parents of young children to raise the level of awareness about: what parents and caregivers can do to support a baby's emotional development; the potential for emotional problems in young children; and indicators of problems.

### ***Goal 4 Task A3***

*Create best practice guidelines and widely disseminate to encourage use.*

#### **Status: Some Progress**

As stated in Task A1, numerous centers have emerged nationally over the last few years to disseminate best practice information on early social and emotional development and infant mental health.

- The Institute for Infant and Early Childhood Mental Health at Tulane University addresses research, training and policy development.
- The National Center for Children in Poverty at Columbia University Mailman School of Public Health is another organization that publishes extensively on best practices in social and emotional development for young children.
- The Research and Training Center on Family Support and Children's Mental Health at Portland University also publishes on best practices.
- Florida State University Center for Prevention and Early Intervention Policy (FSU Center) is the recipient of a Harris Foundation award to develop practitioner competencies for infant mental health therapy.

### ***Goal 4 Task A4***

*Evaluate pilot projects and utilize outcomes to refine effective practices.*

#### **Status: Some Progress**

Three pilot projects were conducted in Pensacola, Sarasota, and Miami. These pilots were evaluated through a contract with the Department of Children and Families with promising findings. These are summarized in Goal 2 Task C4.

**Goal 4 Task A5**

*Identify model programs and encourage replication.*

**Status: Some Progress**

Model infant mental health programs have evolved nationally over the last several years. The resources listed above under Task A2 and A3 are good sources regarding model programs. Model programs in Florida are discussed in Goal 1.

**Goal 4 Task A6**

*Evaluate pilot projects and utilize outcomes to refine effective practices.*

**Status: Some Progress**

As stated above, the three pilots have been evaluated. The evaluation results are discussed under Goal 2 Task C4.

**Goal 4 Task A7**

*Use DC-0-3 diagnostic categories and corresponding treatment plans.*

**Status: Completed**

The DC-0-3 diagnostic category is used throughout the state.

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**Strategy B:**

Make relationship based mental health treatment and services available in each community that include:

- Psychotherapy which addresses the infant-parent dyad and attachment
- Individual and/or group therapy for caregivers
- In-home treatment intervention
- Treatment approaches for children who have witnessed violence, or who have been abused and neglected, or children and caregivers with substance abuse in the home environment
- Mental health consultation for both individuals and programs for children birth to age five

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**Goal 4 Task B1**

*Local Early Learning Coalitions will work with the Department of Children and Families to determine the availability of infant mental health services in each district.*

**Status: Unknown**

It is unknown the extent to which each local Early Learning Coalition has worked with the Department of Children and Families to locate and coordinate infant mental health resources. However, the Department of Children and Families now has the capacity for infant mental health services in each of their districts.

**Goal 4 Task B2**

*Determine what providers need to strengthen their infant mental health services and to create an easily accessible system.*

**Status: Some Progress**

- Additional training has been rendered to providers through workshops offered by the Florida Council for Community Mental Health at their conferences and other training activities.
- Through the FSU Harris Institute, NOVA University, the Children’s Psychiatric Center, and New Directions in Mental Health - Pinellas, more than 200 therapists received additional intensive training in infant mental health.
- The Children’s Psychiatric Center is conducting a series of Infant Mental Health trainings using a “train the trainer” model. The plan is to train between 60 and 75 mental health professionals.

It is unknown whether any needs assessment has been completed to determine what additional supports and trainings would assist the providers in rendering infant mental health services.

**Goal 4 Task B3**

*Work with families to ensure the system is meeting the needs of their children.*

**Status: Some Progress**

Services provided to infants and toddlers should always include involvement of the parents/caregivers. The National Alliance on Mental Illness, Florida and the Florida Federation for Families have reached out to families of young children.

**Goal 4 Task B4**

*Work with Medicaid to determine available reimbursement for infant mental health services and consultations.*

**Status: Completed for Services**

Medicaid has funded infant mental health services for several years. At this time consultation is not included in the Medicaid state plan. Early childhood mental health consultation has been provided through Medicaid administrative services in Vermont and may be a possibility in Florida.

**Goal 4 Task B5**

*Recommend that Medicaid modify their Community Mental Health Handbook to explicitly define services for children birth to age five.*

**Status: Completed**

Medicaid modified the Community Mental Health Handbook to include a special section on children birth to five. These requirements remain as part of the contractual responsibilities in the managed care plans.

**Goal 4 Task B6**

*Recommend the Department of Children and Families begin to include Infant Mental Health services in their contracts.*

**Status: Completed**

Since 2001, \$1.25 million in funding has gone toward expanding infant mental health service capacity. The focus has been on identifying and providing services to young children and their families in the child welfare system. Infant Mental Health services are available now in all DCF districts. The number of children birth to five receiving services has increased 75% since 2001-02 – from 7,532 to 13,255 in 2005-06.

**Goal 4 Task B7**

*Develop strategies with the existing Mental Health agencies to provide expanded infant mental health services.*

**Status: Some Progress**

The services referenced above were provided through community mental health providers. The Children's Psychiatric Center in Miami has an Infant Mental Health program. Also, Lakeview, in Pensacola, provides Infant Mental Health services. It is not known how many other community mental health centers have established programs in Infant Mental Health.

**Goal 4 Task B8**

*Identify trained infant mental health providers in the state and provide a listing of them to each local coalition.*

**Status: Completed and Ongoing**

- Florida State University Center for Prevention and Early Intervention Policy, through the Harris Institute, has provided advanced training to over a hundred licensed therapists and has a list of the trained professionals.
- The Whole Child Leon County website also includes a list of trained therapists. Please see Goal 5 for further discussion on training.

**Goal 4 Task B9**

*Develop a protocol for providing both individual and program consultation on mental health services for children birth to age five for early care and education programs, Part B and C programs, child protection staff, home-visiting programs, and other community programs.*

**Status: Some Progress**

- In late fiscal year 2005/06, a Request for Information was released by the Department of Children and Families to conduct nationwide research regarding early childhood mental health consultation with child care centers. The report provides information on best practices in this area and recommends funding options for use in Florida. Information from this report has been shared statewide with districts, providers, and the Florida Council for Community Mental Health. It can be found on [www.cpeip.fsu.edu](http://www.cpeip.fsu.edu)
- Through federal Substance Abuse and Mental Health Services Administration funding, Georgetown University Child Development center published a monograph in 2000 entitled, “Early Childhood Mental Health Consultation,” that included an overview of the area and a list of selected resources for further information.
- Healthy Families has used mental health consultation when providing some interventions.

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**Strategy C:**

Build the research base pertaining to children’s mental health to ensure the most effective interventions and continuous quality improvement.

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***Goal 4 Task C1***

*Develop a means to demonstrate the effectiveness of infant mental health programs.*

**Status: Completed and ongoing**

The effectiveness of infant mental health programs has been demonstrated nationally and reported in the literature.

***Goal 4 Task C2***

*Work with agencies to develop measures that examine the outcome of services across the family unit.*

**Status: Unknown**

It is unknown whether any organization has developed a set of outcome measures that review the child and family status. However, there are different measures that can be applied to each component of the treatment such as child status, family satisfaction, family level of change, etc.

***Goal 4 Task C3***

*Develop measures that reflect the integrative nature of this work.*

**Status: Unknown**

See C2 above.

**Goal 4 Task C4**

*Establish standards for contracted services.*

**Status: Unknown**

- The Department of Children and Families Mental Health Program has standards that are used to measure the outcomes for children but those outcomes are not necessarily appropriate for young children.
- The measures in the Community Based Care contracts do address key issues important to young children but do not specifically measure social and emotional development. The federal Child and Family Service Review Instrument does look at emotional status under the Child Well-Being category.



# Goal 5

**Build a training infrastructure for infant mental health in Florida including Level 1 front-line caregivers, Level 2 early interventionists, and Level 3 infant mental health therapists.**

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## **Strategy A:**

For Level 1 frontline caregivers, infuse training on the emotional, behavioral, and social development of children birth to age five and relationship based practices into all programs serving children birth to age five including but not limited to Healthy Start, Healthy Families, Early Head Start/Head Start, teen parent programs, home visiting programs, health care providers, subsidized and other early care and education providers, Pre-Kindergarten Early Intervention and other school programs.

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## **Goal 5 Task A1**

*Work with the local Early Learning Coalitions to identify agencies responsible for the training in each local area.*

### **Status: Some Progress**

The Early Learning Coalitions are responsible for arranging training for the staff serving child care and pre-kindergarten. Below are some examples of how this has been arranged.

- Children’s Home Society in Panama City has a contract with the local Early Learning Coalition to develop an on-going training with child care teachers in reflective supervision and child care best practices. The greatest emphasis is on Infant Mental Health. The group has also designed a referral protocol for children and families. Training sessions will focus on how to address the day-to-day issues that come up in the classrooms. They are also offering on-site classroom observations as a way to provide feedback to teachers and identify potential referrals.
- In Tallahassee, Georgetown University provided training on “Bright Futures” and their new social/emotional tool. Staff from the local coalition attended.
- The Early Learning Coalition of Palm Beach is developing a training plan for their area. The Early Learning Coalition in Sarasota holds annual conferences for local early childhood educators with attendance averaging 300 teachers and directors. The theme for the program this year is “Creating Classrooms that Support Social and Emotional Health.”
- The Early Learning Coalition of Escambia co-sponsored a series of intensive infant mental health trainings.
- The Office of Early Learning has a contract with Western Kentucky University Training and Technical Assistance Services (T/TAS) to provide training and technical assistance to child care staff in collaboration with the Florida State University Center for Prevention and Early Intervention Policy (FSU Center) to focus on training regarding working with infants and toddlers.
- The University of South Florida (USF) Center for Evidence-Based Practice: Young Children with Challenging Behavior has provided over 20 workshops over the last three years in the areas of helping children with social and emotional development and challenging behaviors. The workshops target

early childhood educators focusing on the “teaching pyramid”, transitions, and positive behavioral supports. One of the training segments was geared to mental health home visiting. Recently the USF Center received funding to provide training and coaching over a two-year period with early education and child care programs on the adoption of the teaching pyramid model throughout their programs. Through the National Training Institute of Effective Practices Supporting Young Children’s Social and Emotional Development, the USF Center has conducted three institutes providing training to over 500 participants. These Institutes are three hour-long workshops for practitioners, trainers, administrators and other higher education personnel. The USF Center also provided a training series entitled, “Positive Beginnings”, that is a three-hour workshop series for early care and education providers in the process of establishing a Positive Behavioral Support program. This training has been conducted in six different locations and now is available for dissemination and use by other trainers. Over 350 practitioners were trained in the Tampa Bay area.

- Through a contract and support from the A. L. Mailman Family Foundation, Florida was able to apply and was selected as one of five national sites to participate as a pilot for “The Mind in the Making Early Learning Modules” created by the Families and Work Institute. The training is designed to improve learning opportunities for children and help teachers encourage engaged learning to improve the quality of the child care center. The Florida pilot included two train-the-trainer facilitator workshops and provision of “Mind in the Making Early Learning Modules” as a college course at University of West Florida, Tallahassee Community College and Pensacola Community College. The training program also uses the train-the-trainer concept with master trainers providing instruction to new trainers.
- A similar training is beginning with Miami Dade College, United Way, Children’s Trust, Early Learning Coalition and the FSU Center.
- The Office of Early Learning funded training on “Learning in Everyday Moments: Applying Florida’s Birth to Three Learning and Development Standards in Everyday Routines”. The training addresses, among other topics, the social and emotional needs of young children.
- The Office of Early Learning, Western Kentucky University, the Florida Community College Early Childhood Educator’s Network and the FSU Center are working together to improve practice in infant and toddler child care services. The group has formed the Infant Toddler Specialist Network in Florida to develop a “learning community” of skilled professionals to mentor, educate, and support quality programs for vulnerable infants and toddlers. The desired outcome is to have a significant, positive, and lasting impact upon the quality of care for the youngest children. A key component of the work is to strengthen the staff members’ ability to form positive relationships with the young children and their families, and to promote positive social and emotional development throughout the child care experience.
- Many local communities have quality child care improvement projects such as: Early Learning Coalition of Miami Dade program to improve teen parent child care, NOVA Southeastern University in Tampa, Picower’s Project in Palm Beach County, and the Knight Foundation in Tallahassee. These projects include extensive Level 1 training activities. As part of the Knight Foundation project the FSU Center provided child care staff members and directors over 3,600 hours of training.
- In addition to early childhood educators, Level One training has been provided to a broad group of frontline workers. FSU Center provided training for workers whose primary responsibilities are not mental health services but through their work with children and families have an opportunity to enhance social and emotional development and well-being. The goal of this training was to expand the competencies of caregivers to support the social and emotional well-being of children, strengthen caregiver/child and parent/child relationships and to identify strengths as well as risk

factors and early warning signs. A two-day training program was delivered in 2004 to 68 nurses, social workers, child care workers, home visitors, and other front-line caregivers. In another training series 44 Healthy Start and Early Steps staff completed training through the financial support of the Healthy Start Coalition of Miami-Dade County and the Agency for Health Care Administration. Additional trainings included 42 professionals for Broward County working with teen parent/child care programs, 44 juvenile justice professionals from Miami-Dade County and 38 Miami-Dade child welfare professionals.

### **Goal 5 Task A2**

*Meet with professional associations to determine the best means of providing in-service and continuing education training.*

#### **Status: Unknown**

Florida Association for Infant Mental Health (FAIMH) has worked with Zero to Three: National Center for Infants and Toddlers, the World Association of Infant Mental Health, and others to determine the most knowledgeable people in the field to increase the knowledge base in Florida. It is unknown whether any educators in Florida have met with professional organizations to determine the best means of providing in-service and continuing education and training.

### **Goal 5 Task A3**

*Modify current mandated trainings, CDA coursework, and college curricula to incorporate infant mental health concepts and best practices.*

#### **Status: Some Progress**

Some local Early Learning Coalitions are working with their local community colleges to strengthen curricula regarding an emphasis on social and emotional development.

- The Early Learning Coalition in Palm Beach County is planning to work with the Palm Beach Community College on the local provider Certified Development Associate (CDA) curriculum.
- The collaboration of the Families and Work Institute, Tallahassee Community College and the FSU Center resulted in the use of the “Mind in the Making” modules, discussed above, to develop a three credit hour state-of-the-art college course that combines the latest research with adult learning principles.
- Several colleges and universities are beginning to build coursework specifically for children birth to age five based upon infant mental health principles. The University of West Florida Department of Social Work offered an online three-college credit course titled, “Prevention and Intervention Strategies with Children Birth to Five and Their Families”. The course had 45 students enrolled and will be offered again this summer as a college credit course and as a continuing education course.

### **Goal 5 Task A4**

*Identify speakers on infant mental health for guest lectures, conferences, and in-services aimed at persons working with children birth to age five.*

**Status: Some Progress**

The FSU Center, NOVA Southeastern, University of South Florida, University of Miami, University of West Florida and others have identified guest speakers and professionals to help promote Infant Mental Health in the state. For example, Dr. Joy Osofsky, and the late Dr. Robert Harmon have provided training and presented on several occasions.

For the last five years the Florida Association for Infant Mental Health has hosted an annual conference focused on Infant Mental Health and has brought speakers from all over the country to provide sessions at the conference. The 7th annual conference is scheduled for May 17th and 18th in Ft. Lauderdale.

**Goal 5 Task A5**

*Partner with higher education institutions to develop, conduct, evaluate and utilize distance-learning technology.*

**Status: Unknown**

Web-based Infant Mental Health training has been developed in the Pensacola area as part of the 2005-2006 Harris Institute training. It is unknown whether any other entities have developed long distance learning instructional capabilities.

**Goal 5 Task A6**

*Explore funding for infant mental health training through grants, children's service boards, foundations, and private sponsors.*

**Status: Some Progress**

Please see Goal 6 for a discussion on funding for training.

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**Strategy B:**

Provide in-service training on infant mental health issues to people involved in law enforcement and the judicial systems.

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**Goal 5 Task B1**

*Meet with the law enforcement training academy representatives to incorporate knowledge of infant mental health and the impact of violence on children birth to age five into their training programs.*

**Status: Unknown**

There is currently no information available regarding whether any organization has taken the initiative to introduce Infant Mental Health principles with law enforcement training.

**Goal 5 Task B2**

*Ensure that training for law enforcement officers includes information on eligibility for the Child Victim Rapid Response Team services with reference to children involved in domestic violence incidents.*

**Status: Unknown**

There is no information on training with law enforcement. Progress in this area will require very careful planning and coordination.

**Goal 5 Task B3**

*Present information on infant mental health principles and services at law enforcement conferences, meetings, and web sites.*

**Status: Unknown**

There is no information available about presentations made at law enforcement conferences, meetings and web sites.

**Goal 5 Task B4**

*Meet with the Juvenile and Family Court Judges and Dependency Court Judges in each circuit court to discuss the social importance of infant mental health principles and possible roles the judicial system could play in insuring positive emotional and psychological development in children birth to age five.*

**Status: Some Progress**

Florida has recognized the critical importance of the court system in promoting the social and emotional development of young children. About 40% of the children coming into the child welfare system are ages five and under. About 20% of the girls who appear before the delinquency courts are pregnant and/or are a parent to a young child. No data are currently available regarding the number of boys who are parents in the Juvenile Justice system.

- In Miami, Judge Langer has started a program that focuses on young mothers on probation. They receive Infant Mental Health treatment and other social services from the University of Miami.
- Judge Cindy Lederman is a national leader in transformative court practices for young children. She makes it a practice to ensure that all children under the age of three are referred to Early Steps and those children/parents in need of Infant Mental Health therapy receive the service through the University of Miami. Judge Lederman has trained other judges throughout the nation and has authored numerous articles to help inform judges about the social, emotional and developmental needs of young children whose cases appear before the court.
- Retired Judge Parnham in Pensacola has an innovative pilot project to enhance coordination of services including Infant Mental Health and is training other judges.

**Goal 5 Task B5**

*Establish infant mental health training opportunities for the Dependency Court Improvement Projects.*

**Status: Some Progress**

Systems Solutions for Children presented information about the Dependency Court Outcome Enhancement Project at the Family Law Conference and provided consultation services to the Sarasota Infant Mental Health Dependency Court.

### **Goal 5 Task B6**

*Educate the Department of Juvenile Justice on the importance of emotional and social development in children birth to age five and provide information on the importance of screening younger siblings for emotional problems, supporting young mothers, and making referrals for assistance where warranted.*

#### **Status: Some Progress**

The FSU Center has worked with both the Department of Juvenile Justice (DJJ) headquarters and providers on the importance of early social and emotional development and infant mental health issues with the young parents that they serve. According to Anthony Schembri, the former Secretary of DJJ, the number of girls entering the department has increased by 30-40% over the last five years. The majority of delinquent girls have experienced a multitude of problems such as sexual abuse, school failure and mental health problems that place them at high risk for teenage pregnancy and possible problems with parenting. The department's data shows that about 20% of the girls in the system are pregnant or are already a parent. The Director of the FSU Center has met with staff from DJJ extensively over the last year regarding the need for secure attachments between the mother and the infant. Also, evaluators from the Florida Legislative Office of Program Policy and Analysis and Government Accountability (OPPAGA) issued a report recommending additional programs for detained pregnant girls and their babies and suggested that DJJ partner with programs with expertise in maternal/child health, child development, Infant Mental Health, and adolescent parenting. At the time of the OPPAGA report there was only one 20-bed program that allowed infants to remain with their detained mothers. After the report was issued another program, WINGS, was awarded a contract to care for pregnant and parenting teens.

- DJJ became very interested in this issue and with the assistance of the Sarasota YMCA and faculty from the Center, a list of 10 recommended practices for parenting was developed based on supporting research.
- Based upon literature reviews on teenage pregnancy and parenting, the FSU Center has developed Fact Sheets that are posted on their website.
- DJJ contracted with the FSU Center to conduct 8 training sessions around the state in Fiscal Year 06/07. The FSU Center developed a curriculum entitled, "Strengthening Services for Pregnant and Parenting Teens in the Department of Juvenile Justice," and has trained about 300 Juvenile Justice Professionals. The FSU Center is also consulting with WINGS to help their staff improve their skills in promoting attachment and social and emotional development with the infants in their care.
- The Early Learning Coalition of Miami-Dade/Monroe has identified five entry points for young families to enter services in their community including Juvenile Justice. Judge Langer has initiated a project in the Juvenile Court of the 11th Judicial Circuit to address the infant mental health needs of teen parents and their children. This project includes partners from the Early Learning Coalition, the Health Foundation of South Florida, the University of Miami, the Center, and the Agency for Health Care Administration and will focus on improved services for this population.

### **Goal 5 Task B7**

*Develop collaboration between the National Council of Juvenile Judges and Zero to Three to facilitate an exchange of ideas on infant mental health topics.*

#### **Status: Some Progress**

Through work with Zero to Three, the National Council of Juvenile and Family Court Judges published

a special issue in the spring of 2004 in the Juvenile and Family Court Journal entitled, “Infants and Toddlers in Court”. This Journal provided several articles on Infant Mental Health and how these issues impact children in the dependency court. Articles were written by professionals from Florida including Judge Langer and Judge Lederman.

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### **Strategy C:**

Train Level 2 staff including IDEA Part B & Part C therapists, interventionists and other professionals, pediatricians, nurses, therapists, and other healthcare providers to incorporate relationship based principles into care provided for families with children age birth to age five.

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#### ***Goal 5 Task C1***

*Contact the professional associations (physical therapy, occupational therapy, speech therapy, nursing, medical associations) to arrange workshops with CEUs on incorporating infant mental health principles into therapies and healthcare.*

#### **Status: Unknown**

It is unknown whether any organization has worked with professional associations to provide information regarding Infant Mental Health to an array of professionals.

#### ***Goal 5 Task C2***

*Work with Children’s Medical Services to plan for training for Part C teams statewide.*

#### **Status: Some Progress**

Children’s Medical Services has developed a certification requirement for Infant and Toddler Specialists. The training materials include information on appropriate social and emotional development. Also several Early Steps staff members have been participants in the frontline training described above in Task A1. In recent years, statewide Early Steps have had Infant Mental Health presentations at their conference.

#### ***Goal 5 Task C3***

*Plan with Department of Education for training for FDLRS and Part B teams statewide.*

#### **Status: Some Progress**

The Department of Education has contracted with the University of Central Florida to provide some training using *Teaching Tools*. It is very likely that the school districts have purchased additional training and assistance in this area but there is no central location for collecting this data.

### **Goal 5 Task C4**

*Continue working with the Florida Developmental Disabilities Council to increase understanding of the importance of providing mental health services to young children who have developmental disabilities and to implement training programs for providers who work with this population.*

#### **Status: Some Progress**

The FSU Center has continued to work with the Florida Developmental Disabilities Council on the importance of Infant Mental Health. The council is supportive of this endeavor and is funding the luncheon at the scheduled summit in 2007. They continue to show support of this important area.

### **Goal 5 Task C5**

*Train providers who work with children with developmental disabilities.*

#### **Status: Unknown**

Early Steps providers work with children with developmental disabilities from birth to three. After the age of three the child may be eligible for services from the Agency for Persons' with Disabilities. However, currently that agency provides services to less than one hundred children under the age of six. There are about 1,300 children under six on the waiting list for services. It is unknown whether providers serving persons with developmental disabilities have received training in Infant Mental Health. One faculty member from the FSU Center presented on Infant Mental Health in 2005 at the Family Café Conference that focuses on the needs of persons with developmental disabilities.

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### **Strategy D:**

Provide training for staff and foster parents on emotional, behavioral, and social development and mental health services for children birth to age five in the child protection system.

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### **Goal 5 Task D1**

*Meet with the staff from the Department of Children and Families, Family Safety Program responsible for the professional training of child protection workers to develop specific training components on infant mental health and the risks associated with abuse and neglect.*

#### **Status: Some Progress**

Staff from the Children's Mental Health have met several times with the Family Safety program regarding the professional training of child protection workers. In the past, training included information on the importance of mental health services for children in the child welfare system. Recently training has been modified by the Department of Children and Families and is now conducted by the Community Based Care organizations or purchased from training providers. It is not clear whether the new training has mandatory components that address social and emotional development and early childhood mental health.

### **Goal 5 Task D2**

*Work with department staff to find the resources necessary to provide training.*

#### **Status: Some Progress**

- With funding from the Health Foundation of South Florida child welfare professionals were trained in the importance of health and development of children served by the child welfare system. Emphasis was placed on the development of relationships between children in foster care and their caregivers. The importance of placement stability in relation to the child's development was addressed as well as the strain children in care face with multiple transitions and loss. This training was developed and conducted by the FSU Center.
- Children's Home Society (CHS) recently received a grant from the Kellogg Foundation to provide developmental and Infant Mental Health support to dependency case managers in Tallahassee and West Palm Beach. All the case managers employed by CHS in these locales will receive the training similar to the training that was rendered in Miami. Additionally a developmental specialist and a Infant Mental Health therapist will be assigned to one unit in each area to provide on-going assistance to the case managers, children and their families.

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#### **Strategy E:**

Provide adequate and appropriate education and training to build a cadre of Level 3 infant mental health therapists.

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### **Goal 5 Task E1**

*Recruit professionals with clinical skills to develop expertise in infant mental health psychotherapy.*

#### **Status: Completed and ongoing**

One of the goals of the FSU Harris Institute is to expand capacity for Infant Mental Health assessments, diagnosis, treatment, consultation, and supervision throughout the state. This is accomplished through workshops, intensive workshops for therapists and providers, and collaborations with other FSU programs to include infant mental health concepts in coursework and training. Over the last few years the Harris Institute has provided advanced training to over a hundred licensed therapists throughout the state. Counties served by the trained therapists include Miami-Dade, Alachua, Brevard, Palm Beach, Leon, Duval, Bay and Escambia, Santa Rosa, Walton, and Okaloosa Counties. Additionally, in 2006 the Harris Institute trained 273 mental health professionals in the use of the DC:0-3R diagnostic system. In 2006/07 the Harris Institute will conduct advanced therapist training in for 21 therapists. The FSU Center has received notification that the Harris Institute will receive continued funding for the next three years.

### **Goal 5 Task E2**

*Partner with universities in the state to create an interdisciplinary graduate program in Infant Mental Health to prepare professionals in the fields of education, nursing, social work, psychiatry and psychology for specialized intervention and clinical practice in infant mental health. The program would include academic coursework, clinical practicum and continuing education.*

**Status: Some Progress**

Although a formal interdisciplinary graduate program has not been developed, Florida State University, University of South Florida, Nova, and the University of Miami continue to work together to strengthen the knowledge base on Infant Mental Health. Five of the therapists that received training through the Harris Institute now teach as adjunct professors at the School of Social Work and include Infant Mental Health concepts in their instruction. The University of West Florida is working toward accreditation of a Masters in Social Work program in 2008. The University has built a graduate Infant Mental Health course into their curriculum.

**Goal 5 Task E3**

*Create a clinical practicum or internship for observational study of infants and their families, clinical assessment and intervention experiences, and reflective individual and group supervision.*

**Status: Unknown**

A clinical training program has been provided through the Harris Institute as described above. Also clinical training is provided by the Children's Psychiatric Center in Miami. It is not known whether a formal internship has been established at any of the universities. One of the Harris Institute graduates supervises student interns with the Department of Children and Families. The University of West Florida Masters in Social Work program will have Infant Mental Health internships available.

**Goal 5 Task E4**

*Working in collaboration with universities and other national training sites, develop a curriculum for infant mental health professionals.*

**Status: Completed and ongoing**

- A curriculum for infant mental health professionals has been developed in Florida through the Harris Institute. This curriculum is designed to work with professionals who already have therapeutic skills and are expanding their knowledge base for working with young children and their families.
- In order to further this work, the faculty from the FSU Center is working with state and national professionals to create a competency framework that can guide the planning of training, and potentially assist in professional's self assessment and review.
- In 2002, Zero to Three Infant Mental Health Resource Center did a survey of the programs that offer training in Infant Mental Health identifying 15 programs in the United States. This information can be located on their website, [www.zerotothree.org](http://www.zerotothree.org).

**Goal 5 Task E5**

*Create opportunities for continuing education through ongoing local and statewide seminars and intensive training series for students, paraprofessionals, faculty and community professionals.*

**Status: Completed and ongoing**

- Extensive opportunities for training have been provided throughout the state. The Department of Health holds educational conferences titled, "Sharing Solutions" that provides information to health

department staff and other medical professionals. These Summits have addressed the importance of early childhood social and emotional development and infant mental health. In 2004 the conference included information on strengthening families, the use of family conferencing, maternal depression, domestic violence, healthy early childhood development, Fetal Alcohol Spectrum Disorders, and other impacts of substance abuse. The 2006 conference, held in December, focused on some of the same issues but also featured sessions on the neuro-psycho-social approach to working with adolescent females, preventing abuse and neglect, and a self-help model for mothers.

- Healthy Families uses “Grow Great Kids” to training their staff. These training materials have a section on social and emotional development. The FSU Center in conjunction with Healthy Families has provided training to their front life staff on Infant Mental Health.
- In addition to this front line training, the FSU Center has developed several curricula that are designed to enhance appropriate early childhood development that were used in training over 400 service providers including paraprofessional home visitors, nurses, social workers, mental health workers, child care providers, developmental specialists and others who support vulnerable families.

### **Goal 5 Task E6**

*Explore educational innovations such as distance learning as a means of providing training on a wide basis.*

#### **Status: Unknown**

Other than the web-based instruction that was developed in the Pensacola area, it is not known if other distance learning instruction is available.

### **Goal 5 Task E7**

*Establish a partnership with the Florida Council for Community Mental Health to develop a training agenda for their members.*

#### **Status: Some Progress**

The Florida Council for Community Mental Health has highlighted prevention and early intervention in their annual meeting for the past three years.



# Goal 6

Secure funding for training and mental health services for children birth to age five and their families.

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## Strategy A:

Work with the Department of Education to improve the funding for mental health services in the Part B and early intervention programs that provide services to children birth to age five.

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### ✿ Goal 6 Task A1

*Meet with Department of Education to review eligibility requirements and determine ways the program could be strengthened or expanded to better serve children with emotional, behavioral and social development delays or disorders.*

#### Status: Completed

The Department of Education uses developmental, language, or speech delays as the primary eligibility requirement. The category of emotional disturbance is infrequently used with children under the age of five. As part of the assessment process, the schools determine the educational needs of the child including social and emotional delays.

### ✿ Goal 6 Task A2

*Review the Medicaid Certification of the Match program for Behavioral Health Services to determine how to match school revenues used to fund the program with federal participation.*

#### Status: Completed

The Medicaid Certification of the Match program is available for Behavioral Health Services provided by the school district for special education programs. In 1995, the Florida Legislature authorized the Florida Medicaid office to develop a school-based program so schools could capture federal Medicaid match for expenditures for specific services. Behavioral health services include psychological services, social work, behavioral analysis, counseling, and guidance. Participating school districts could also receive federal match for administrative services, such as outreach, interagency coordination, referral, service coordination and monitoring. According to a report completed in 2004 by the Louis De La Parte Florida Mental Health Institute, "A Study of Medicaid-Funded School-Based Behavioral Health Services," this funding opportunity is only used for 2.5% of the population covered under Part B of IDEA. Of this group, 29% are for children between the ages of three and seven. This remains a funding opportunity for school districts.

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**Strategy B:**

Encourage Medicaid to review and modify the service description and medical necessity criteria for mental health services to children birth to age five.

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**✿ Goal 6 Task B1**

*Meet with Medicaid to review the results of the recent survey on services provided to children birth to five years old.*

**Status: Completed**

The survey referred to in this task was completed in 2000 and provided a baseline for the amount of services provided at that date. For Fiscal Year 2000/01 about 7,000 children ages five and under received services at a total expenditure of about \$54,000.

**✿ Goal 6 Task B2**

*Review what services are currently provided. Recommend Medicaid adopt the draft policy that they developed for children birth to age five. Encourage Medicaid to employ different diagnostic methods for children birth to age five and develop a system linking Medicaid billing diagnostic codes to diagnostic criteria.*

**Status: Completed**

Medicaid created a section of the Community Mental Health Handbook specifically for children below the age of five. These requirements remain in place.

**✿ Goal 6 Task B3**

*Encourage Medicaid to modify the Individual Therapy procedure code to allow Family Therapy to be rendered under that code.*

**Status: Completed**

Medicaid modified the individual therapy code to allow family therapy under the procedure code.

**✿ Goal 6 Task B4**

*Encourage Medicaid to provide therapeutic assistance to parents with mental health and/or addiction disorders.*

**Status: Unknown**

It is unknown whether Medicaid has taken any measures to promote dyadic treatment for mothers with mental health or addiction disorders. As noted under Goal 1 there have been some examples of programs provided for mothers with mental health or substance abuse disorders.

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**Strategy C:**

Work with the Children’s Medical Services Part C program to more clearly define their eligibility requirements for attachment disorders and to increase mental health services and relationship based practices available to children with established conditions and their caregivers. Expand eligibility for children birth to age five with mental health needs.

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**❁ Goal 6 Task C1**

*Meet with the Department of Health, Children’s Medical Services (CMS) to develop an eligibility definition for attachment disorder reimbursement that can be easily coded and reimbursed.*

**Status: Completed**

CMS accepts the diagnosis from a psychologist of severe attachment disorder in making the categorical eligibility determination. At this time it is not possible for CMS to consider expanding the eligibility requirements.

**❁ Goal 6 Task C2**

*Work with CMS to better understand how delays in emotional, behavioral, and social development are interpreted under existing eligibility criteria.*

**Status: Completed**

Many Early Steps staff members have received training on emotional and social development. The competency standards for the Infant and Toddler Developmental Specialists include a section on social and emotional development.

**❁ Goal 6 Task C3**

*Inform parents, physicians, and community programs of the new eligibility criteria and encourage referrals.*

**Status: Completed**

The eligibility requirements for Early Steps are articulated in their procedural manuals. The children are found eligible under developmental delays or based on established conditions. Data are not readily available in their information system regarding what delays resulted in the eligibility determination. However, this information is available in the child’s record.

**❁ Goal 6 Task C4**

*Work with CMS to improve how the emotional, behavioral, and social needs of children and their families currently being served by Part C programs are being met or are going unmet.*

**Status: Some Progress**

In several parts of the state, Early Steps programs have included Infant Mental Health specialists on

their teams. CMS has identified Infant Mental Health expertise as a needed addition and is looking for options to fund additional expertise in all parts of the state.

✿ **Goal 6 Task C5**

*Request that Medicaid and Part C staff determine a protocol for reimbursement for infant mental health services.*

**Status: Some Progress**

CMS is currently reviewing the options to provide more infant mental health expertise under Early Steps. The leadership is looking at the current barriers to providing infant mental health services and plans to move forward on this issue.

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**Strategy D:**

Encourage the Department of Children and Families (DCF) to expand funding for mental health services for children birth to age five.

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✿ **Goal 6 Task D1**

*Review with the department the eligibility requirements for services for children birth to age five. Request modifying the statute to allow other diagnostic methods to be used with children birth to age five.*

**Status: Completed – Modification to the Statute was not necessary**

The eligibility requirements for each target population are included in Chapter 394 of the Florida Statutes. The Department of Children and Families has encouraged providers to use other diagnostic methods such as the DC:0-3 R system to diagnose children under the age of three. Modifications to the statute are not required.

✿ **Goal 6 Task D2**

*Review with the department how to identify children birth to age five with emotional disorders or serious emotional disturbances and develop strategies based on Medicaid's existing strategies.*

**Status: Completed**

Since the development of the Strategic Plan, the Department of Children and Families, Children's Mental Health has helped support training and other activities to encourage the identification of children birth to five with emotional disorders. Staff members, especially the children's mental health specialists, are knowledgeable in this area.

✿ **Goal 6 Task D3**

*Review with the department the term "at risk" and determine how funds could be used to serve children birth to age five in this category.*

**Status: Completed**

The DCF's category of "at risk" can be used for children with emotional issues. The problem in accessing services is not the eligibility requirements but the lack of non-Medicaid funds available for services.

❁ **Goal 6 Task D4**

*Determine and implement new funding for children and their families served by the child protection system, not eligible for Medicaid or in need of services not provided by Medicaid.*

**Status: Completed**

DCF has limited funds that were specifically appropriated in the Children's Mental Health budget for children in the child welfare service system. The funding is intended for services that are not Medicaid compensable or for services to children that are not Medicaid eligible. These funds can be used for children under age five. In some parts of the state the dollars are contracted with the Community Based Care organizations for necessary non-Medicaid services for children in their care.

❁ **Goal 6 Task D5**

*Determine if out-of-home care could be provided with these funds for children birth to age five in the Family Safety Program and their families.*

**Status: Completed**

The funds discussed above are specified for mental health services and not out-of-home care such as foster care payments. They can be used for non-Medicaid compensable services for children in foster care.

❁ **Goal 6 Task D6**

*Develop implementation tasks to improve infant mental health services to children birth to age five and their families with the Department of Children and Families.*

**Status: Some Progress**

The Community Based Care organizations are responsible for the mental well-being of children in the child welfare system as measured by the federal Child and Family Services Review. The Community Based Care lead agencies are now partnering with the managed care provider, Magellan, to provide all Medicaid funded mental health services to children in the child welfare system. Medicaid funded services for children served by the DCF's Mental Health program (not in the child welfare system) are now covered by pre-paid managed care entities or Health Maintenance Organizations. This is an enormous change since the creation of the Strategic Plan. Services for non-Medicaid eligible children are still available through Children's Mental Health but access to care is severely limited by lack of funds.

❁ **Goal 6 Task D7**

*Work with the Community Based Care (CBC) program at the Department to ensure that the newly contracted CBC projects address the needs of children birth to age five served by the child protection program.*

**Status: Some Progress**

The Community Based Care (CBC) organizations are required to address the needs of children under the age of five. In fact, a substantial portion of the children served by the CBCs are under age 5. As stated above, the funding mechanism for mental health services for this population has shifted significantly over the last year. The Medicaid contract with the Community Based Care/Magellan partnership will include several requirements for children under the age of five. Exactly how these needs will be met is not known at this time. Effectively serving these children is a challenge for all involved.

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**Strategy E:**

Explore the potential use of Temporary Assistance to Needy Families (TANF) monies to provide mental health services to children birth to age five.

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**❁ Goal 6 Task E1**

*Meet with representatives from the Department of Children and knowledgeable about the TANF funds to determine what services could be funded for children birth to age five and their families with these dollars.*

**Status: Completed**

Children's Mental Health staff met with TANF representatives to discuss the availability of funds at the local district level for families that meet TANF eligibility. It was confirmed that these funds could be utilized for families with children birth to five, who are in need of treatment and family support services. It was agreed that TANF staff at the district level would keep their communities aware of this funding option.

**❁ Goal 6 Task E2**

*Research the protocol to apply for these dollars.*

**Status: Completed**

The application for TANF dollars is no different than the application for any Department of Children and Families funding. The Department of Children and Families district determines how their allocated funds will be spent. Programs can seek new funding through the district or can respond to competitive procurements.

**❁ Goal 6 Task E3**

*Seek authorization from the Governor's office and the legislature to access these funds for infant mental health services for children birth to age five and their families.*

**Status: Not Required - Already appropriated to mental health and substance abuse**

The legislature currently appropriates TANF dollars to the Department of Children and Families Mental Health and Substance Abuse. These funds can be used to serve families with young children.

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**Strategy F:**

Write grants and apply to government sources and private foundations for funding to develop and provide infant mental health training.

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**✿ Goal 6 Task F1**

*Research what foundations are inclined to provide funds for infant mental health services.*

**Status: Some Progress**

Numerous foundations have funded Infant Mental Health services in Florida (see Goal 6, Task F5) but to our knowledge no research has been conducted on what additional foundations fund Infant Mental Health services.

**✿ Goal 6 Task F2**

*Work with the District 9 project and the Hillsborough Children's Service Board, funded by the Federal Center for Mental Health Services at SAMSHA, to ensure they address the needs of children birth to age five and their families.*

**Status: Completed**

Both the District 9 and Hillsborough System of Care Grants have concluded. Currently there are two Substance Abuse and Mental Health Service Administration comprehensive system of care grants operating in the state. These are located in Broward and Sarasota Counties.

- The Broward project is implementing a wraparound model and generally works with older children.
- The Sarasota Early Childhood Mental Health Partnership will improve and increase mental health services for infants and young children, consistent with system-of-care principles and best practices. This grant provides an excellent opportunity for Florida to determine the important elements and linkages necessary for a comprehensive system of care to meet the needs of young children and their families.

**✿ Goal 6 Task F3**

*Review how Vermont has used a similar grant and collaborate with the state to determine if a similar grant could be written for Florida.*

**Status: Completed**

Information regarding the Vermont SAMHSA project has been widely published and can be located through the SAMHSA website.

❁ **Goal 6 Task F4**

*Review Ohio's Infant Mental Health Consultation to Child Care Programs project, which was funded by the state legislature, for possible replication in Florida.*

**Status: Completed**

In Fiscal Year 2005/06 the Department of Children and Families awarded a contract to the Florida State University Center for Prevention and Early Intervention Policy (FSU Center) to research programs in other parts of the nation and report on the model programs. Ohio was one of the states that was included in the review. This information is reported in "Mental Health Consultation in Child Care and Early Childhood Settings". This report is available at [www.cpeip.fsu.edu](http://www.cpeip.fsu.edu)

❁ **Goal 6 Task F5**

*Submit grant requests to different foundations seeking to fund infant mental health services and training.*

**Status: Some Progress**

- Children's Home Society has recently received a grant from the Kellogg Foundation to provide enhanced case management services by hiring developmental specialists and infant mental health therapists to assist the dependency case managers in working with children and families.
- The Harris Foundation has provided funding to create the Harris Infant Mental Health Training Institute at Florida State University.
- The Knight Foundation, Mailman Foundation and Picower have funded quality child care improvements, mentoring and comprehensive services.
- The Children's Services Boards have funded numerous services that support appropriate social and emotional development and infant mental health.

Although it is likely that other organizations have received funding from foundations, there is no data available on the extent of that support.

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**Strategy G:**

Write grants and apply to government sources and private foundations for funding to develop and provide infant mental health training.

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❁ **Goal 6 Task G1**

*Identify what parts of Florida are implementing the Governor's Front Porch projects and assess the feasibility of incorporating infant mental health services into any of these projects.*

**Status: Unknown**

It is unknown whether there has been any work done with the Governor's Front Porch initiative, to promote social and emotional development and provide early childhood mental health services.

❁ **Goal 6 Task G2**

*Identify which Department of Children and Families' districts will be implementing Neighborhood Projects and determine if the concepts and practices of infant mental health could be included in the projects.*

**Status: Unknown**

It is unknown whether there has been any work done with Neighborhood Projects to promote social and emotional development and provide early childhood mental health services.

❁ **Goal 6 Task G3**

*Work with civic organizations, women's clubs, etc. to determine if any of these groups would like to adopt the encouragement of emotional, behavioral and social development of children birth to age five as one of their annual themes.*

**Status: Unknown**

It is unknown whether any work has been done by community organizations to promote social and emotional development and provide early childhood mental health services.

❁ **Goal 6 Task G4**

*Contact major businesses to see how they can become involved in promoting positive emotional, behavioral and social development of children birth to age five.*

**Status: Unknown**

It is unknown whether any major businesses involved in promoting positive emotional, behavioral and social development of children birth to age five are involved.

❁ **Goal 6 Task G5**

*Communicate with local advocacy and intervention groups such as the Healthy Start Coalitions to keep others informed of the importance of infant mental health.*

**Status: Some Progress**

- The Department of Health staff members believe that the Healthy Start Coalitions are paying more attention to the mental health needs of young children and their parents. The Department has done a substantial amount of training and systems development regarding depression in mothers and the impact of this condition on their children. The Healthy Start Coalitions have benefited from this work.
- The Department of Health, the Agency for Health Care Administration, and the Association for Healthy Start Coalitions worked together to get a Federal Waiver to operate the Mom Care Program. This waiver allows Healthy Start services for at-risk Medicaid women in parenting and other services that are not routinely provided by Medicaid.

✿ **Goal 6 Task G6**

*Approach private corporations such as Johnson & Johnson or Eckerd about the possibility of assistance.*

**Status: Some Progress**

Organizations have made application to various private foundations although it is unknown how many. Several foundations have funded Infant Mental Health services and/or training including the Health Foundation of South Florida, Mailman, Kellogg, Knight and Harris Foundations.



# Goal 7

Develop a social marketing campaign to raise the public awareness of the mental health needs of children birth to age five and the consequences of poor social-emotional development.

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## Strategy A:

Develop a public awareness campaign with a clear, concise and consistent message regarding the importance of infant mental health and prevention.

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### ✿ **Goal 7 Task A1**

*Identify a public relation firm to develop and disseminate public service announcements, brochures, tapes, and videos on a pro-bono basis.*

#### **Status: Some Progress**

The Florida Developmental Disabilities Council funded a social marketing project with the Florida Center of Children and Family Development in Sarasota. They identified the KSC Marketing and Public Relations firm to coordinate the marketing component of the grant. A marketing tool kit was developed that can be used by other communities in their public awareness campaigns. This kit includes sample press releases, sample letters to the Editor and public leaders, radio and television public service announcements, information cards, a Public Policy Training Module, and the Parent Handbook. These materials will be provided to the Florida Association of Infant Mental Health Chapters for use in their communities.

### ✿ **Goal 7 Task A2**

*Collaborate with child advocacy programs, press organizations, press clubs, media companies, television and radio station personnel and others to help organize and conduct the media campaign.*

#### **Status: Some Progress**

- In 2000, WLRN public television station in Miami-Dade County sponsored a series of 12 programs on early childhood mental health. The Bertha Abess Children's Center, which provides care for severely emotionally disturbed children, coordinated the series. Each program ran three times throughout the week over November, December, and January 2000.
- As part of the social marketing grant referenced above, two television broadcasts were completed, one in Tampa and one in Sarasota. Multiple radio Public Service Announcements were sent out to radio stations. Newspaper articles were published and tracked by the marketing firm.
- It is likely that many other communities have had the same type of activities but the information is not readily available.

✿ **Goal 7 Task A3**

*Determine an appropriate spokesperson for this initiative. Try to enlist a well known public personality to champion the campaign*

**Status: Unknown**

This initiative is being handled at the local level therefore there is not one person who is the spokesperson. It is unknown if different communities have been able to solicit the assistance of a known personality to assist with this initiative.

✿ **Goal 7 Task A4**

*Find a university business/social-marketing program to develop options for marketing the infant mental health media campaign.*

**Status: Some Progress**

As described above, the Florida Developmental Disabilities Council has funded the development of a social marketing campaign. A toolkit will be available to all interested groups in the state.

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**Strategy B:**

Promote the infant mental health message to legislators and policy makers.

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✿ **Goal 7 Task B1**

*Educate legislators and staff about the importance of infant mental health and the importance of early emotional and social development for success in school and in adult life and citizenship.*

**Status: Some Progress**

The grant funded by the Florida Developmental Disabilities Council included a portion on contacts with policy makers. The Florida Center has developed a 30 minute recommended policy track for use when meeting with policy makers. The track includes the following topics:

- Why should policymakers invest in social and emotional health of infants and young children?
- What are the long-term risks that accompany early mental health impairments?
- Why is a child's emotional and mental health so important in preparing them to be ready to for entering school? Isn't cognitive and linguistic competence more important?
- What can I as a policy maker do?

✿ **Goal 7 Task B2**

*Invite legislators to visit pilot programs.*

**Status: Unknown**

Although many executives of programs have good relationships with their local legislators, there are no data on how many legislators have visited programs.

✿ **Goal 7 Task B3**

*Provide brochures and informational materials to legislators and policymakers.*

**Status: Some Progress**

Brochures and information materials are available for community members to use in talking to legislators and policy makers. The toolkit discussed above will soon be available. A brochure developed by the Florida Association of Infant Mental Health entitled, “What is Infant Mental Health” is currently available.

✿ **Goal 7 Task B4**

*Meet with heads of various government agencies and departments regarding importance of infant mental health services for children and their families.*

**Status: Some Progress**

Members of the Florida Association of Infant Mental Health have met frequently with members of the executive branch especially the Agency for Healthcare Administration, Department of Health, Department of Children and Families, Department of Juvenile Justice, Agency for Workforce Innovation and Department of Education. Over the last several years the knowledge base and commitment to improve the emotional well-being of children has significantly increased in Florida. All of the above departments and agencies have had initiatives in this area.

✿ **Goal 7 Task B5**

*Strategize ways agencies can participate in implementing services and providing public awareness*

**Status: Unknown**

Many department and agencies have done some activities that have improved their staffs’ knowledge base. However, there has not been a clear social marketing strategy for promoting the importance of social and emotional development and early intervention with mental health issues across the organizations and communities.

✿ **Goal 7 Task B6**

*Infuse concepts of infant mental health into existing public awareness campaigns.*

**Status: Some Progress**

The Miami initiatives discussed below and the Whole Child project are examples of working with broad based initiatives to ensure that Infant Mental Health is addressed. It is unknown how many other communities have been able to use other existing public awareness campaigns.

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**Strategy C:**

Develop a prevention campaign that includes statewide programs in schools and communities.

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**Status: Some Progress**

The Center for Disease Control and Prevention (CDC) launched a public awareness campaign to help parents learn more about the importance of measuring their child's social and emotional progress in the first few years of life. The campaign, "Learn the Signs, Act Early," is designed to educate parents about early childhood development including potential early warning signs of autism and other developmental disabilities. The campaign encourages parents to ask their child's doctor or healthcare professional about activities and steps that can be taken to foster their child's development. The materials also remind healthcare professionals to observe and measure when children achieve certain abilities, encourage dialogue between parents and healthcare professionals, and urge both parties to take immediate action when a delay in development is suspected. For more information or to request the materials contact 1-800-232-4656 or visit [www.cdc.gov/actearly](http://www.cdc.gov/actearly)

Miami has developed a hotline, "Teach More, Love More", that is an early childhood clearinghouse providing a wide range of services. Available 24 hours, seven days a week, the hotline targets parents and caregivers of children ages five and under. The program provides information on early care and education, health and safety, parenting as well information on children with special needs and other early childhood issues. "Born Learning" materials can also be easily accessed on the website.

Miami has also developed an impressive prevention and school readiness initiative through the Early Childhood Initiative Foundation. The partnership includes United Way, Healthy Start Coalition, Children's Trust, Early Learning Coalition and Miami-Dade Family Learning Partnership. By bringing all the key players together, the initiative can focus on broad-based solutions for all the children in Miami-Dade. Some of the areas that are being addressed include:

- High Quality Childcare for all
- High Quality pre-kindergarten experiences
- High Quality parent skill-building
- Availability of a medical home
- Home visiting programs with follow-ups in the hospital and then during the child's first several years.
- Providing cognitive, social and emotional assessments and the necessary interventions to children.

Another broad prevention program is the Whole Child project, founded by the Lawton Chiles Foundation to help make young children safe, economically secure, physically and mentally healthy, properly educated, socially competent and spiritually strong. The project is operated in Manatee and Leon County. The Whole Child program in both counties has a website that gives the parent/caregiver of children ages five and below the opportunity to fill out a profile and have the needs matched with community resources.

**❁ Goal 7 Task C1**

*Incorporate the foundations of developing healthy, nurturing relationships with young children into coursework, guidance, and parent education opportunities in schools and colleges.*

**Status: Unknown**

It is unknown the extent that the school systems and colleges provide this level of education to their students. It is often available for students with young children in the Teen Parent programs.

✿ **Goal 7 Task C2**

*Widely disseminate information about the importance of an infant's emotional and social development in doctor's offices, schools, churches, libraries and other public settings.*

**Status: Some Progress**

Please see Goal 1 for a discussion of this issue.

✿ **Goal 7 Task C3**

*Develop a business mentoring system that encourages employers to be more family-friendly and responsive to the needs of parents.*

**Status: Some Progress**

There is no information readily available on this issue.

✿ **Goal 7 Task C4**

*Educate schools; faith based organizations, neighborhood centers, and other community groups of the critical role of parent/child relationships in early emotional, social and behavioral development.*

**Status: Unknown**

Some of the Florida Association of Infant Mental Health Chapters have provided community education. Also it is likely that the Early Learning Coalitions have done so. However, the extent of the community education is undocumented.

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**Strategy D:**

Increase knowledge of infant mental health issues among the professionals who work in mental health, health care, early childhood programs, human services agencies, judicial system, law enforcement and general public welfare.

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✿ **Goal 7 Task D1**

*Seek opportunities to provide information on infant mental health issues at meetings, brown bag lunch sessions, and conferences.*

**Status: Some Progress**

The members of the Florida Associations of Infant Mental Health, Early Learning Coalitions and the Children's Services Boards take every opportunity to provide information in their communities. In

Pensacola, Infant Mental Health specialists have been making presentations in a “brown bag lunch” series to different agencies and organizations. They have also set up Infant Mental Health Booths at conferences including one at a Family Law Day in Milton, Florida. The FSU Center has also provided this type of support to the community, making presentations at Guardian Ad Litem meetings, Child Welfare conferences, Juvenile Justice meetings, and others. Unfortunately, there is not a list of other activities that have occurred around the state available to be shared.

❁ **Goal 7 Task D2**

*Establish partnerships with various agencies to disseminate infant mental health information to their staff.*

**Status: Some Progress**

Partnerships have been formed in many communities, especially those with Chapters of the Florida Infant Mental Health Association, Children Services Boards or other projects to increase the awareness of the needs of young children. Extensive training has been provided as discussed in Goal 5.

❁ **Goal 7 Task D3**

*Send educational brochures, materials, and videotapes to the various agencies.*

**Status: Some Progress**

Please see the discussion in Strategy 1 above.

❁ **Goal 7 Task D4**

*Make personal visits to both local offices and state offices to provide information on infant mental health.*

**Status: Some Progress**

Members of the Florida Infant Mental Health Association Chapters, university staff and others have met repeatedly both locally and at the state level, with government staff. Many staff are members of the Chapters.

❁ **Goal 7 Task D5**

*Collaborate with state offices to identify model programs and to recognize their accomplishments.*

**Status: Some Progress**

Children Mental Health funded pilots for model programs in Pensacola, Sarasota, and Miami. Other excellent programs exist throughout the state. The Florida Association for Infant Mental Health Newsletter publishes information on new and model programs and works with state agencies to obtain the most recent information.

❁ **Goal 7 Task D6**

*Showcase successful programs like the Dependency Court program in District 11.*

**Status: Some Progress**

This particular program has received considerable attention through Zero to Three and other organizations that have recognized the work. The Sarasota program was able to win a competitive bid for the federal Comprehensive System of Care Services grant because of their excellent program. However, much more needs to be done to identify and celebrate the successful programs throughout the state.

❁ **Goal 7 Task D7**

*Meet with professional organizations to develop ways to share infant mental health information with their membership.*

**Status: Some Progress**

Members of the Florida Infant Mental Health Association have met with many of the organizations to discuss the importance of early childhood mental health. Meetings have occurred recently with the Florida Council for Community Mental Health, the Florida Coalition for Children, and the National Alliance on Mental Illness of Florida.



# Goal 8

Develop public policies that support prevention and treatment of mental health for children birth to age five.

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## Strategy A:

Involve key agencies and interested stakeholders in implementing the strategic plan.

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### ✿ **Goal 8 Task A1**

*Contact leaders from key agencies and interested stakeholders to volunteer to implement components of the plan including:*

- *The Florida Children's Forum*
- *Ounce of Prevention Fund of Florida*
- *One Voice for Children*
- *Children's Services Councils*
- *The Association of Healthy Start Coalitions*
- *The Florida Department of Children and Families*
- *The Florida Department of Health*
- *The Florida Department of Education*
- *Agency for Health Care Administration, Medicaid Department*
- *The Florida Office of Early Learning*
- *Early Head Start/Head Start*
- *Florida Developmental Disabilities Council*
- *Other stakeholders interested in prevention*

#### **Status: Some Progress**

As reported earlier, many of the key agencies have had involvement in the implementation of the plan. However, there is no leadership group that meets on a regular basis on this issue. In follow-up to the Infant Mental Health Summit, a group of leaders from the executive branch will meet to discuss the outcomes of the Summit and set an action agenda.

### ✿ **Goal 8 Task A2**

*Determine what legislative, policy or funding issues must be addressed to implement the plan.*

#### **Status: Some Progress**

Some funding and policy issues have positively impacted implementation of the plan. The change in Medicaid benefits for children birth to age 5 is one of the major contributions. Also, the Department of Juvenile Justice has modified its procedures to allow mothers in assessment centers to have visitation with their children. The Department of Children and Families has funded Infant Mental Health in all their districts.

❁ **Goal 8 Task A3**

*Determine modifications necessary to existing legislation, rules, policies, procedures, and practices to achieve desired goals and implement the plan.*

**Status: Some Progress**

Comments: The comments above apply to this Task.

❁ **Goal 8 Task A4**

*Develop legislative strategies in conjunction with these agencies and advocacy programs, especially the Developmental Disabilities Council.*

**Status: Some Progress**

The Florida Developmental Disabilities Council has provided leadership in promoting Infant Mental Health through their funding of key issues such as the development of the first Strategic Plan, projects for young children with challenging behaviors, social marketing, assistance with the Summit and the printing of the updated Strategic Plan. Other than securing appropriations for the pilots, there have not been any legislative strategies aimed at implementing the Plan.

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**Strategy B:**

Work with families to ensure that the policies and practices being recommended are family focused and culturally appropriate.

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❁ **Goal 8 Task B1**

*Work with the various agencies, the Federation of Families, advocacy groups and other entities to establish an advisory group of parents to help develop an infant mental health message that will be meaningful and supportive to parents.*

**Status: Some Progress**

- The National Alliance on Mental Illness (NAMI) Florida Children's Committee has encouraged involvement of parents with young children.
- The Federation of Families also works with some families with young children.
- The Florida Association for Infant Mental Health focuses on services, policy and advocacy.

❁ **Goal 8 Task B2**

*Establish a means to communicate with parents of young children and to use their ideas to develop and implement policies.*

**Status: Some Progress**

Informally many of the agencies work with parents of young children. As mentioned earlier, Children's Mental Health conducted focus groups with parents. Also the Florida Center for Children and Family Development, as part of the social marketing grant, conducted focus groups with parents of young children to get their input on training materials that they developed.