

Episode 2 Transcript

[Audio Link](#)

Narrator ([00:10](#)):

Welcome to Early Childhood Policy Matters, a podcast for early childhood professionals and strategic partners hoping to use research to inform policy and better serve children, families and their communities.

Today, we look at early childhood mental health and how to get started with early childhood mental health consultation. Host Neal Horen sits down with state leaders overseeing two of the nation's largest systems of early childhood mental health care. Later, we'll hear his interview with New York state's Evelyn Blanck. But we begin with Jennifer Miller, Project Director with the Center for Prevention and Early Intervention at WestEd. Let's listen in.

Neal Horen ([01:02](#)):

Jennifer, thanks so much for joining us.

Jennifer Miller ([01:04](#)):

Thank you for having me.

Neal Horen ([01:07](#)):

Can you talk a bit overall what's the approach around early childhood mental health that California's taken?

Jennifer Miller ([01:13](#)):

So as you're probably familiar, there's a really long standing history and set of expertise in California. And based on that, there really is an opportunity now to build and renew momentum around infant family and early childhood mental health through the Preschool Development Grant, or PDG. Because the PDG is designed to engage the multiple systems, supporting young children birth through five, and their families, there's really nice alignment with many of the fundamental principles of infant family and early childhood mental health. In that, it's an interdisciplinary system of services and supports provided by cross-sector professionals with a specialized set of competencies to deliver services across the continuum of promotion, preventive intervention and treatment.

We have efforts underway to scale evidence-based, and emerging practices and resources supporting the healthy, social and emotional development of children, birth to five, and their families. And the professional development of the transdisciplinary mental health providers and mental health specialists in the field, providing services and supports to them.

Specifically in our early learning and care system, California is committed to redesigning and rebuilding, including several coordinated state-level efforts to increase the field's capacity to support young children's mental health. Early learning and care program administrators, teachers, family childcare providers really need greater access to resources, training and technical assistance in equity and bias reflective practice, and infant family and early childhood mental health, including an understanding of adverse childhood experiences, or ACEs, trauma screening and trauma informed care.

Neal Horen ([03:00](#)):

Wow. So I'm going to unpack a little bit, where did you start? It's been a bit of a journey for you, I assume, how did the state really start thinking about this?

Jennifer Miller ([03:13](#)):

It really has been a journey. Initially, decades ago, professionals addressing the physical and medical needs of infants recognized the essential need to address the whole child, particularly in infants' emotional needs. Research findings began revealing the really critical, important nature of those first years of life and the profound effects of early parent and infant relationships on the development of resiliency, health outcomes, self-regulation and its influences on attachment. And as that body of research grew, leaders in the field of infant family and early childhood mental health realized that all professionals who deliver services to infants and toddlers and young children, not just mental health professionals, need special expertise to be able to view and support the whole child in the context of these critical early relationships. So a series of successive efforts began to identify what are the specific knowledge and skills one needs to deliver effective services to infants, toddlers and their families. And that expertise being developed through strong high quality, professional development and support for reflective practice.

So building on that, what we did first was in the '90s, 1990s, cross-agency efforts of leadership in California convened to develop a manual of training guidelines and personnel competencies that identified the skills and knowledge providers need in order to provide effective infant family and early childhood mental health services. Following that, an endorsement process was created that established a standard of excellence for use by professionals to document their expertise, for use by employers to help with determining hiring practices, and for consumers to help guide decision-making about providers. And frankly, during that time, over the course of those decades, there's been several innovative initiatives to promote infant family and early childhood mental health across counties in the state, including SAMHSA, System of Care projects, Project LAUNCH, and Help Me Grow. And specifically, the California Department of Education has also funded and built up programs over time to support early learning and care program administrators, staff and providers, such as our California Inclusion and Behavior Consultation, or CBIC network.

Neal Horen ([05:42](#)):

You make it sound so simple, Jennifer. That's 30 years of work to get to where you're at. How do you go about making some of the programming decisions around early childhood mental health, like where to sort of put your efforts?

Jennifer Miller ([05:57](#)):

A couple of examples for us here in California, we have the Center for Infant Family and Early Childhood Mental Health, which continues to provide endorsement for infant family and early childhood professionals based on that manual and set of guidelines that I was just speaking of a few minutes ago. We also have a statewide screening collaborative, which is an inter-agency and multidisciplinary group formed to enhance the capacity in the state to promote and deliver effective, well cordoned health, developmental and early mental health screenings in California. And then our governor appointed State Interagency Coordinating Council on Early Intervention, which supports the full participation and coordination of appropriate public agencies across the statewide system of early intervention. And serves as a forum for public input from parents and service providers and others about the federal, state and local policies that support the timely delivery of appropriate early intervention services.

But it remains an ongoing challenge for us to continue to coordinate and integrate those state and local systems and the agencies that are all really critical and necessary for ongoing sustainability. Large-scale initiatives such as the PDG can really be a vehicle to help leverage that and support the cross-sector insistent issues.

Neal Horen ([07:18](#)):

As I think about what you just said, Jennifer, one particular part of your system that comes to mind that really requires lots of collaboration, the cross-system partnership, the policy piece, funding is mental health consultation, and certainly an area that a lot of folks across the country are interested in. As a state, has there been sort of a comprehensive approach to mental health consultation?

Jennifer Miller ([07:41](#)):

Well, I want to acknowledge the deep and long-standing expertise that we're fortunate to have out of the University of California, San Francisco and the childcare mental health consultation program there. So this actually remains one of our goals is to really continue to build the infrastructure and sustainable funding for the provision of infant family and early childhood mental health consultation across the broad array of providers and agencies. So thinking about infant family, early childhood mental health consultation through the lens of pediatricians and the healthcare system through early learning and care across home-visiting programs and child welfare agencies.

Specifically within the early learning and care system, the California Department of Education has funded the California Inclusion and Behavior Consultation, or CIBC network, over the course of about 10 years through Childcare Development Block Grant, or CDBG funding. It's a part of our childcare development CCDF state plan, and is a statewide network providing early childhood mental health consultation to center-based and family childcare programs across the state so that they are able to receive support around challenges they're experiencing with children's behavior, around developmental concerns, engaging with families. Oftentimes we find in that programmatic and classroom-focused consultation, that support for supporting teaming and communication and partnership amongst staff and the recognition of the impact of those relationships on classroom climate, on teacher-child interactions, on the experience of what it feels like to be learning and being cared for in that classroom on a day-to-day basis.

Neal Horen ([09:35](#)):

As the outsider, I can hear from a state perspective how interconnected things are and how much thought's been put into this, so I wonder if there are other sort of areas that you're all looking to as maybe next steps, other things you'd like to do in addition to what you just described.

Jennifer Miller ([09:52](#)):

Yeah. So we're interested in continuing to focus on the integration of systems and services. A specific example of that right now is through our Department of Healthcare Services. There are efforts underway focused on access to behavioral health services, which led to the creation of California Advancing Innovation on Medi-Cal, or CalAIM, work groups. Their efforts are looking at changing the restrictions in eligibility for mental health services for children under Medicaid, and a reduction in the complexity of access and attention to the workforce supports needed that we've talked about already to improve the access to mental health services. So that's just an example of the engagement around our health systems around early mental health.

We're also looking at building coordinated services across agencies and the really critical piece around data and integrated data systems. So planning's underway for considerations around, again, a state system for coordinated data efforts. So as we're so fortunate to have the ACEs Aware initiative in California, and attention and focus on the critical need for that early detection and trauma screening and developmental and behavioral health screening, really ensuring that we have capacity within our state system for the personnel who are appropriately trained and qualified and supported then to be able to deliver the services that make it identified through those early screening processes.

Neal Horen ([11:23](#)):

So as I've listened, I'm of course excited, I'm encouraged, I'm amazed and yet I think to myself, you keep talking about the workforce and we're talking about California, it's massive. And maybe somebody listening is actually not excited, they're actually intimidated. What guidance would you give another state, or territory, or the district about where they might want to start on all this?

Jennifer Miller ([11:48](#)):

Well, what we have found is that leadership is really key. So engaging your champions from the beginning to support the implementation of your efforts and sustain them through shared responsibility in terms of funding and investments. Those champions are really important to bring the passion and the expertise and the will, frankly, to move this forward.

We have also found that stakeholder buy-in is really critical. So along with those leaders, really from the beginning, engaging each service system and the power behind that co-creation in design and implementation of what the infant family early childhood mental health system of services could look like.

Lastly, funding is really critical and so is the work of, like I said, rolling up our sleeves together to take a look at aligning services, leveraging and being really strategic about initiatives to achieve that comprehensive and coordinated state and local system capacity for delivering infant family and early childhood mental health services by qualified personnel with the requisite specialized competencies.

Neal Horen ([13:02](#)):

Well, I'm super thankful that you rolled up your sleeves today and helped us out. I think that it's been really instructive. Thank you so much.

Jennifer Miller ([13:10](#)):

Thank you for having me.

Neal Horen ([13:22](#)):

Next, we're happy to welcome Evelyn Blanck. Evelyn is the Associate Executive Director of the New York Center for Child Development, Executive Vice President of the New York Center for Infants and Toddlers, and Director of the New York City Early Childhood Mental Health Training and Technical Assistance Center.

Well, Evelyn, thanks so much for joining us today. I'm super excited to talk a bit about the work that you've been a part of in New York state.

Evelyn Blanck ([13:45](#)):

Thank you for having me.

Neal Horen ([13:47](#)):

So I think we're going to start broad, and I know obviously we'll talk a bit about some of the more focused work in New York City, but I know you've been a part of some really exciting work in New York state. Maybe can you start with the big broad piece, which is the overall approach that New York state has taken to addressing early childhood mental health?

Evelyn Blanck ([14:04](#)):

I think New York state really tries to promote a cross-system approach, and I think we do that by bringing together public and private partnerships, and really including stakeholders across early childhood systems. So I think that what we try to do is make sure that where there are early childhood conversations, that there are infant and early childhood mental health professionals at the table. If I had to categorize it, I would say that we see mental health is not the responsibility of any one system, but really of all systems that touch the lives of young children. And we really see that there's a important continuum from prevention to promotion, to intervention.

Neal Horen ([14:44](#)):

In your description, you sort of already lay out something that may be different in New York state than is in other places in the sense that it's not just mental health's responsibility. So who are some of the other folks who are sitting around the table with you and working on this?

Evelyn Blanck ([14:58](#)):

Well, we've been very fortunate. I want to start by saying that the New York State Office of Mental Health has been a strong support and real advocate in terms of helping to move the agenda along and also to partner with other state agencies. The New York State Council on Children and Families as means of background is comprised of 11 state agency commissioners and directors. Their purpose is to coordinate the efforts of state agencies, providing services to children and families, and also to develop policy recommendations. And when the Preschool Development Grant Birth Through Five renewal grant came up, they applied for it and were awarded it. So I think that they've been a major player also in really convening early childhood providers across the system.

Neal Horen ([15:40](#)):

Maybe some history would be helpful here in terms of the context. Is that something that has been around for 20 years? Is that something that came out of a particular grant initiative? How did this work? I know you may not have been there at the exact conception point, but how did this work get started? How did the state get started thinking about all of this?

Evelyn Blanck ([16:03](#)):

I think one of the first steps was to examine the system wide needs and really to try and raise awareness to address some of the unmet needs. There was an advisory group that did a white paper in 2004 to alert policy makers, to the need for government to play a more active role in promoting early childhood mental health in New York state. And also to strongly urge policy makers to consider a series of recommended changes in government policy. And following that white paper, there was a series of meetings with people within the government to really advocate for what we felt needed to happen to really address the needs of infants and toddlers.

Neal Horen ([16:38](#)):

So this has sort of stayed steady, maybe even grown, I might put out there, over time, despite changes in sort of the political nature of what's happening at a state level?

Evelyn Blanck ([16:50](#)):

I think that there's been a really steady progression around really identifying and understanding the importance of early childhood mental health. One of the main catalysts was the Children's Mental Health Act of 2006 that required the New York state outline short and long-term recommendations, but not only for treatment, but also for prevention and early intervention. And building on some of the advocacy efforts in some of the public education, what was really significant about the actual plan that came out was that it was inclusive of children birth through five in a system that primarily had focused previously on the treatment of school-aged children. I just want to say that it was a major step forward. It was really chaired by the New York State Office of Mental Health. And was also followed by a strong unified commitment to strengthen social, emotional development of young children in an initiative called Achieving the Promise, which was \$62 million for a single year investment.

One of the things that for me was so exciting is that if you go to the actual plan, there's a picture of a toddler on the cover of it. It was the first time that they had really focused on younger children. It also brought together key stakeholders in different agencies throughout the state, so the Office of Mental Health, as well as the State Education Department. Again, this was just a paradigm shift with really focusing more on prevention, early identification and intervention versus treatment at a later stage with poor outcomes.

Neal Horen ([18:14](#)):

Are there sort of things right now in terms of decisions that get made? How does the state make decisions about where to put the investments, what to focus on? How do those decisions get made?

Evelyn Blanck ([18:26](#)):

Well, I think what is real credit to New York State is that part of the strategy is really bringing it together across system providers. One example is the Early Childhood Advisory Council, which is a gubernatorial appointed committee. That committee is comprised of people across child-serving agencies, but also inclusive of infant, early childhood mental health specialists and mental health professionals.

There were also two great initiatives in 2018 that the state embarked on, and one of them was an early childhood Blue Ribbon committee. That was through the Board of Regents, who oversees education policy, and they came up with 18 recommendations for implementation. There was also a major initiative, the first thousand days on Medicaid, that developed 10 recommendations for implementation. So I think that part of the ways decisions are made is to really bring in cross-sector experts who can really help inform the discussion. And I think that our focus has been to ensure that the social, emotional and the mental health needs of children are addressed.

Neal Horen ([19:25](#)):

Can you talk a little bit about some of the work that's been happening within the city that sort of came out of all of this great system's development work?

Evelyn Blanck ([19:32](#)):

Well, there's been a very exciting initiative that was funded, it's Thrive New York City, which came out of the Mayor's Office in partnership with the New York City Department of Health and Mental Hygiene.

And what it has funded is seven licensed outpatient mental health clinics that are located within the five boroughs in New York City.

Just as historical context, clinics have traditionally not focused on the birth through five population. And one of the real incentives and initiatives in terms of really starting to develop a policy was that young children were getting identified who were in significant need of services and yet there were no providers who were really trained and knew how to work with them. And what these seven licensed-clinics provide are clinical mental health services, as well as early childhood mental health consultation.

They also funded a NYC Early Childhood Mental Health Training and Technical Assistance Center, known as TTAC, and that's engaged national experts and provided training to over 7,000 early childhood professionals. That's a partnership between my agency, New York Center for Child Development and NYU McSilver Institute for Poverty Policy and Practice. And it brings together the clinical expertise with a focus on business sustainability.

I just want to say that TTAC has brought in national experts, including Neal Horen and others, who have really provided training and technical assistance to professionals across early childhood systems. And I want to say that during COVID, we've also pivoted to a remote platform and that there are a lot of archived webinars right now on the TTTAC NY website that are really accessible and available.

Neal Horen ([21:05](#)):

Evelyn, I never thought I would say this, and I grew up in New York, that New York city is almost like a micro example of the coordination and collaboration that you've described at the state level. I know one of the newer efforts, relatively newer, is the Preschool Development Grant, how has that impacted some of the work that's been happening in New York?

Evelyn Blanck ([21:26](#)):

Well, I think it's just really set the stage to really move the needle significantly forward. I think that it's created opportunities to build partnerships, to increase workforce competency, to improve quality, and also ensure the ease of access and coordination across child-serving systems. There are many initiatives through it, and just to highlight some of them, there's training around infant mental health basics, DC 0-5, which is actually a great new initiative that New York State is currently advocating to make the recommended diagnostic tool and offering reflective supervision. New York State has purchased the Michigan endorsement and the New York State Association of Infant Mental Health, which was formed in 2015, is supporting professionals across the state to become endorsed and to have a unified set of standards and competencies.

So I think that there's been a lot of efforts and I think that it has really brought together cross-system initiatives. We're expanding the pyramid model, which is in New York, we are also providing resource outreach to new parents across the state and also, implementation of several new two generational and trauma-informed approaches.

Neal Horen ([22:35](#)):

I mean, it really does seem like it's almost sort of a textbook on this is a long process. I mean, you started with a description of something that happened in 2004, and I know that that's not the original like, "Hey, we want to address this," but that was one of the pivot points. That's a 16-year journey. Where are you going? What else needs to happen or would you like to see happen? What are some of the next steps?

Evelyn Blanck ([23:01](#)):

Well, I think what we really need to do is to build capacity on every level within the system. And I think what we need to do is have trained professionals who are aware of the social-emotional impact and some of the trauma and other issues impacted on young children. I think that the Thrive New York city initiative that we described is one example of how to really build capacity. But I think that all of these other things through the PD Grant and whatever, really are supporting building a qualified, competent professional workforce that can really address the needs of young children and their families.

Neal Horen ([23:38](#)):

So anything that you'd sort of say that might help us state, or territory, or the district that's like, "Well, we're just starting to focus on this. Where were you guys were in 2004? What should we do? Where should we go?" What sort of a guidance you might give them?

Evelyn Blanck ([23:54](#)):

Well, I think for starters, it really needs to begin with a basic education around the critical importance of early childhood and also, the return on investment, which I think is a very powerful argument. That coupled with some of the brain research has really stressed the importance of why it's important to intervene early. I think that part of what's really important is engaging key stakeholders across systems, really to get their buy-in and also to recognize the critical importance of early childhood mental health. And identifying some key champions in the state. I think there's some people that have really helped us in terms of moving the needle forward and really helping to ensure that early childhood mental health is recognized. I think that strategies need to be child center, I think that family engagement is really important, and I think that it's really important just to be at the table where decisions are being made.

Neal Horen ([24:49](#)):

I so appreciate all your time today and wisdom. As you've said several times, it's a journey and a long journey that if folks stick with you, do see some of these results. Your description, I think, is going to be instrumental for folks to understand the kinds of steps along the way to look for. So thank you so much for joining us today.

Evelyn Blanck ([25:14](#)):

Thank you, Neal.

Narrator ([25:15](#)):

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