

## TCB February Meeting Minutes

February 1, 2024  
2:00-4:00 PM  
Virtual

### Attendance:

Alice Forester	Gerard O'Sullivan	Michelle Anderson
Angel Quiros	Howard Sovronsky	Mickey Kramer
Ashley Hampton	Jeanne Milstein	Mike Meyer
Beth Bye	Jeff Vanderploeg	Sarah Eagan
Carol Bourdon	Jillian Gilchrest	Sean King
Carolyn Grandell	Jody Terranova	Shari L. Shapiro
Catherine Osten	Kimberly Karanda	Tammy Freeberg
Ceci Maher	Lisa Seminara	Tammy Venenga
Claudio Gualieri	Lorna Thomas-	Yann Poncin
Cristin McCarthy Vahey	Farquharson	Yvonne Pallotto
Derrick Gordon	Michael Patota	

### Welcome and Introductions:

The meeting commenced with warm welcomes, and announcements were made providing instructions for attendance. The day's presentations focused on Early interventions for Lasting Impact: A Dive into Early Childhood Behavioral Health Services. Presentations were provided by the Office of Early Childhood, Parent Story, Department of Children and Families, EdAdvance, and Children First, INC.

A motion was made to approve the minutes of the last meeting and passed unanimously.

### Updates:

TCB first workgroups kicked off being "Infrastructure" and "Services" on March 1. The second round of workgroups "Prevention" and "School Based: will be kicked off in May-June. The Strategic Plan workgroup will kick off in July after the legislative session.

### Early interventions for Lasting Impact: A Dive into Early Childhood Behavioral Health Services

Addressing mental health problems in very young children is critically important due to several key factors. The prevalence of mental health disorders among children aged 0-5 is higher than commonly realized. Research indicates that the overall prevalence of diagnosable mental health disorders in this age group averages between 16-20%, with rates potentially rising to as high as 22-26% among children living in poverty and up to 49% among those who are victims of child

maltreatment. Given the early onset and potential long-term impact of such disorders, there is a pressing need for a continuum of care tailored to the unique needs of each child and family. This continuum encompasses promotion, prevention, early identification and screening, early intervention, intermediate-level services, and intensive home-based treatment. Interventions must involve caregivers to ensure holistic support for the child and family unit. Early intervention is vital for preventing mental health issues from escalating and requiring more intensive services, residential or hospitalization. Identifying and intervening at the earliest possible stage can mitigate suffering and save substantial financial costs in the long term.

Understanding the developmental aspects of mental health in young children requires consideration of brain development. Prenatal and early childhood experiences are foundational in shaping the brain's architecture, with neural networks wired from the bottom up. Early connections serve as the scaffolding for all future learning, highlighting the importance of positive caregiver-child relationships. Adverse Childhood Experiences (ACEs) and high levels of stress can significantly impact brain development, leading to lifelong challenges. Toxic stress resulting from factors such as poverty, violence, trauma, and caregiver mental health issues can disrupt neural pathways and contribute to various mental health and behavioral problems. Promoting infant and early childhood mental health involves fostering secure relationships, emotional expression, and exploration within the family, community, and cultural context. Protective, nurturing, and stable relationships are paramount for healthy development, buffering against the adverse effects of stress and adversity. Recognizing mental health problems in young children also requires an understanding of how they express emotions and distress through behavior. All behavior has underlying meaning and must be interpreted in the context of developmental stages, familial expectations, and culture. Early identification and intervention are crucial to addressing these underlying problems and supporting healthy development.

Research shows that there is an opportunity to promote responsive, nurturing relationships and connect families with comprehensive services to decrease stressors and enhance development, thus building resilience in children and families alike. By prioritizing mental health in very young children, we can lay the groundwork for healthier outcomes and brighter futures.

#### **OEC:**

Established in 2013, the Office of Early Childhood (OEC) serves as the central agency overseeing early childhood services in Connecticut, consolidating functions previously dispersed among five state agencies.

The OEC caters to a diverse population, recognizing the crucial role of the earliest years in shaping a child's future. By partnering with families through family engagement initiatives, the OEC works to support and strengthen families throughout Connecticut. It oversees a network of programs and services designed to help young children and families thrive, including support for providers, teachers, and other professionals dedicated to caring for and educating children. The demographics of children served reflect the state's diversity, focusing on addressing the needs of

different populations, including those with special education status, free/reduced lunch status, and those living below the Federal Poverty Level.

The OEC's mission is to advance equitable early childhood policies, funding, and programs, supporting learning and development while strengthening the role of families, providers, educators, and communities. It envisions all Connecticut children safe, healthy, learning, and thriving, surrounded by nurturing adults valuing the importance of early years. Spearheading behavioral health initiatives, the OEC promotes social-emotional well-being through frameworks like the Pyramid Model. OEC collaborates with DCF and other organizations providing initiatives such as the Early Childhood Consultation Partnership (ECCP), Mind Over Mood (MOMs), Connecticut Association of Infant Mental Health (CT-AIMH), Help Me Grow/Sparkler, and the Doula Project. Efforts also target issues such as insecure housing, providing training and support to increase awareness of homelessness and its impact on children's development, and suspension/expulsion rates, particularly among children of color with behavioral and socio-emotional needs. The OEC also collaborates with federal programs like Head Start to promote school readiness and support families with identified needs.

Significant funding has been allocated towards behavioral health initiatives operating at primary, secondary, and tertiary levels of prevention. Recognizing the value of partnerships, the OEC proactively seeks to expand collaboration with sister agencies to enhance outcomes for children and families across Connecticut. The early childhood landscape in Connecticut revolves around a comprehensive framework designed to meet the developmental needs of young children and their families. At the core of this framework is the Public Health Pyramid, which emphasizes a continuum of support and services ranging from referral and early identification to prevention, promotion, and intensive home-based treatment. The goal is to ensure that children and families receive the correct type of service at the right time and intensity in the right place to address their unique priorities and needs

### **Department of Children and Families:**

The Department of Children and Families (DCF) in Connecticut collaborates closely with the Office of Early Childhood (OEC) on various initiatives to promote young children's and their families' well-being. DCF's behavioral health supports are designed to address children's social, emotional, and developmental needs within the context of their relationships with caregivers. Notably, these supports are available to families regardless of their involvement with DCF's Child Welfare mandate, ensuring broad accessibility.

DCF collaborates with OEC for the behavioral health initiative ECCP, a statewide, evidence-based mental health consultation program tailored for children from birth to age five in early care or education settings. ECCP builds caregivers' capacity through individual, family, classroom, or center-wide interventions. It operates across three tiers: Triage and Referral, Phone Consultation, and Child or Center Wide Intervention providing progressive levels of support based on the

caller's needs. DCF collaborates with Advanced Behavioral Health (ABH), which further partners with community providers across the state to deliver these services.

Therapeutic Childcare programs leverage frameworks such as the Center for Social Policy's Strengthening Families Approach and Protective Factors Framework, along with the Attachment, Self-Regulation, and Competency (ARC) treatment framework. These programs adopt a family-centered approach, facilitating collaboration between families and professionals to enhance outcomes for children and ease their transition to less intensive care environments. Parenting Support Services (PSS) offer interventions like the evidence-based Triple P (Positive Parenting Program) and Circle of Security Parenting to improve family functioning. Triple P equips parents with problem-solving skills to create positive home environments conducive to children's emotional, behavioral, and cognitive development. At the same time, Circle of Security Parenting strengthens parental relationship capabilities to support secure attachment. DCF partners with various agencies and providers across different regions to deliver these services effectively, ensuring broad coverage and accessibility. Programs like Family Based Recovery (FBR) offer intensive, in-home clinical treatment for families with children at risk due to parental substance use, aiming to prevent abuse, neglect, and poor developmental outcomes.

Moreover, Child First, a national, evidence-based model, delivers intensive mental-health home-visiting services to highly challenged young children and families, addressing complex needs through personalized support. The Connecticut Association for Infant Mental Health (CT-AIMH) is vital in promoting nurturing, quality relationships between infants, young children, and their caregivers. It offers an annual training series in collaboration with DCF and OEC, focusing on expanding knowledge around infant mental health and healthy attachment.

DCF's extensive range of behavioral health supports, delivered in collaboration with various partners and agencies, underscores its commitment to fostering the well-being and development of young children and their families across Connecticut. Through evidence-based interventions and robust partnerships, DCF strives to ensure every child can thrive in a supportive and nurturing environment.

### **Child First:**

Child First is a comprehensive, evidence-based initiative designed to provide intensive, home-based support to young children and families facing trauma and adversity. Its model encompasses a two-generation approach, targeting families grappling with a range of challenges, including behavioral and mental health issues, from prenatal to age six. The program offers in-home services, with weekly or more frequent sessions facilitated by a team comprising a licensed Mental Health Clinician and Care Coordinator. These interventions include trauma-informed Child-Parent Psychotherapy (CPP) and comprehensive care coordination focusing on Social Determinants of Health (SDoH) and Adverse Childhood Experiences (ACEs). Child First boasts strong and consistent outcomes for caregivers and children for over 12 years, underlining its effectiveness and cost-efficiency. Demographic data from 2022 reveals the breadth of its reach,

with a significant portion of the served population comprising children aged 3 to 6 years, predominantly from Black/African American/Multiracial backgrounds and Latinx ethnicity. Prevalence statistics upon entry underscore the critical need for such interventions, with high rates of trauma, behavioral problems, caregiver depression, and involvement with Child Protective Services. Despite its proven efficacy, the program faces challenges in capacity due to funding constraints, with a marked decrease in the number of agencies and teams, resulting in extensive waitlists across Connecticut. However, potential funding streams offer hope for sustaining and expanding its reach, including Medicaid reimbursement, federal grants, and philanthropic support. Moreover, the program's cost-saving measures, such as the implementation of Child-Parent Psychotherapy and reductions in child maltreatment rates, highlight its long-term value and societal impact, extending beyond immediate outcomes to mitigate the broader socio-economic costs associated with untreated mental health issues and juvenile/criminal justice involvement.

### **EdAdvance:**

Early and chronic exposures to stressors related to poverty have profound consequences on children's physiological well-being, brain architecture, and mental health, resulting in lifelong physical and psychological challenges. Alarming, infancy marks the age when individuals are most likely to experience homelessness in the US, with nearly half of children in HUD shelters being under the age of six. Children enduring homelessness face a myriad of adversities, including inadequate nutrition, disturbed sleep patterns, delayed development, and poor educational outcomes, exacerbating their vulnerability to toxic stress and complex trauma. Infants, toddlers, and preschoolers, in particular, bear the brunt of trauma's impact, hindering their crucial developmental tasks of establishing security, trust, independence, and social competence. Homelessness disrupts the prenatal and early childhood environments critical for fostering positive attachment patterns and optimal development. Despite these challenges, the support of stable and committed relationships with trusted caregivers remains the most significant protective factor for young children facing adversity. To address these issues, connecting families with local housing support providers, school district liaisons, and early care and education programs becomes paramount, emphasizing the importance of screening children in shelters and providing tailored interventions to mitigate the impact of homelessness on their well-being.

The challenges and gaps in mental health services for young children and families underscore the urgent need for intervention and support. Insufficient services, particularly at the intermediate and intensive home-based treatment levels, lead to exacerbated mental health issues, increased utilization of costly services like residential treatment and hospitalization, and unnecessary suffering for both children and families. To address this, recommendations include increasing funding, adding intermediate-level services, utilizing outpatient settings, and ensuring Medicaid reimbursement for Child First services. Furthermore, confusing web-based service inventories hinder access to appropriate care, highlighting the necessity for user-friendly revisions.

Establishing a comprehensive continuum of care through a dedicated Early Childhood Mental Health Workgroup is essential, along with tracking services and outcomes systematically. Leveraging federal funding streams and optimizing pediatric primary care as a prevention, intervention, and referral source are crucial steps forward. Additionally, integrating the social determinants of health into mental health efforts and accessing funding for support personnel like care coordinators and community health workers can enhance holistic care for young children and families.

**Next Meeting:** April 3, 2024