Testimony to the Mental Health Services Working Group

Bipartisan Task Force on Gun Violence Prevention and Children's Safety

January 29, 2013
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Thank you for the opportunity to submit testimony on the need for early childhood mental health services in Connecticut. I am a developmental and behavioral pediatrician and Associate Clinical Professor in the Department of Pediatrics and Child Study Center at Yale University School of Medicine. I have been working with very young children and their families here in Connecticut for 29 years.

Importance of Early Relationships
Scientific research on early brain development has documented the damaging effects of psychosocial adversity on the formation of brain structure. This "toxic stress" includes extreme poverty, child abuse and neglect, domestic violence, caregiver depression, caregiver substance abuse, and homelessness, among many other environmental risks. The cumulative effect of these traumas and stressors on the young child leads to major mental health problems, substance abuse, cognitive disability, and physical illness which last throughout the lifespan.

However, it is now scientifically documented that the presence of a responsive, nurturing relationship between parent (or caregiver) and young child is able to buffer these toxic effects and prevent damage to the developing brain. We know that 80% of brain growth is completed by three years of age. The older the child, the more difficult it is to change brain structure, the greater the expense, and the poorer the outcome. Therefore, we must identify these children and their families as early as possible and provide evidence-based intervention that will lead to known positive results.

Impact of Stress and Trauma on Early Childhood Mental Health
The violence experienced by young children has profound impact on their development, even before they have language to express it. For the children of Newtown, their sense of safety and security with parents and other adults, predictability of the world around them, and willingness to go forward, explore, and learn may be severely undermined. It may be replaced with fearfulness, hyper-vigilance, withdrawal, nightmares, and developmental regression. They are unable to make sense of the horror without help. Their parents are suffering themselves, and though well meaning, are often not able to be emotionally available. We know that the impact on the seven year old who survived, while his friends died, is extreme. But we must not forget the three year old who keeps on asking for his beloved six year old brother, who cannot understand how someone can just disappear, who awakens screaming in the night, and who watches his mother and father's tears and silence. He cannot understand alone. But, he desperately needs help to prevent a lifelong scar.

For many other children in Connecticut, the trauma and stress in their lives is almost constant. Often they live in poverty, watch violence between adults who are supposed to keep them safe, are neglected by their depressed and withdrawn mothers, or beaten by their alcoholic fathers. The challenges of their parents' lives make it extremely difficult for them to attend to the needs of their children. These parents love their children and want the best for them, but their enormous psychological and physical needs prevent them from nurturing and supporting their children's development. These children and their parents are desperate for help. The two year old who is neglected, ignored, demeaned, and beaten may well grow up to be the adolescent thief who shoots a shop owner or shoots a peer in a fight over drugs. We can prevent this outcome.

Yet for other CT children, biologically based disorders interfere with their healthy development. Often parents suspect something early on through unusual behavior, but have almost no place to turn for validation or treatment. Precious time for intervention is lost. Only years later is a diagnosis made, and even then, appropriate therapy and supports for parents may not be available, especially for those with limited financial means. Early treatment could have led to radically improved outcomes for these children and families.

Early Identification of Mental Health Concerns Are Critical

Our society now understands that early identification is extremely important to prevent cognitive and language problems. It is every bit as critical in mental health. (In fact, the very relationship-based intervention that is used in parent-child psychotherapy also increases child language and cognition.) Early identification of children with behavioral or emotional problems, who have experienced violence and trauma, and who come from high stress environments is imperative. We need to find these children and provide treatment for them and their parents, to rebuild that protective, nurturing relationship so that they can thrive and have an opportunity to become healthy, productive adults.

Inadequate Capacity for Mental Health Identification and Treatment for Young Children

We know where to find many of these young children who need help. They are in our DCF system, in Birth to Three, in pediatric clinics, in early care. But, we do not have systems in place which enable us to identify them. We have some excellent quality mental health services for young children in Connecticut, but the capacity is grossly inadequate. Mental health clinicians serving young children need very special expertise. These children are not little adults. They are not even miniature school-age children. One must not only understand the complexities of early development, but also be able to work with parent and child together. We must build on the existing, very highly regarded services here in Connecticut:

- Child FIRST is an evidence-based home visiting model which works therapeutically with two generations (parent and young child) and has shown strong positive outcomes in child and adult mental health, child language development, and DCF involvement. Although this program has expanded in CT, with the support of philanthropy, DCF, and the Maternal, Infant, and Early Childhood Home Visiting Initiative (MIECHV), it still serves only a fraction of CT towns and has grossly inadequate capacity with long waitlists.
- Early Childhood Consultation Partnership (ECCP) is an evidence-based program which provides behavioral consultation to help teachers in early care and education classrooms.
- Child Guidance Centers and their Enhanced Care Clinics provide agency-based mental health services for children throughout CT, but rarely have the expertise to see young children under age four.

We know that we need professional development so that we can have providers trained in early childhood mental health. The Connecticut Association for Infant Mental Health Association has made headway in outlining the necessary competencies for a practitioner – from the paraprofessional who

knows how to identify problems to the clinician and mentor who know how to treat them. But, we need to provide the training so that clinicians can provide appropriate therapeutic intervention.

POLICY RECOMMENDATIONS

The following policy recommendations should be part of a comprehensive, early childhood system. They do not stand alone.

1) **Early identification:**
   We know where to find children who need psychotherapeutic services.
   a. Pediatric primary care: All children should be screened for emotional/behavioral problems and environmental risk. These screenings should be reimbursed through EPSDT, if Medicaid eligible. The most vulnerable children and families should be referred for home based services (e.g., Child FIRST for 0-5 years). Others should be referred to agency based services.
   b. Early care and education: Screening for social-emotional problems and environmental risk should be part of the annual entry process. Teachers who have children with challenging behaviors should refer to ECCP for consultation.
   c. DCF: All children who come through the system should be screened for emotional/behavioral problems, trauma, and environmental risk. The most vulnerable should be referred for home based services (e.g., Child FIRST for 0-5 years). Others should be referred to clinicians within mental health agencies.
   d. Birth to Three: All children should have evaluation for social-emotional or behavioral problems and be eligible for services if they have a positive evaluation, (whether that is measured by standard deviations below or *above* the mean). All children with concerns should be referred to mental health providers who are specifically trained to provide psychotherapeutic services with very young children and their caregivers.
   e. Home visitation: The home is an ideal environment to identify high psycho-social risk and behavioral problems. All home visiting programs should work together to develop a continuum of care in which children or parents with social-emotional/mental health problems can be referred to a higher level of care.

2) Increase capacity of mental health services for young children:
   a. Expand existing mental health services so that there are more providers available to treat young children and their parents.
   b. Use two-generation approach whenever possible, as this is extremely cost effective.
   c. Increase access to home based services for very young children (e.g., Child FIRST) because services in the home reach the most vulnerable families.
   d. Ensure funding is available to provide services. Early treatment is extremely cost effective, (e.g., Study of Child FIRST showed that intervention was cost neutral in the very first year with huge projected savings thereafter.)

3) Maximize federal dollars:
   a. Facilitate Medicaid reimbursement through EPSDT for young children who are at very significant risk (e.g., seriously depressed mother, experienced violence) but are not yet symptomatic. Define "medical necessity" as need for medical attention based on severity of risk (e.g., through an ACE score), rather than withholding treatment until a child already has a diagnosis. This is too late. The goal is to *prevent* serious mental health problems.

b. Facilitate Medicaid reimbursement for screening for emotional/behavioral problems and psychosocial risk.
c. Use evidence-based models that can receive Medicaid reimbursement.

4) Promote professional development:

a. Build on the CT Association for Infant Mental Health endorsement process. Train practitioners of all levels so that they can appropriately identify and treat young children.
b. Provide funding for intensive professional training (e.g., Trauma-informed Child-Parent Psychotherapy, currently facilitated through SAMHSA grant and Child FIRST).

For questions or further discussion, please do not hesitate to contact me.
Also see www.developingchild.org for excellent information about early childhood mental health issues.

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