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Promoting Mental Health Through Child Care and Mental Health Linkages

Child care and early education settings offer unique opportunities to address the mental health needs of young children. In the early childhood context, mental health includes a focus on promoting the emotional and behavioral well-being of children and helping them to develop healthy caregiver attachments and peer relationships. By strengthening providers' competencies in handling challenging behavior and identifying needed services and supports for children with more serious mental health problems, child care can contribute to improving children's mental health.

The importance of improving practices that promote young children's social and emotional development is emphasized in several recent reports developed by child development and mental health experts. For example, the *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda* (2000) notes that "Growing numbers of children are suffering needlessly because their emotional, behavioral and developmental needs are not being met by the very institutions and systems that were created to take care of them." The report points to the increasing number of children in early childhood program settings, describing this as an opportunity and an obligation for early identification and well-informed interventions to address children's mental health needs. Other reports—*From Neurons to Neighborhoods: The Science of Early Childhood Development* (National Research Council and Institute of Medicine, 2000) and *A Good Beginning: Sending America's Children to School with the Social and Emotional Competence They Need to Succeed* (Child Mental Health Foundations and Agencies Network [FAN], 2000)—also recommend that the child care and mental health fields collaborate to improve social and emotional outcomes for the growing numbers of young children served in child care, Head Start, pre-kindergarten, and early intervention programs for children with disabilities.

As Jane Knitzer explains in *Early Childhood Mental Health Services: A Policy and Systems Perspective (Handbook of Early Childhood Intervention, 2000),* a great deal of interest is being paid to early childhood mental health issues for three key reasons. First, teachers, caregivers, and mental health providers are increasingly expressing concerns about children's mental health. Second, the extensive body of brain research suggests that early disruptions in emotional development and caregiving relationships can have long-term negative consequences. And third, social/emotional development plays an important role in ensuring that all children enter school ready to learn.

The Child Care Bureau has witnessed an upsurge in requests from States, communities, and providers themselves for information and technical assistance on early childhood mental health. This issue of the *Bulletin* therefore provides a variety of information about child care – mental health linkages, including an interview with *From Neurons to Neighborhoods* co-editor Deborah Phillips, and recommendations from the March 2001 National Leadership Forum on Child Care and Mental Health sponsored by the Child Care Bureau in collaboration with the Maternal and Child Health Bureau and the Substance Abuse and Mental Health Services Administration. This issue also features innovative national, State and community programs and services, funding resources, publications and organizations that highlight effective ways to promote collaboration between the child care and mental health communities to meet the social and emotional needs of young children.

Children's Mental Health: Detecting Needs and Addressing Gaps

Interview with Deborah Phillips

Deborah Phillips, Professor and Chair of the Department of Psychology at Georgetown University in Washington, DC, co-edited a publication with Jack Shonkoff of Brandeis University titled *From Neurons to Neighborhoods: The Science of Early Childhood Development* (National Research Council and Institute of Medicine, October 2000). *From Neurons to Neighborhoods* synthesizes an extensive body of research covering the period from before birth to entry into kindergarten, elaborating on a number of core concepts of development, and offering recommendations for policy and practice. Dr. Phillips also served as keynote speaker at the National Leadership Forum on Child Care and Mental Health sponsored by the Child Care and Maternal and Child Health Bureaus and the Substance Abuse and Mental Health Services Administration. In the following interview with the *Child Care Bulletin*, Phillips elaborates on the importance of the possibilities for early detection that child care – mental health linkages offer.

Q: What role do early education settings play in children's mental health?

A: One of the major findings in the *From Neurons to Neighborhoods* report focused on the early roots of children's mental health problems. Early detection is thus both a promising possibility and a challenge. It is difficult to tell the difference between a genuine mental health concern and a more transient problem or developmental delay because children are changing and growing so quickly. Nonetheless, we have to confront that challenge and really grapple with the needs of very young children, recognizing that learning to deal with one's feelings, learning how to make friends, and how to deal with conflict, are very difficult challenges for adults, let alone a 1-year-old and a 2-year-old. Children are confronted with these issues at younger and younger ages as they enter child care settings with initially unfamiliar peer groups. If we don't help them deal with their feelings, which are emerging rapidly during those years, that's precisely when you will begin to see some mental health problems emerge.

Early education settings have several roles to play in children's mental health. One is to help early childhood teachers know how to support children's social-emotional development in a preventive sense with regard to mental health issues similar to our focus on helping teachers support early literacy and math learning. The second is early detection of [mental health] problems ... by knowing when, for example, to suggest to the parent that he/she talk to their pediatrician. I don't expect child care teachers to become experts in mental health, but if all early childhood programs could have access to a mental health consultant that would be fabulous. A third role has to do with nurturing the mental health of the child care teachers themselves. If they are depressed or are very anxious, they are not providing good care to the children nor good role models for them. For this reason, we need to juxtapose adult mental health and child mental health because they are really inextricably linked.

Q: What are some of the factors today that are having an impact on children's mental health?

Persistent poverty and parents' mental health are two factors. ...We are looking increasingly at how damaging persistent recurrent maternal depression is on children's mental health. It's not family structure per se, but what goes along with it. It's not just parental employment, it's the circumstances of the mother or father: is she/he paid well enough to get the family out of poverty? Do parental work schedules permit some element of stability in the child's care arrangements? Is work so stressful that parents are depressed — or is it rewarding?

Q: *From Neurons to Neighborhoods* states:

"Given the substantial short- and long-term risks that accompany early mental health impairments, the incapacity of many early childhood programs to address these concerns and the severe shortage of early childhood professionals with mental health expertise are urgent problems."

What are some first steps that could be taken by the child care and/or mental health communities to begin to address these gaps?

That's why I was excited about the Leadership Forum on Child Care and Mental Health. It brought child care and mental health people together to talk and to become aware of needs, of the resources that are available and to discuss ways to link these two systems. That is surely the first step, to begin to cre-

ate more of a collaborative spirit between these two communities of people who work with young children. If that can move toward models in which there is actually access to mental health expertise for a child care program, that would be a very promising development. One of the big barriers is that there are so few early childhood mental health professionals—professionals who have both mental health training and early development training. And that's not something the child care field can solve other than to highlight the need for those services. The child care world is a window into the needs of little children, just like parents are, but in many cases child care providers are going to have a unique opportunity because they observe children with other children, and observe children over the course of an entire day. It is time for the child care community, through its networks and organizations, to begin to speak out about the needs of young children in this arena and raise consciousness about the issue. It's clearly going to take some real serious commitment to training a new generation of mental health providers, and that's going to take resources.

Q: Would you elaborate on the report's recommendation to "Establish explicit and effective linkages among agencies that currently are charged with implementing the work requirements of welfare reform and those that oversee the provision of both early intervention programs and child and adult mental health services."

What types of linkages do you envision? What are some specific outcomes we could expect as a result of these linkages?

There are two systems in which we could currently link children to mental health services. On the one hand we have welfare reform where families all over the country are coming into welfare agencies. We also have a lot of families being channeled through the child welfare system. But neither system ensures that every child, routinely, gets a developmental assessment. In doing that, we could triage those children and families into a mental health system or into developmental services. We have a section of P.L. 94-142 [The Individuals with Disabilities Education Act (1975)] that provides for child assessments and services for children with developmental delays. It goes beyond mental health actually, and covers issues of developmental delays and screening, as well as dimensions of mental health. So, it's a case where we have people receiving Federal dollars through separate funding streams that need to be linked. That's the vision: that we can work with those two streams—it probably has to be on a state-by-state basis. Start small and get some good models worked out.

Q: *From Neurons to Neighborhoods* makes many recommendations. If you were speaking to policymakers, what would be the one or two key recommendations that you'd have them focus on today? What charge would you give to policymakers?

With so many children in early childhood settings, we need to take the opportunity to make sure they are getting what they need to be ready for school, and that encompasses social–emotional development as well as cognitive development. To make sure they are healthy, happy, learning and growing—that would be the one recommendation to focus on.

Center Releases Report on Children's Emotional Development

A paper from the National Center for Children in Poverty (NCCP) focuses on young children's mental health. *Promoting the Emotional Well-Being of Children and Families: Policy Paper #1, Building Services and Systems to Support the Healthy Emotional Development of Young Children–An Action Guide for Policymakers,* by Jane Knitzer, is designed for policymakers and community leaders who want to craft such policies and improve practices. It paints a portrait of the kinds of young children and families who are in need of preventive, early intervention, or treatment services; highlights why policymakers should invest in such services; describes emerging principles and strategies for what are often called early childhood mental health services; and offers concrete tips from early leaders in these efforts, as well as more general recommendations. The paper is available on NCCP's Web site at http://cpmcnet.columbia.edu/dept/nccp/ProEmoPP1.html. For more information, contact the Center at 212-304-7100.

Child Care and Mental Health Leadership Forum:

Group Discussion and Recommendations

On March 6, 2001, the Child Care Bureau, in collaboration with the Maternal and Child Health Bureau and the Substance Abuse and Mental Health Services Administration sponsored a National Leadership Forum on Child Care and Mental Health in Washington, DC. The Forum provided an opportunity to begin developing coordinated efforts to better meet the mental health needs of children in child care. The day-long meeting brought together State Child Care Administrators, State Mental Health Directors, Healthy Child Care America grantees, national organizations, Federal agencies, and community child care leaders to learn from each other and share strategies. During the Forum, participants worked together in small group sessions to discover their best thinking and to recommend specific next steps on the following topics:

- Cross-System and Interagency Collaboration in Child Care and Mental Health: Challenges and Strategies
- Funding a New System of Services
- The Roles of Developmental Screening, Assessment, and Classification
- Engaging and Supporting Parents and Providers throughout A Continuum of Children's Mental Health Services

As the following reports prepared by group leaders illustrate, linking child care and mental health services offers opportunities for early detection of mental health issues and enhancing children's social-emotional development. But promoting those linkages requires that stakeholders build cross-system and interagency approaches that span the divide between the mental health community and the universe of child care and early education programs and practice. It means finding new sources of funding and uniting disparate funding streams behind common goals. Maximizing the possibilities for child care - mental health linkages also requires engaging and supporting parents and providers throughout a continuum of children's mental health services.

Cross-System and Interagency Collaboration in Child Care and Mental Health: Challenges and Strategies

By Marsha Sherman, Executive Director, California Child Care Health Program, Oakland, CA (Marsha Sherman facilitated this session)

Collaboration between systems and agencies can turn a "good idea" into a successful initiative. Participants in this group felt strongly that including representatives from local and State agencies who have decision-making powers and funding access can improve an initiative's chance of success. They identified other potential partners for the planning, funding and provision of child care - mental health services (see box on page 5). A large stakeholder group is necessary for success, but may be too large to be efficient. Participants felt establishing a representative core "action" group, working with the larger stakeholder body, is a preferable strategy.

The effectiveness of any collaboration depends in part on an agency, organization or individual taking the initiative to organize and maintain the effort. Leadership can come from "above" (e.g., State policy-makers who control or have access to funds) or from "within" the field, as with local child care coalitions or mental health boards. Families, advocates or other local stakeholders may play instrumental roles. Others who can take the lead in collaboration include State Healthy Child Care America grantees; child care resource and referral agencies; existing child care partnership projects or networks of child care agencies.

Participants noted many benefits of child care - mental health collaboration, from learning across systems to avoiding duplication of efforts. When more partners are involved, voices promoting an issue are louder; when funders and policy-makers are involved, access to funds often increases. When the majority of stakeholders establish consensus, it increases the likelihood of creating a workable system. One difficulty participants cited is the link between access to

funding and individual diagnosis. Without identified diagnosis for a child, only limited mental health services can be provided using current private or public funds. These funds can be used to identify the problem and services needed. Although State and Federal agencies encourage the blending of funds to meet the needs of children and families, there is little information available on how to do so effectively. Stakeholders need training in this area.

Another issue is that many child care providers lack trust in the mental health system, often perceived as difficult to access and unresponsive. Also, many parents and providers lack the knowledge and skills to identify the issues and access the system. The lack of trained staff in both fields can work against collaboration. Few mental health professionals have either training or experience with young children, especially in a group setting; many child care providers have not been trained to provide sufficient information and assessment to trigger services from the mental health community. High turnover rates in child care only worsen this problem, while adding to the stress of children, parents and providers alike.

For many participants, the changing priorities in both the mental health and child care fields adds to the challenge of interagency collaboration. Some also shared that, with the array of child care, Head Start, pre-k and other early childhood programs, stakeholders are not always sure they are talking about the same population and/or programs. Schedules can also pose a challenge. Child care providers usually cannot leave their programs during the work day. Evenings and weekends often are times when many mental health professionals are unable or unwilling to meet.

Participants identified several "next steps" for individuals interested in child care mental health collaboration:

- Create a dialogue with mental health and child care providers.
- Survey providers to establish the level and type of support needed.
- Ensure that private mental health providers are eligible to receive funds for services.
- Write language about collaboration into proposed legislation.
- Review State mental health plans for ways to incorporate child care.
- Work with the National Association of Child Care Resource and Referral Agencies (NACCRRA) Resource Exchange and similar groups to expand local capabilities.
- Raise the awareness of your State health department on the issues.
- Assure that any existing or new projects are research based.

Potential Stakeholders in Cross-System, Interagency Collaboration

- Child care providers
- Head Start grantees
- Child care resource and referral agencies
- Pre-kindergarten programs
- Programs for children with disabilities and other special needs
- Juvenile justice systems: court judges, law enforcement
- Medical and health professionals whose focus is children
- Families and family advocacy organizations and/or agencies
- School districts, teachers
- United Way, foundations
- Healthy Child Care America grantees
- Child care licensing agency
- CCDF subsidy administrators
- State legislators, local officials
- State Department of Health
- State and local departments of mental and/or behavioral health
- Child welfare agencies
- Higher education training institutes
- Employers
- State administrators of child care and mental health block grants
- Centers for Disease Control
- Children's Health Insurance Programs
- Professional associations
- Press/media
- Libraries

Funding a New System of Services

By Dianne Stetson, NCCIC State Technical Assistance Specialist, Region 1 (Dianne Stetson helped facilitate this session)

Building a new system of mental health services for child care programs poses many challenges, but the most daunting may be the financing. During this work session participants shared their experiences and knowledge of system financing.

States have used a wide range of funding sources as they build systems, including CCDF, Head Start, Head Start State Collaboration, TANF, Medicaid, SAMHSA, Healthy Child Care America, general State funds, Title IV B, juvenile justice funds, private foundation grants, local tax dollars, State mental health funding, and research grants. State child care and mental health leaders agreed that communication with funding partners is key to accessing the resources needed to create and sustain services. Many reached out to new partners while others worked in new ways with existing allies. Participants noted that it takes effort to find out how mental health services are structured and funded from state to state. As in any collaboration, the critical elements are building personal relationships and trust between the partners.

Key partners have included the State Child Care Administrator, the Head Start Collaboration Director, resource and referral systems, State and local mental health agencies, advocates, and parents.

Participants had advice for States and communities that are beginning to tackle the challenge of locating resources. Identify what steps can be taken to start the discussion, find a lead to take on the work, and determine who can keep it going. Funds for a pilot are often easier to locate, and must include resources for outcome evaluation of the project. Analysis of the cost effectiveness of the project should also include the "cost of failure"—the cost of future services for children who don't receive early intervention. Use the results of the pilot to revise the model if needed, and use cost effectiveness data to leverage additional funding. (For additional Federal funding resources related to children's mental health, see page 13.)

The Roles of Developmental Screening, Assessment, and Classification

By Joe Varano, NCCIC State Technical Assistance Specialist, Region 9 (Joe Varano helped facilitate this session)

Developmental screening helps parents and child care providers identify children's strengths. For some children, developmental screenings may indicate a need for early intervention services. The goal of developmental screening is to support parents and child care providers in working effectively with their children.

The group felt that developmental screening should occur regularly for children in child care. Screenings integrated into child care program services can be useful. Because informal assessment is often utilized in child care, child care providers play a critical role in the developmental screening process. Providers need to be aware of developmental milestones and child development, and should be sensitive to family diversity, avoiding cultural bias.

Child care providers should use screening tools that focus on child strengths. Assessment information derived from these screenings tells providers what each child can do and what he or she is ready to learn next. Providers use assessment of children's learning to reflect on their own teaching practices, so that they can adjust and modify curricula, instructional activities, and routines that are ineffective.

Understanding children's social and emotional development requires specific training for child care providers. Participants highlighted the following:

- A support system, including one-on-one technical assistance visits.
- Awareness of community resources to support the child, including services for children with special needs.
- Adequate resources to meet provider training needs and to provide appropriate child and family supports.

States and communities need to collaborate with child care providers and parents to ensure that systems are in place to meet the social-emotional needs of young children. States and communities should develop systems that support personal connectedness, family empowerment, connections with schools, and other resources.

Engaging and Supporting Parents and Providers throughout A Continuum of Children's Mental Health Services

By Ilene Stark, Education and Family Support Coordinator, Snohomish County Early Childhood Education Assistance Program, Everett, WA (Ilene Stark facilitated this session)

The number of young children being identified with mental health and social/emotional development problems appears to be increasing. The task of this focus group was to explore ways to engage and support parents and providers throughout a continuum of children's mental health services including promotion, prevention, early intervention and treatment. We began by describing both the conditions that promote good mental health and some of the observable indicators of good mental health in young children.

Some of the major building blocks that foster children's well-being include: having basic needs met (food, sleep, safety, shelter etc.), attachment to a primary caregiver, and a safe, secure environment with adults who provide encouragement and acceptance. The group identified the following key indicators observable in children. Mentally healthy children:

- Demonstrate curiosity and are engaged in their world
- Experience and express a large range of emotions
- Demonstrate empathy, love and attachment for others
- Show ability to self-cope/calm
- Have the capacity to act on one's own behalf
- Are able to adapt to change
- Are willing to try new things (a sense of competence)
- Have a healthy imagination

The ability to recognize indicators for "good mental health" prepares caregivers and parents for recognizing when help is needed. Once it is recognized that help is needed, the help must be available, easily accessible, affordable, comprehensive enough to include all aspects of development and the physical environment, coordinated among service providers/systems and integrated in programs serving children and families.

A major theme in this part of the discussion focused on providing "family-centered" services that are culturally (and linguistically) sensitive and integrally involve family members in decision-making and planning regarding their children. Family members are seen as a resource to both the caregiver and those providing mental health services, and ongoing support is available to parents throughout the process. Meetings are accessible and are planned at times that are convenient for parents as well as staff.

The group believed it was important that training for child care providers help ensure that services provided are culturally appropriate. As pointed out in *From Neurons to Neighborhoods*, "The growing racial, ethnic, linguistic and cultural diversity of the early childhood population requires that all early childhood programs and medical services periodically reassess their appropriateness and effectiveness for the wide variety of families they are mandated to serve." Participants thought that training might also address how to foster pro-social skill development in young children.

Participants felt that increasing awareness about challenges in responding to the mental health needs of children is important. But they felt that training is also needed for parents and providers so they can be effective advocates for their children and families, and influence resource development, funding and system coordination to address the mental health needs of young children.

In addition, it's important to bring everyone involved with a child to the same table to collaborate on the child's behalf, including parents, child care and mental health providers, public health nurses, and special needs representatives. This will increase positive outcomes for children and families.

The task of addressing the mental health needs and well-being of young children belongs to the entire community, including families, service providers and systems, cities, counties, States and the Federal government, and involves public and private partnerships.

Child Care and Mental Health Partnerships: Summary of Proposed Action Steps

At the March 6, 2001 National Leadership Forum on Child Care and Mental Health, forum participants were asked to consider what types of child care and mental health partnerships and services they would like to exist in their States or communities, and what actions they thought they could take to move the system forward.

Four action areas emerged from participant responses:

Recommendation: Identify funding sources and/or move forward with funding mental health services, mental health consultants, and/or model initiatives in child care and early childhood education programs.

> **Example:** "Consider a state budget request to fund mental health consultants to work with all child care programs in the state, to provide program consultation, assessment of individual children with behavioral issues, and support to their families."

> **Example:** "Amend the state plan to include funding for mental health services for children in child care."

Recommendation: Incorporate children's mental health services into existing child care and early childhood education programs.

> **Example:** "Begin to integrate children's mental health services/funding/staff development into blueprint for early care and education system with attention to documenting what currently exists."

> **Example:** "Meet with State Administrator who has been using Healthy Child Care America funds for local pilots and begin talking about linking best practices, model for building systemic information, training, support, and brokering for services."

Recommendation: Expand collaboration efforts: meet with mental health associations, State, local coalitions, task forces; convene statewide workgroups; pull groups together for strategic planning.

> **Example:** "Begin dialogue with local associations of child psychiatrists and the State Department of Mental Health to generate support for inclusion of child care mental health consultation as part of best practice guidelines in developing local system of care."

> **Example:** "Meet local/regional mental health professionals regarding collaboration."

Recommendation: Develop resources both to provide support to providers and other stakeholders and to raise awareness of issues related to child care and mental health; widely share this information.

> **Example:** "Disseminate information on assessment approaches that involve parents and professionals."

> **Example:** "Work with community task force to raise awareness and develop resources to provide developmental expertise and mental health support to early childhood providers/educators and the children and families they serve."

State and Community Models: Child Care and Mental Health

While the challenges to creating, funding, and sustaining collaborative child care and mental health partnership are numerous, many successful State and community models exist. The following are selected excerpts of such models from a forthcoming publication on child care and mental health developed by ZERO TO THREE: National Center for Infants, Toddlers and Families. These models illustrate the variety of approaches to child care mental health partnerships, including training providers in a family resiliency curriculum, mental health consultations involving both long-term interventions with families and short-term consultations with providers, and clinical mental health interventions for young children and their families.

Training Model

Name: ABCs and 123s
Location: Parker, CO
Purpose: Training program for child care professionals designed to strengthen families and reduce child expulsion rates
Ages of Children Served: 0-8
Established: 1996

ABCs and 123s is a nine-hour training curriculum for child care providers with the goal of building family resiliency by helping child care providers understand the crucial role they play in strengthening families. By establishing respectful partnerships with parents and creating a caring, secure environment for children, child care staff can reduce the number of problem behaviors that put children at risk of expulsion. Ultimately, ABCs and 123s believes that encouraging family resiliency prevents the broken attachments that occur when children with emotional/behavioral concerns are asked to leave a child care setting (or when staff members leave because they lack adequate training and support to care for these children). Begun in 1996 as a local violence prevention training program for child care providers, today ABCs and 123s has been presented to over 600 child care professionals in many States. The nine-hour training emphasizes active learning through hands-on activities and small group work.

To support caregivers' efforts to put new approaches into practice, ABCs and 123s provides participants with monthly mentor support. Mentors are trained early childhood professionals who assist child care staff in applying new skills in the classroom and accessing community resources. Mentors also model appropriate interactions with children and parents and help staff brainstorm strategies to address challenging situations with which they're struggling.

This curriculum provides caregivers with skills and knowledge and offers staff the support they need to make real changes in the way they approach their work. Having experienced a mentor relationship, staff are then better able to offer this same support to parents. With its focus on building family resiliency, the ABCs and 123s training helps staff respond to children's disturbing behavior in a way that enriches the bond not only between parent and child, but also between family and caregiver. ABCs and 123s is part of a larger collaborative called CARES—Coordinated Alliance of Resource Exchange Services—which offers provider training and mentor support, on-site early intervention services, enhanced child care referrals, and equipment grants. As part of this larger network of services, the program can access funding from a wide range of sources, such as child care quality improvement and infant/toddler grants.

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Mental Health Consultation Model

Name: Day Care Plus
Location: Cuyahoga County, OH
Purpose: Program offering both short-term child-centered consultation as well as long-term programmatic mental health consultation
Ages of Children Served: 0-6
Established: 1997

A local survey on child care expulsion issues, coupled with ongoing community discussions of chil-

dren's mental health needs, moved the Cuyahoga County Community Mental Health Board to provide grants to four local foundations and United Way services to establish mental health consultation services for child care centers across the county. In 1997, Day Care Plus became part of this network. Its mission is to enhance the quality of care for young children experiencing difficulty in child care environments throughout Cuyahoga County, and to empower caregivers and parents by providing consultation, education, training, and support through a collaborative, ecological approach.

Day Care Plus began with two consultants assigned to five child care centers across the county. The program now supports seven full-time staff members (five of whom are consultants) serving 16 child care sites. Its goals are to improve the social, behavioral and emotional functioning of children at-risk for expulsion in child care; increase the competencies of parents and caregivers of children at risk for expulsion in child care; and increase the competencies of child care staff. The program offers two different types of services: a long-term consulting service that provides a small group of child care programs with intensive training and consulting services, and a short-term response team that provides crisis intervention services to any county site on an as-needed basis.

Consultants providing intensive site service establish long-term relationships with several selected child care providers in the community. The program aims to enrich staff skills, structure the environment to support children's development, and improve general operations. Selected programs are chosen by an advisory committee comprised of child care directors, representatives from the Mental Health Board, the local child care resource and referral agency, and local university programs. Typically, no more than 16 sites receive intensive services at any one time. Once programs are selected, Day Care Plus consultants provide the site with 20 hours of direct service per week for approximately two years. In this time, the center director and staff receive targeted training and consulting service based on their individual and group needs. Consulting services might include:

- Observations
- Referrals for children to local service providers
- Interventions (individual behavior plans, one-on-one aides, art therapists, and/or speech/language screening)
- Assistance collaborating with other agencies (e.g., schools, Head Start, child care resource and referral, etc.)
- Training and education for parents and staff
- Parent meetings (individual and group)

Alternatively, the short-term consulting service (or "response team service") grew out of the community's need for mental health consultation services of limited duration. This team responds to calls from any child care provider (center- or home-based) in the county. Typically, calls come in at a crisis point—for example, when a child is in danger of being removed from his or her child care setting. In these situations, Day Care Plus provides short-term intensive consultation—approximately four hours of direct service daily for six to eight weeks—to both center staff and the child and family involved. Services include those listed above, but usually focus more on partnering with staff and families to identify strategies that will retain the child in his or her current setting (if that setting is the most appropriate).

Both long-term and short-term consultation services are available free of charge. Day Care Plus's total budget is now $600,000. It became a $200,000 line item on the local mental health board's budget in its third year of service, ensuring some continuity of service. Other monies are obtained through government grants. Most recently, the program has received partial funding from the Cuyahoga County Early Childhood Initiative, a public-private partnership designating $30 million in public funding and $10 million in corporate and foundation funding over the next three years to early childhood programs.

Through its child- and family-centered services, Day Care Plus is able to meet the immediate (often crisis-driven) mental health needs of children in child care centers. However, through its long-term, programmatic consultations, Day Care Plus is contributing importantly to the knowledge and competency of centers—helping them to modify their environments and caregiving approaches to better reflect child development principles. One service focuses on the present, ensuring that this child's needs are met in this setting, while the other focuses on the future, ensuring that,

site by site, the bar for quality is raised higher. This effort goes beyond Day Care Plus and reflects the County's and the region's ongoing support of the early childhood field. Notes Program Director Ann Bowdish, "We've realized as a community that when we come together, we're able to be more effective."

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Support for Child Care Professionals Model

Name: Child Witness to Violence Project
Location: Boston, MA
Purpose: Consultant to child care centers and direct service providers for children exposed to violence; provides regular supervision and support to caregivers and consultants.
Ages of Children Served: 0-8
Established: 1992

The Child Witness to Violence Project (CWVP), established in 1992, was an outgrowth of the mental health work that then-Mental Health Coordinator Betsy McAlister Groves did in a Boston child care center for children who had witnessed violence in their homes or communities. McAlister Groves is now Executive Director of The Child Witness to Violence Project, which is run under the auspices of the Department of Developmental and Behavioral Pediatrics at Boston Medical Center.

Funding is provided through the Massachusetts Attorney General's Office, the Massachusetts Office of Victim Assistance through the Office for Victims of Crime, U.S. Department of Justice, the Boston Medical Center, private foundations, and individual contributions. The project's goals are to identify young children who witness acts of significant violence; help young children heal from the trauma of witnessing violence by providing developmentally appropriate counseling for them and for their families; and provide consultation and training to the network of caregivers in the lives of young children so they can more effectively help children who are exposed to violence.

The project provides counseling, advocacy, and outreach to young children (ages 0-8) who have witnessed violence and their families. The Project's multi-lingual staff includes social workers, psychologists, early childhood specialists, and a consulting child psychiatrist.

One of the CWVP's primary services is offering clinical mental health interventions to young children who have witnessed significant violence and their families. Staff begin providing services as soon as possible after the trauma occurs. Referrals—numbering 225 in 1999—come from various sources including the police, Head Start and other early childhood programs, and health care providers. Staff work with the child in the context of his or her environment, actively engaging family and other systems (e.g., child care, health care and/or legal systems) in the intervention. The goal of services is to stabilize the child's environment by:

- Supporting parents' abilities to support their children;
- Providing the child with access to short-term therapy, like play therapy; and
- Offering consultation to schools and child care providers to facilitate the child's adjustment.

The project also provides consulting services (independent of an intervention) to child care and early childhood programs, and other programs serving young children exposed to violence. Providers self-refer and may access a range of services that might include:

- Staff training (e.g., on the impact of violence on children);
- Observation of a particular child and the development of an intervention strategy (with parent permission); and
- General suggestions and support for caregivers on how best to approach children affected by violence.

McAlister Groves notes that, in her experience, all caregivers are affected by the violence around them to some degree or another. This ripple effect, or "secondary trauma," has a very real impact on staff's ability to manage their feelings and responses to the work. Caregivers can begin to experience symptoms of overload, such as:

- Feeling angry about the violence that affects the lives of the children and families with whom they work;

- Experiencing a reduction in energy and enjoyment in the work;
- Thinking and worrying about violence when they return home and/or having bad dreams;
- Worrying about their own safety, particularly if the child care site is in a dangerous area; and/or
- Feeling hopeless about the work; feeling that they cannot help the children and their work does not matter.

Of the many ways that agencies can help staff manage their intense feelings about the work, one of the most important, contends McAlister Groves, is providing access to reflective supervision. These regular, reflective and collaborative meetings with a supervisor give staff a safe place within which to talk about the meaning of violence and its impact on them. Consultants in the CWVP receive reflective supervision once a week and meet twice a month for team meetings in which they receive peer support. Reflective supervision sessions are rarely cancelled, notes McAlister Groves. "We make sure it happens." Staff discuss the work itself, as well as how it makes them feel, what they have struggled with, and what they have learned. McAlister Groves believes that this opportunity to process what they have seen and experienced promotes staff members' mental health.

This opportunity for learning, occurring within the context of a supportive, nonjudgmental relationship, offers benefits to both the individual and the program. "Staff develop greater self-awareness," observes McAlister Groves, "and reflective supervision has also helped to keep burnout to a minimum as well as increased staff's ability to care for themselves and others." Job satisfaction and retention rates remain high.

The Child Witness to Violence Project is an example of a program that responds to the needs of children who have been exposed to violence, as well as the needs of their families and caregivers. The project extends this relationship-based support to its own consultants, and strongly recommends that the caregivers with whom they work have access to such an outlet as well. As the Project's own materials observe: "There is no age at which [one] is immune to the effects of trauma and violence."

Contact: Betsy McAlister Groves, Phone: 617-414-4244, e-mail: betsy.groves@bmc.org, Web: http://www.bostonchildhealth.org/ChildWitnesstoViolence/violence.html

Child Care and Head Start Bureaus Launch New Center on Children's Social and Emotional Competence

The Child Care and Head Start Bureaus have jointly funded a new initiative designed to strengthen the capacity of child care and Head Start programs to promote the social and emotional foundations of learning. The Center on the Social and Emotional Foundations for Early Learning, located at the University of Illinois at Urbana-Champaign, will help programs identify and implement practices with demonstrated effectiveness in promoting children's social and emotional competence. Center collaborators include the University of Illinois, the University of Colorado at Denver, the University of South Florida, the University of Connecticut, Tennessee Voices for Children, Inc., and Education Development Center, Inc.

The Center will work to strengthen the capacity of child care and Head Start to improve the social and emotional outcomes for young children through:

- Promotion of the social and emotional development of children as a means of preventing challenging behaviors;
- Comprehensive, culturally sensitive approaches that are inclusive of and responsive to the needs of programs, families, other professionals, and communities;
- Dissemination of evidence-based practices;
- Ongoing identification of training needs and preferred delivery formats of local programs and T/TA providers; and
- Collaboration with existing T/TA providers for the purpose of ensuring the implementation and sustainability of practices at the local level.

The Center will develop training and technical assistance materials based on evidence-based practices and plans to disseminate information and resources throughout the early childhood community.

For more information, contact Mary Louise Hemmeter, Project Director, at 217-333-0260 or e-mail mlhemm@uiuc.edu. or visit http://csefel.uiuc.edu on the Web.

Children's Mental Health: Federal Funding Resources

The following summary of funding resources is excerpted in part from *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda,* Department of Health and Human Services (2001).

Title II of the Social Security Act, SSI (Supplemental Security Income) Disability Benefits, includes benefits for children. Supplemental Security Income is based on the following definitions of disability for children:

- Requires a child to have a physical or mental condition or conditions that can be medically proven and which result in marked or severe functional limitations;
- Requires that the medically proven physical or mental condition or conditions must last or be expected to last 12 months or be expected to result in death; and
- Says that a child may not be considered disabled if he or she is working at a job that is considered to be substantial work.

Title XIX of the Social Security Act, Medicaid, is a jointly funded, Federal-State program that provides health care coverage to low-income individuals and families. Medicaid eligibility is based on family size and family income. Medicaid is the largest program providing medical and health-related services to America's poorest people. Within broad national guidelines provided by the Federal government, each of the States:

- Establishes its own eligibility standards;
- Determines the type, amount, duration, and scope of services;
- Sets the rate of payment for services, and
- Administers its own program.

Some of the services that children are able to receive from Medicaid include:

- Inpatient hospital care, residential treatment centers, or group homes;
- Clinic services by a physician or under physician direction;
- Prescription drugs, rehabilitative services and/or outpatient hospital services;
- Targeted case management; and
- Home- and community-based services in place of institutional care for States with waivers.

EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) is the child health component of the Medicaid program. Under EPSDT:

- All eligible children are entitled to periodic screening services, including comprehensive physical examinations, and vision, dental and hearing screens;
- All eligible children are entitled to any medically necessary service within the scope of the Federal program that is to correct or ameliorate defects, and physical and mental illnesses and conditions, even if the State in which the child resides has not otherwise elected to include that service in its state Medicaid plan.

Title XXI of the Social Security Act, SCHIP (State Children's Health Insurance Program), is designed to provide health care for children who come from working families with incomes too high to qualify for Medicaid, but too low to afford private health insurance. Under SCHIP, the State can chose to provide child health care assistance to low-income, uninsured children through:

- A separate program;
- A Medicaid expansion; or
- A combination of these two approaches.

SCHIP targets low-income children and in most States defines them as under 19 and living in families with incomes at or below the poverty line. Children eligible for Medicaid must be enrolled in Medicaid and are not eligible for SCHIP. Also, to be eligible for SCHIP, children cannot be covered by other group health insurance. If a State chooses to expand Medicaid eligibility for its SCHIP program, the children who qualify under SCHIP are entitled to EPSDT. If a State chooses to develop a separate State program to cover children, it must include the same benefits as one of several benchmark plans (such as the State employee benefit plan), or have an equivalent actuarial value to any one of those benchmark plans.

Parts B and C of the Individuals with Disabilities Education Act (IDEA) are administered by the Office of Special Education Programs, U.S. Department of Education. Part B mandates States to provide all chil-

dren with disabilities (age 3-21 years) a free appropriate public education. These are special education and related services designed to meet their unique needs and prepare them for employment and independent living. Children with emotional disturbance may be eligible for special education and related services under IDEA. Additionally, some children with attention deficit hyperactivity disorder may receive services, if identified as eligible under one of the 13 specific IDEA categories of disability. For a child whose behavior impedes his/her learning or that of others, the Individualized Education Program (IEP) team should consider positive behavioral interventions, strategies, and supports to address that behavior. IDEA also provides for functional behavior assessments and development of behavioral intervention plans for students who present challenging and disruptive behaviors.

IDEA Part C covers the specific requirements for services to infants and toddlers (children from birth to 36 months) and emphasizes the rights of eligible infants and toddlers to receive early childhood intervention services within "natural environments." Part C also requires that when group settings are used for intervention, the infant or toddler with a disability should be placed in groups with same-aged peers without disabilities, such as play groups, day care centers, or whatever typical group settings exist for infants and toddlers with disabilities.

Head Start is a Federal pre-school program designed to provide educational, health, nutritional, and social services, primarily in a classroom setting, to help low-income children begin school ready to learn. Head Start legislation requires that at least 90 percent of these children come from families with incomes at or below the poverty line; at least 10 percent of the enrollment slots in each local program must be available to children with disabilities. Head Start's goals include:

- Developing social and learning skills including social-emotional development;
- Improving health and nutrition; and
- Strengthening families' ability to provide nurturing environments through parental involvement and social services.

The **Early Head Start** program was established to serve low-income families with infants and toddlers and pregnant women. The program provides early intervention through high quality programs to enhance children's physical, social, emotional, and cognitive development. The Head Start Bureau recently launched the Early Head Start Infant Mental Health Initiative, which will be implemented through the Early Head Start National Resource Center at ZERO TO THREE. The initiative will focus on consensus building, information-gathering activities, and training.

The **Child Care and Development Fund (CCDF),** authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), PL 104-193, assists low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so they can work or attend training/education. A minimum of 4 percent of CCDF funds must be used to improve the quality of child care and offer additional services to parents. Some of these quality set-aside funds have been used to provide training on working with children with severe emotional disturbances or mental health issues.

Temporary Assistance to Needy Families (TANF)

Temporary Assistance to Needy Families (TANF), authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), gives each State, Territory, and Tribe a block grant allocation which covers benefits, administrative expenses, and services. It gives States flexibilty to design their TANF programs in ways that promote work, responsibility, and self-sufficiency, and strengthen families. States can directly spend TANF funds for child care, or they can transfer TANF funds to CCDF where the funds become subject to all CCDF rules and requirements, including the 4 percent quality set-aside.

President Bush Announces Early Childhood Initiative

In April, President Bush announced a new initiative to improve early childhood education for millions of America's youngest children. To learn more about the "Good Start, Grow Smart" initiative, visit http://www.whitehouse.gov/infocus/earlychildhood/ on the Web. This link and related news can also be accessed on the Child Care Bureau Web site at http://www.acf.dhhs.gov/programs/ccb/newsevnt/index.htm.

Synthesis of Reports on Child Care and Mental Health

The publications listed below have information on collaborative efforts to address the mental health needs of children in child care.

Head Start Mental Health Electronic Newsletter (June 2001) highlights information available on-line in the Mental Health Tool Kit, posted on the Head Start Information & Publication Center Web site at *http://www.headstartinfo.org/infocenter/tkit_con.htm*. The newsletter provides an introduction to new resources on child mental health and highlights new or unusual materials available from familiar sources.

Funding Early Childhood Mental Health Services and Supports (March 2001), prepared by Georgetown University Child Development Center, describes a matrix developed to assist States and communities in the design of comprehensive financing systems for early childhood mental health services and supports. The vertical axis of the matrix lists a range of early childhood mental health services and supports. The list of potential financing resources, displayed horizontally across the top of the matrix, includes the major Federal, State, and local government and non-government sources of funding available to States and communities. This resource is available on the Web at *http://www.gucdc.georgetown.edu/fundingpub1.pdf* and *http://www.gucdc.georgetown.edu/fundingpub3.pdf.*

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (January 2001), prepared by the Department of Health and Human Services, documents a conference on Children's Mental Health held on September 18–19, 2000. The National Action Agenda identifies eight goals and multiple action steps. These include promoting public awareness of children's mental health issues, reducing the stigma associated with mental illness, and improving the assessment and recognition of mental health needs in children. This report is available on the Web at *http://www.surgeongeneral.gov/cmh/childreport.htm*

BRIDGES Newsletter (Fall 2000), produced by the California Head Start-State Collaboration Office, is focused on children with challenging behaviors and mental health issues in child care. This newsletter is available on the Web at *http://www.cde.ca.gov/cyfsbranch/chssco/bridges.htm*

From Neurons to Neighborhoods: The Science of Early Childhood Development (October 2000), published by the National Research Council and Institute of Medicine, synthesizes an extensive body of research covering the period from before birth to entry into kindergarten, elaborating on a number of core concepts of development, and offering recommendations for policy and practice. The report is available on the Web at *http://www.nap.edu/books/0309069882/html/R17.html*

Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness (September 2000), by Jane Knitzer, published by the National Center on Children in Poverty (NCCP), highlights emerging strategies to promote the emotional wellness of young children and their families, enhance caregiver skills, and ensure appropriate use of specialized services. It describes mental health initiatives in child care, early learning and home visiting programs, early health care and statewide approaches. The document is available on the Web at *http://cpmcnet.columbia.edu/dept/nccp/SPMenHlth.pdf*

Florida's Strategic Plan for Mental Health: Establishing a System of Mental Health Services for Young Children and Their Families (September 2000) is a blueprint for building a system of mental health services for children birth to age 5 and their families in Florida through increasing public awareness, building workforce capacity, integrating infant mental health services into current programs, utilizing evidence-based interventions, securing funding for training and services, and advocating for policy changes needed to support the system of infant mental health services. The plan was developed by the Center for Prevention & Early Intervention Policy at Florida State University for the Florida Developmental Disabilities Council. For a copy of the report, call 850-922-1300 or visit *http://www.fsu.edu/~cpeip/IMHplan.pdf on the Web.*

Early Childhood Mental Health Consultation (May 2000), by Elena Cohen and Roxane Kaufmann, from the National Technical Assistance Center for Children's Mental Health, published by the Center for Mental Health Services (CMHS) and Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, summa-

rizes the presentations, discussions, and background materials from a roundtable discussion in May 1998 by experts on the subject of mental health consultation in early childhood settings. The monograph describes an early childhood mental health perspective, defines types of mental health consultation, and provides examples of the essential features of consultation, including challenges and strategies in the consulting process. For additional information, contact the Technical Assistance Center at 202-687-5000 or 202-687-8635 or on the Web at *http://gucdc.georgetown.edu/cassp.html.*

Relationships, Resiliency, and Readiness: Building a System of Early Care and Education Mental Health Services: Conference Proceedings (April 2000), by Healthy Child Care New England, summarizes information and strategies discussed at the Healthy Child Care New England conference. It highlights the mental health and child care insights and linkages presented at the conference. Model State programs from CO, GA, MA, MI, MN, NJ, OH, and VT are presented. This resource is available on the Web at *http://www.aap.org/advocacy/hcca/mentalhealth.pdf.*

Early Childhood Mental Health Resources

The following organizations and Web sites provide information about mental health issues in early childhood.

Federal Agencies – Early Childhood Mental Health

The Caring for Every Child's Mental Health Campaign
World Wide Web:
http://www.mentalhealth.org/child/default.asp

The campaign is a four-year national public education campaign by the Center for Mental Health Services (CMHS), a component of the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services to increase awareness about the emotional problems of America's children and adolescents and gain support for needed services. Information in Spanish is located on the Web at *http://www.mentalhealth.org/espanol/.*

Head Start Bureau
330 C Street, SW
Washington, DC 20447
202-205-8572
World Wide Web: *http://www2.acf.dhhs.gov/programs/hsb/index.htm*
Head Start is a nationwide early childhood program for low-income preschool children, designed to provide comprehensive services in preparation for public school. Many of its resources related to mental health in child care during early childhood are available on the Web.

National Organizations – Early Childhood Mental Health

Committee for Children
2203 Airport Way South, Suite 500
Seattle, WA 98134
800-634-4449
World Wide Web: *http://www.cfchildren.org/default.html*
Committee for Children's mission is to promote the safety, well-being, and social development of children. Its current focus is on breaking the cycle of abuse by addressing its core cause—a lack of social and emotional skills among victimizers.

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, Virginia 22314
703-684-7710
World Wide Web: *http://www.ffcmh.org*
The Federation is a national parent-run organization focused on the needs of children and youth with emotional, behavioral or mental disorders and their families.

Healthy Child Care America (HCCA)
888-227-5409
World Wide Web: *http://nccic.org/hcca/index.html*
The Healthy Child Care America campaign is sponsored by the U.S. Department of Health and Human Services Child Care Bureau and Maternal and Child Health Bureau in partnership with the American Academy of Pediatrics. The goal of the campaign is to improve the health and safety of children in child care settings across the country by increasing linkages between child care and health, building networks of health consultants, and conducting outreach related to Medicaid and CHIP (State Children's Health Insurance Program).

Institute for Training in Infant and Preschool Mental Health
Youth Consultation Service (YCS)
15 South 9th Street
Newark, New Jersey 07107
973-483-2532
World Wide Web:
http://www.ycs.org/instituteoverview.html
The Institute offers training programs in the assessment and treatment of infants, preschool-aged children and the infant/child-parent relationship. The Institute has been established in partnership with Rutgers University Graduate School of Applied and Professional Psychology - Center for Applied Psychology, and is one of a few known programs in the nation that trains graduate students in psychology in the fields of infant and preschool mental health. For additional information, contact Gerard Costa, Ph.D., Director or Thea Bry, Clinical Psychologist/Consultant at 973-483-2532 or gcosta@ycs.org.

The National Center on Children in Poverty (NCCP)
The Joseph L. Mailman School of Public Health of Columbia University
154 Haven Avenue
New York, NY 10032
212-304-7100
World Wide Web:
http://cpmcnet.columbia.edu/dept/nccp
The mission of NCCP is to identify and promote strategies that prevent child poverty in the United States and that improve the life chances of the millions of children under age 6 who are growing up poor.

The National Technical Assistance Center for Children's Mental Health
Georgetown University Child Development Center, Georgetown University Medical Center
202-687-5000 or 202-687-8635
World Wide Web:
http://gucdc.georgetown.edu/cassp.html
The Center serves as a national resource center for policy and technical assistance to improve service delivery and outcomes for children and adolescents with, or at-risk of, serious emotional disturbance and their families. The mission of the Technical Assistance Center is to assist states and communities in building systems of care that are child and family centered, culturally competent, coordinated, and community-based. It is supported by a cooperative agreement with the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and the Maternal and Child Health Bureau.

Research & Training Center on Family Support and Children's Mental Health (R&T)
Portland State University
P.O. Box 751
Portland, OR 97207
503-725-4040
World Wide Web: *http://www.rtc.pdx.edu/index.htm*
The Center's research and training activities focus on improving services to children and youth who have mental, emotional, or behavioral disorders and their families.

ZERO TO THREE: The National Center for Infants, Toddlers, and Families
734 15th Street, N.W., Suite 1000
Washington, DC 20005
202-638-1144
World Wide Web: *http://www.zerotothree.org*
ZERO TO THREE is one of the nation's leading resources on the first three years of life. Its aim is to strengthen and support families, practitioners and communities to promote the healthy development of babies and toddlers.

Federal Agencies - Mental Health

National Institute of Mental Health (NIMH)
Information Resources and Inquiries Branch
5600 Fishers Lane, Room 7C-02
Rockville, MD 20875
FACTS ON DEMAND: 301-443-5158
World Wide Web: *http://www.nimh.nih.gov*
NIMH is part of the National Institutes of Health (NIH), the principal biomedical and behavioral research agency of the United States Government. NIH is a component of the U.S. Department of Health and Human Services. Information on Child and Adolescent Mental Health is available on the Web at *http://www.nimh.nih.gov/publicat/childmenu.cfm*

Knowledge Exchange Network (KEN)
World Wide Web: *http://www.mentalhealth.org/*
KEN is a clearinghouse sponsored by The Center for Mental Health Services (CMHS). It provides information about mental health via a toll-free telephone

number (800-789-2647), its Web site and more than 200 publications. CMHS developed KEN for users of mental health services and their families, the general public, policy-makers, providers, and the media. KEN staff direct callers to Federal, State, and local organizations dedicated to treating and preventing mental illness. KEN also has information on Federal grants, conferences, and other events.

Substance Abuse Mental Health Services Administration (SAMSHA)
World Wide Web: *http://www.samhsa.gov*
SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead Federal agency for improving the quality and availability of substance abuse prevention, addiction treatment, and mental health services in the United States.

National Organizations – Mental Health

American Academy of Child & Adolescent Psychiatry (AACAP)
3615 Wisconsin Avenue, N.W.
Washington, DC 20016
202-966-7300
World Wide Web: *http://www.aacap.org*
This site is designed to serve AACAP Members, parents and families, providing a public service to aid in the understanding and treatment of the developmental, behavioral, and mental disorders that affect an estimated 7 million to 12 million children and adolescents at any given time in the United States.

National Alliance for the Mentally Ill (NAMI)
200 North Glebe Road, Suite 1015
Arlington, VA 22203-3754
703-524-7600
HELP LINE: 800-950-NAMI (6264)
World Wide Web: *http://www.nami.org*
NAMI is a primary source for information and referral on all aspects of mental illness. It informs the general public that mental illnesses are biologically based, treatable, and may eventually be curable.

National Mental Health Association (NMHA)
1021 Prince Street
Alexandria, VA 22314
800-969-NMHA (6642)
World Wide Web: *http://www.nmha.org*
NMHA promotes mental health through advocacy, education, research, and services. A section of this Web site is devoted to children and families.

Prevalence Data on Risk Factors

(From *Promoting the Emotional Well-Being of Children and Families – Policy Paper #1 Building Services and Systems to Support the Healthy Emotional Development of Young Children–An Action Guide for Policymakers,* by the National Center for Children in Poverty)

- Some 31 percent of all kindergarten children are exposed to three or more demographic risks predictive of poor outcomes (i.e., low maternal education, single parent, English not a first language, teen parent, and low-income), 15 percent to two or more.
- Research on low-income families shows much higher levels of risk.
  - A national sample of Head Start programs reported that 17 percent of the children had been exposed to domestic violence, while 3 percent had been victims of violence, a risk factor that often coexists with others (including maternal depression).
  - Low-income families report generally higher levels of stress than their higher-income counterparts. Stress affects parenting negatively, and hence child outcomes.
  - Among 700 women transitioning from welfare to work, 44 percent faced three or more significant barriers to work. This means that their children face three or more significant barriers to school readiness.
  - Overall, it is estimated that anywhere between 25 and 50 percent of low-income children experience risk factors above and beyond poverty.

Sources: Liaw, F. & Brooks-Gunn, J. (1994). Cumulative familial risks and low birth weight children's cognitive and behavioral development. Journal of Clinical Child Psychology, 23, 360–372, and Werner, E. E. & Smith, R. S. (1982). Vulnerable but invincible: A longitudinal study of resilient children and youth. New York, NY: McGraw-Hill.

Child Care Bulletin

Upcoming Issues

Topic	Publication Date
Tribal Child Care	**Spring Supplement 2002**
Fatherhood and Family Formation	**Summer 2002**
Early Literacy	**Fall 2002**
Prevention	**Winter 2003**

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If you are interested in submitting an article on one of these topics for publication in the *Child Care Bulletin*, please contact:

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Internet access to ACF and the Child Care Bureau:
http://www.acf.dhhs.gov/programs/ccb

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