

**ECMH Advisory Committee
Quarterly Meeting Minutes
December 2, 2008**

Mission: Ensuring that coordinated and effective mental health services are available for all young children (ages birth to five) across the commonwealth.

Vision: Because every child is Pennsylvania's future we envision all young children will have a strong social emotional foundation on which to grow.

Pyramid Model: for promoting the Social and Emotional Development of Infants and Young Children.

- Model may be found on www.vanderbilt.edu/csefel

Pyramid Purpose/ Breakdown

- Best describes the thinking of committee
- Our focus is how do our work groups fit into the model
- Pyramid "builds up"—foundation of pyramid applies to all children and then proceeds from there
- All of pyramid does not necessarily need to apply to all parts of work for all work groups
- When work groups create their recommendations they may decide to even add to or replace ideas from pyramid

Membership- Steering committee is in the process of reviewing member participation in order to ensure:

- need to expand family/parent representation
- need an accurate representation of who is active
- diverse representation

Focus areas for workgroups:

Communication/Collaboration

1. Infuse OCDEL existing communications strategies with information pertaining to ECMH
2. Promote other workgroups initiatives
3. Develop electronically a means to send the message to a younger audience, partners, etc.
4. Promote Prevention/Intervention- develop better approach to funding
5. Create announcements as things develop for other work groups
6. Promote training around the competencies.

Prevention/Intervention

1. Identifying and promoting Promising practices (expert consensus) for children with social and emotional challenges
2. Promoting ECMH consultation model to all EC systems
3. Promote Screenings- system wide
4. Look at evaluations for eligibility tools

Workforce Development

1. Better educate/ train EI evaluators, birth- 5, provide training to those to better recognize any issues child may demonstrate.
2. Reconcile/cross walk the work within the work group with the core competencies to engage the stakeholders group that would need to be trained - ex. pediatricians and mental health providers and reaching them
3. Promote for an Infant Toddler credential ---includes curriculum covering social and emotional development.
4. Compile list of professional who are in contact with children 0-5 years to research their pre-service training requirements.
5. Compile list of current pre-service requirements for professionals and para- professionals identified.
6. Maintain a list of continuing education and training recommendations for professionals and para-professionals identified.
7. Establish core body of knowledge for training for social-emotional development for children 0-5 years old.

The Department of Public Welfare's Early Childhood Mental Health (ECMH) Advisory Committee met on December 2. One item of business that day was to briefly review and discuss the draft Joint Announcement from the Office of Child Development and Early Learning (OCDEL) and the Office of Mental Health and Substance Abuse Services (OMHSAS). Following are the comments and recommendations made by the members of the ECMH Advisory Committee:

- The committee felt strongly that the draft announcement served as an excellent beginning (or perhaps next step) in the process of raising awareness and knowledge about the role and importance of early childhood mental health in the Early Intervention service system.
- The committee noted that, from their experience as family members and service providers, there was a general lack of recognition at the county and local level that Early Intervention services may routinely include those services related to the child's behavioral health.
- The committee also noted that the local behavioral health service system was not very aware of their role in addressing the social, emotional and behavioral health needs of young children within or outside of the Early Intervention system.
- The committee expressed clear and strong views that there is a significant "disconnect" in local policy, planning and practice in the area of social, emotional and behavioral health entitlement, access and service coordination for young children and their families.
- The committee identified the need, within and beyond the joint announcement, to direct county level leaders to integrating behavioral health and Early Intervention thinking and service planning at the local and child specific level.
- The committee recommends that the final announcement express the intention of OCDEL and OMHSAS to collaborate in providing system cross-walks, joint policy statements, and other communication and guidance (and regulation) to both the Early Intervention and Behavioral Health system leaders at the local and county level.
- Several committee members noted technical flaws in some of the statements related to service eligibility, access, service array. It was recommended that these be reviewed for accuracy and correctness.
- The committee suggests that the initial joint announcement focus on the desire and intention of OCDEL and OMHSAS to promote state and local level collaboration and planning at the county, child and family level, and that more complex and technical communications be provided in subsequent communications from OCDEL and OMHSAS. The general view was that this would increase the focus on the direction the program offices intend to lead change and system improvement without that message being lost in more technical information.
- In regards to the language that is being used in reference to infants and toddlers in EI. The word "DISABLED" is overly used and not family friendly. It does not capture the entire population that is served. Could the state replace or restate this to include "children with developmental delays"

The members of the Advisory Committee were also encouraged to directly communicate their particular comments and recommendations to the department on behalf of themselves or the organizations they represent. We hope that these comments and recommendations are helpful to OCDEL and OMHSAS in this critically important effort. The ECMH Advisory Committee appreciates this opportunity to comment on this draft document and to advance the mission and vision of our (your) advisory committee.

Respectfully Submitted,

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