



PULSE

A MONTHLY NEWSLETTER FROM THE ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS

Early Childhood and Mental Health

October 2009

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From the President

Early Childhood Services

By Phyllis J. Sloyer, RN, PhD, FAHM, FAAP



How many times have you looked at those precious pictures of toddlers who are smiling, playing, being cuddled by their parents or being totally mischievous? Early childhood is a period of physical, developmental, and mental change and growth; creating and marking the future of each child. It is also one of the most vulnerable periods in a child's life. The events and experiences in a young child's life can either lead to future well-being or create a lifetime of poor physical, developmental, and emotional health. The most recent National Survey of Children's Health indicated that approximately 37% of parents in the United States were concerned that their young child (ages 0-5) had a problem with their developmental, social, or emotional growth. The research describes the poor health status and school achievement in children who live in poverty, have little or no family support or interaction, and are exposed to other adverse social determinants of health. We also know that physical or emotional trauma can lead to adverse adult outcomes as measured in higher levels of alcoholism, drug use, mental disorders and chronic illnesses. Clearly, there is a great deal of evidence about what leads to later physical, emotional, and social mastery. However, there is no single national or state policy that focuses on all of the elements a young child needs in his or her life that will lead to such mastery. State maternal and child health programs have worked with public and private partners to begin

From the President CONT. Early Childhood Services

putting the parts together; keeping in mind that parents and other caregivers are at the center of the very young child’s environment and that their support and nurturing shape positive development. Some of those “parts” include:

- Early and continuous physical, developmental, and emotional screening
- Medical homes that are linked to a comprehensive system of health and social supports
- Early intervention programs that focus on the positive interactions between parents and children and enforce those interactions in a child’s everyday routines, activities, and practices
- Quality childcare
- Social supports and community engagement
- Parent support and training
- Adequate health insurance
- Linkages between health, education and social services

I hope this issue stimulates you to think about the difference you can make for families, systems of services, quality early childhood services, and early childhood policies. I fervently hope that we can erase the pictures of vulnerable children who have lost the sparkle in their eyes because we neglected to create the opportunities for them.

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From the CEO Early Childhood Development

By Mike R. Fraser, PhD



These are exciting times for maternal and child health programs nationwide. Policy makers are looking to invest in new programs in support of moms, children, and families and early childhood is one of those areas where there is great interest. In the Senate Finance Committee’s health reform bill there was recognition of the need to invest in quality home visitation programs – to the tune of \$1.5 billion over five years – and the draft legislation places state Title V programs in a critical coordinating role for these activities. In addition, a number of new investments have been proposed for early childhood education and development in both the President’s Fiscal Year 2010 Budget and new legislation before Congress. It is refreshing to see such interest in programs to support our nation’s children, but what does all this mean for those of us working in maternal and child health?

First of all **none of these proposed investments is a given**. With draft health reform bills just now being melded in the Senate and with the need for the House and Senate versions to be merged in Conference there is no telling just what parts of the proposed investments in children will make it through the legislative process. And, with the Federal government operating on a Continuing Resolution for the short term, proposed increases for early childhood education are on hold until Congress appropriates funding later this fall. Thus, there is a concerted need for continued advocacy, education and information sharing with your representatives and their staff so they can better understand the impact of these investments in your states and communities.

Second, and tied to the above, it is not enough to say that more investment in early childhood programs is good for kids: **we need to show how** and **we need to show the proof**. This spring’s conversations about home visiting programs are illustrative of the way evidence is being used to shape investments in maternal and child health

From the CEO CONT.

Early Childhood Development

programs. We know supporters of our programs want to help kids but they want to do it with programs that work. Hence, we need to continue our rigorous program and outcome evaluations so that we have data to demonstrate the effectiveness of our programs nationwide.

Third, we need to **take a systems approach to early childhood**. A systems approach, versus disease or discipline specific approaches, is essential to building effective programs that work for families. Many states are engaged in the *State Early Childhood Comprehensive Systems Initiative* – a Federal program that supports the integration of critical components of health, education, parenting and family supports within states. The learning and expertise gathered from this program and others like it should be tapped to inform future work to integrate early childhood programs and ultimately improve the physical, mental, and social health of our nation’s children.

Isn’t it exciting to see so much interest in the work we do? Now is the time to leverage that interest in support for our programs and more importantly the health of America’s most precious asset: our children.

Feature

Project LAUNCH: A Brief Update

By **Jennifer A. Oppenheim, PsyD**
Coordinator, Project LAUNCH

As we approach the end of the first year of Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), we are excited to share some of the promising developments and early successes of our grantees. Project LAUNCH continues to expand and we are happy to announce 12 new grant recipients in California, the District of Columbia, Illinois, Iowa, Kansas, Massachusetts, Michigan, New York, North Carolina, Ohio, Oregon and Wisconsin.



Project LAUNCH is a Substance Abuse and Mental Health Services Administration-funded program that seeks to ensure the healthy development of all young children (birth to age 8). The overarching goal of Project LAUNCH is for all children to enter school ready to succeed and experience successes in the early grades. We believe children will thrive in school if they have the tools, resources and supports needed to achieve their maximum potential across all developmental domains: physical, social, emotional, cognitive and behavioral. Project LAUNCH seeks to provide this comprehensive support.

State maternal and child health agencies and tribal nations are the recipients of LAUNCH grants. Grantees build on existing infrastructure and programs (i.e., Early Childhood Comprehensive Systems Initiative), with a focus on coordination, collaboration and systems integration at the state/tribal level. Each grantee also works in a single community that serves as a pilot or incubator for developing new systems strategies and implementing best practices in early childhood prevention and wellness promotion.

At the community level, a Council on Young Child Wellness brings together stakeholders, providers, parents and others concerned with the wellbeing of young children to engage in a process of planning and oversight. Grantees are responsible for implementing a range of promising and best practices aimed at promoting wellness and preventing social, emotional and behavioral disorders. The specific programs or services that each community implements are based on the unique needs, strengths, and resources of that community; however, all grantees must include the following five strategies:

- Home visiting
- Use of developmental assessments in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation
- Family strengthening and parent skills training

LAUNCH communities use evidence-based practices to prevent negative outcomes and promote healthy

Feature CONT.

Project LAUNCH: A Brief Update

development among children and families. These include programs like Parents as Teachers, Incredible Years, Strengthening Families and Healthy Steps. Grantees are also expanding the use of developmental assessments (including social and emotional components) in primary care, child care, educational and other settings.

Current LAUNCH grantees (Arizona, Maine, New Mexico, Red Cliff Band of Lake Superior Chippewa, Rhode Island, and Washington) are developing creative new mechanisms for providing integrated, comprehensive and coordinated services. Examples include:

- A bridging program to create continuity of care for parents of high-risk babies born and treated in a Neonatal Intensive Care Unit (NICU) far from home. Staff help expectant mothers to prepare for delivery; train NICU staff about infant mental health and the needs of families; and offer wraparound services for families so that they are able to manage complex medical, social, and emotional challenges when they return home
- A program that helps parents in busy, hospital-based pediatric clinics to complete comprehensive developmental screens, and facilitates successful referrals for further assessment and treatment
- A partnership between Head Start and a local elementary school to improve the transition to kindergarten, including joint trainings for staff
- A childhood obesity prevention/intervention program integrated into Head Start classrooms
- A two-day training focused on meeting the needs of children of incarcerated parents for law enforcement, direct service providers, faith-based organizations, and school staff

In the first year of Project LAUNCH, grantees have broken down barriers, facilitated connections across agencies, and experimented with new ways of providing services. Many developments have been interesting if unanticipated. Challenging economic times and shrinking state budgets have spurred collaboration. The state/local partnership has proven to be powerful, but requires work and attention. States have responded to local barriers to integrated services by working toward new, coordinated policies;

and local communities have developed innovations for improving practice that states have embraced and begun to replicate.

For more information on Project LAUNCH, please visit [here](#) or contact Program Coordinator [Jennifer Oppenheim](#) or call (240) 276-1862.

AAP Mental Health Activities

By Jane Meschan Foy, MD, FAAP

Chair, American Academy of Pediatrics Task Force on Mental Health



Over the last several years, the American Academy of Pediatrics (AAP) has been working on a number of activities to integrate mental health into the primary care setting.

The revised Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition,[†] provides recommendations for health promotion and prevention during health supervision (i.e., well-child) visits. The Bright Futures Guidelines highlight and suggest opportunities for promoting mental health with every child, from birth to age 21. Later this month, the AAP Bright Futures will be releasing the Bright Futures Tool and Resource Kit to assist practitioners in implementing these guidelines. Focusing on child and family strengths and support, the guidelines and tools assist practitioners in addressing the psychosocial factors that influence health and well-being.

In addition to Bright Futures, in 2004 the AAP formed a Task Force on Mental Health (TFOMH) to assist primary care clinicians (PCCs) in enhancing the mental health care of children and adolescents both in the medical home itself and through the medical home. The TFOMH determined that three goals will contribute to enhancing the mental health care of children and adolescents:

Feature CONT.

AAP Mental Health Activities

Goal 1: Facilitate system changes

Improving children's mental health requires PCCs and professional organizations to adopt a population perspective that gives them an understanding of the collective mental health needs and resources of their communities; to work collaboratively with other stakeholders; and to understand and participate in changing system characteristics such as financing, availability of mental health specialty care, communication mechanisms, and stigma. To this end, the TFOMH focused its first efforts on facilitating AAP chapter- and state-level efforts to effect systemic changes by disseminating [Strategies for System Change in Children's Mental Health: A Chapter Action Kit](#)* to AAP chapter leaders.

Recognizing that financing is a central issue in improving mental health care, a joint paper authored by the AAP TFOMH and the American Academy of Child and Adolescent Psychiatry was published in the April 2009 issue of *Pediatrics*: [Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration](#).* This paper offers recommendations and strategies to assist PCCs and their partners in discussing the importance of educating policy makers, health insurance payers, and health insurance purchasers to improve mental health benefits, pay PCCs and mental health professionals appropriately, support children's access to mental health services through administrative policies and procedures, and promote collaboration among providers.

The TFOMH also proposes that PCCs work with their partners at the community level, collectively, to foster resilience in children, to address factors that increase their risk of developing mental health problems, and to facilitate systemic changes that foster collaboration among PCCs and others important to children's mental health and care. Strategies to accomplish these community-level changes will be summarized in a report – *Enhancing Pediatric Mental Health Care: Strategies to Prepare a Community* – to be published in an upcoming supplement to *Pediatrics*.

Goal 2: Build skills

Enhancing mental health practice in primary care settings will depend on PCCs acquiring skills complementary to the skill set of mental health professionals, built on PCCs unique strengths, role, and setting. To coordinate efforts toward this goal, the TFOMH collaborated with the AAP Committee on Psychosocial Aspects of Child and Family Health to identify the competencies requisite to providing mental health services in the primary care setting. [The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care](#) policy statement outlines these recommended competencies. By articulating these competencies, the TFOMH hopes, over the long term, to provide educational goals for residency training, board certification, and re-certification; in the near term, the TFOMH has developed a number of educational programs keyed to the competencies, many of which are outlined on the [AAP Mental Health Initiatives website](#).*

Goal 3: Incrementally change practice

The TFOMH envisions that PCCs, by achieving changes in community systems and acquiring (or honing) skills, will gain the capacity to make practice enhancements necessary for effective mental health care. These enhancements will be described in a report - *Enhancing Pediatric Mental Health Care: Strategies to Prepare a Primary Care Practice* – to be published in an upcoming supplement to *Pediatrics*.

With practice enhancements in place, PCCs can implement a process for mental health care that builds on their unique opportunities to assist families in building resilience in their children, to recognize emerging mental health problems, to provide mental health services in the medical home, to serve as an entry point for youth and families seeking, or in need of, mental health specialty care, and to coordinate care for those children with chronic mental health conditions, as for other children with special health care needs. The process envisioned by the TFOMH will be described in a report - *Algorithms to Guide Primary Care Clinicians in Promoting Mental Health, Identifying and Addressing Mental Health and Substance Use Concerns in Pediatric Primary Care* – to be published in an upcoming

Feature CONT.

AAP Mental Health Activites

supplement to Pediatrics. Through the pictorial of clinical algorithms, this report describes an idealized process for mental health care of children in the primary care setting.

The TFOMH is developing Addressing Mental Health in Primary Care: A Clinician's Toolkit to assist PCCs with implementation of the process described by the algorithms. To begin the process of practice improvement, a Mental Health Practice Readiness Inventory will be provided to assist PCCs in assessing the extent to which their office systems promote and support mental health practice.

Finally, a Pedialink module (an AAP online educational resource) on collaborative models of mental health practice in primary care- Providing Collaborative Care of Children's Mental Health- will be released by the Summer of 2010. The clinical algorithms and some of the tools from the toolkit will be incorporated throughout the module to assist PCCs in applying the TFOMHs guidance. This online module will be available [here](#) following the release of the toolkit.

For more information on mental health activities, contact [Linda Paul](#) or visit [here](#). For more information on Bright Futures activities, contact [Jane Bassewitz](#) or visit the Bright Futures [website](#).

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Member to Member

What has been your greatest challenge in implementing your state ECCS plan and how did you overcome it?

Hawaii

Loretta Fuddy, ACSW, MPH

*Chief, Family Health Services Division
Hawaii State Department of Health*

The greatest challenge is the fragmented nature of the array of services for young children and their families as there is no lead agency for early childhood issues. Hawaii has been able to garner the support of the various public and private entities with the adoption of a common vision that "All of Hawaii's children will be safe, healthy, and ready to succeed." While each department remains committed to its specific mission, they have shared resources to overcome silos and barriers to address Hawaii's larger vision. An example of this relates to the social-emotional development and mental health component of ECCS. Through a partnership with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), ECCS and the Community-Based Child Abuse Prevention (CBCAP) Grant Coordinator has brought together a multi-agency leadership group to provide training and technical assistance on children's challenging behaviors. Hundreds of practitioners, families and parents from various stakeholder groups have received training in a common framework throughout the state. To ensure continuity across systems, ECCS in conjunction with the Mental Health Transformation Grant is sponsoring an Early Childhood Mental Health Conference to address the growing behavioral health needs of young children across the various systems of care.

Iowa

Gretchen Hageman

*ECCS Project Director
Iowa Department of Public Health, Bureau of Public Health*

As part of Iowa's Early Childhood Comprehensive Systems project, Early Childhood Iowa serves as the catalysts in the implementation of the early care, health and education system. Iowa's greatest challenge for implementing a system has been the recognition and acceptance of early childhood as a comprehensive system that encompasses

Member to Member CONT.

early care, health, family support and education. Prior to the Early Childhood Comprehensive Systems project, Iowa's focus was improving the system for early care and education. Over the past seven years through Early Childhood Iowa we have developed a broad based grassroots stakeholder group to influence state and local level policy and program development. Early Childhood Iowa has worked for over a year with stakeholders to develop an ECI Professional Development Framework that will serve as a road map for implementing a comprehensive early care, health and education professional development system. To learn more, visit [here](#).

New Mexico

Emelda Martinez

*Family Health Bureau, Chief & MCH Title V Director
New Mexico Department of Health*

In New Mexico the ECCS grant has provided a unique opportunity to bring together public and private partners in the form of the Early Childhood Action Network (ECAN), a statewide network of over 300 early childhood champions. The work of ECAN is guided by a Steering Committee that is dedicated to improving the health and well-being of young children in New Mexico, by raising the awareness of policy makers as well as business leaders, families, educators, early childhood providers, health workers, and community members. Since the award of the ECCS grant, a representative group of early childhood stakeholders and multi-agency state personnel in New Mexico have been working toward creating a comprehensive Early Childhood Strategic Plan. In the spring of 2009 the plan was presented to the New Mexico Cabinet Secretaries of the Departments of Health; Children, Youth and Families; Public Education; and Human Services for their consideration of endorsement. The plan allows for each Department to select the goals that are appropriate for individual programs and create objectives and strategies to carry out the goal, remain consistent with the plan, and ultimately reach an integrated vision for Health, Development, Early Learning, Investment, Public Engagement, Family Friendly Communities and Services, and Family Engagement for New Mexico's children.

Real Life Stories

A Mother's Search for Inclusive Child Care Services

By Diana MTK Autin

Executive Co-Director

Statewide Parent Advocacy Network (SPAN)

For the past 10 years, the Statewide Parent Advocacy Network of New Jersey has been home to the New Jersey Inclusive Child Care Project. Through this project, we are able to provide on-site training and technical assistance to child care providers to help enhance their capacity to include children with disabilities and special health care needs. We are also able to provide training and telephone technical assistance to families, training to staff of the Child Care Resource and Referral Agencies and community-based family-serving agencies such as members of the Hispanic Directors' Association, and on-line train-the-trainer sessions on Red Flags in Child Development, Rights of Children with Special Needs and their Families in Child Care, and Family Resources.

Increasingly, the calls we receive from child care providers and families involve young children with challenging behavior. The desperation in the voices of parents as they talk about their children and how they are being treated is painful to hear. But when parents learn about the services and supports we can provide, their rights, and the obligations of child care providers, they are rejuvenated and develop renewed energy and sense of direction on what to do next. One such story exemplifies the importance of providing family supports in addition to helping child care centers with professional development.

The mother of a 5-year old son with autism contacted us because he was experiencing behavior issues at his after-school program. The after-school provider told the mother that she had to provide an aide or her son could not return to the program because he would not follow directions, wandered off, and would not engage with the other children. Her district refused to provide an aide and she did not know what to do next. The mother called around to multiple other agencies and no one could advise her; some did not even return her call. In desperation, she googled "inclusion + child care," and found SPAN. Our Inclusive Child Care project staff shared information with her about the requirement for child care centers and other public

Real Life Stories CONT. A Mother's Search for Inclusive Care

accommodations to provide reasonable accommodations, as well as the training and technical assistance we could offer the after-school program. We talked with her about requesting supports for her child to participate with non-disabled peers in the after-school program, and called the program to explain their obligations and offer our services, including giving them some immediate tips on how to effectively include her child. We shared other resources with her, including Parent to Parent. We are scheduled to go on-site to the after-school program to provide training and technical assistance, and are working with the mother to get the school to build support services for her son during the after-school program. The mother who called us at the end of her rope is now optimistic and building a collaborative team to work with her son during and after school to help him develop more appropriate behaviors and develop friendships with his peers.

The Statewide Parent Advocacy Network is New Jersey's Family to Family Health Information Center and houses New Jersey chapters of Family Voices and the Federation of Families for Children's Mental Health as well as New Jersey Statewide Parent to Parent. To learn more, visit [here](#).

Success Stories

Arizona Early Childhood Development and Health Initiative

By Judy Walruff, PhD MSW

Senior Policy Specialist

First Things First - Arizona Early Childhood Development & Health Board

In the past 10 years, it has been apparent that Arizona citizens and advocates alike were supportive of improving the early childhood development and health environment for the state's children. The leadership of two previous governors and persistent determination of early childhood education and health advocates and service providers has focused the state's efforts in providing an environment where all young children have opportunities to grow up

healthy and ready to succeed. A constant influx of families who want to raise their young children in this southwestern state and the rapid growth in the number of children under five years of age has highlighted the importance of building the foundation for an early childhood comprehensive service system that is strong and able to withstand future economic and political changes and challenges.

In 2003, to address deficits and long standing needs in early childhood education and health, former Governor Janet Napolitano established the Arizona State School Readiness Board (SRB). This blue ribbon board included leaders from the early childhood community, pediatricians, child advocates, researchers, state agency directors and staff, and community-based service providers. Staffed by the Governor's Office for Children, Youth, and Families/ School Readiness Division, the SRB began work on a five-year early childhood action plan. This plan was issued in 2005 with recommendations that included supporting young children through parenting education and family support programs, increasing health screening of children birth through age 5, and improving the quality of child care and early childhood education. During this time, Arizona also applied for and won an Early Childhood Comprehensive System grant (ECCS) that provided a strong framework for planning and focus on implementation of the key strategies contributing to the overall success of children's readiness to learn: medical homes and early screening, parent education, child care, behavioral health, and family support.

In November 2006, the issues of school readiness and early childhood development and health received tremendous support and affirmation by the voters of Arizona. A citizen led ballot initiative, the Early Childhood Development and Health Initiative, was approved by a statistical landslide. The purpose of the initiative is to build on existing efforts and establish a solid early childhood development and health framework, infrastructure and service delivery system to:

- Improve the quality of early childhood development and health programs
- Increase the access to quality early childhood developmental and health programs

Success Stories CONT.

Arizona Early Childhood Initiative

- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early childhood development and literacy
- Provide professional developmental and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health

Now, nearly three years since the passage of the initiative, this work is now well underway through the planning of 31 volunteer Regional Partnership Councils and partnerships with sister agencies including the Arizona Department of Health Services, Department of Economic Security, Department of Education, and Arizona Health Care Cost Containment System (Arizona's Medicaid Agency).

New York's Early Childhood Comprehensive Systems Initiative

By Robert G. Frawley

Deputy Director

and Director NYS Head Start Collaboration Project Council on Children and Families

The Early Childhood Comprehensive Systems Planning Initiative has provided New York state with a tremendous opportunity to develop and implement an agenda for establishing a comprehensive system of supports and services for young children and their families. This initiative provided for the first time an opportunity for representatives from health care, mental health, early learning, and family support programs to work together to develop a comprehensive plan of action.

The NYS Early Childhood Plan was completed in the spring of 2006, but with a gubernatorial election looming, printing and dissemination of the Plan was held off until the new Governor took office. Implementation efforts, however,

did not stop. Activities to implement strategies in all four of the Plan's focus areas: Healthy Children, Strong Families, Early Learning, and Supportive Communities/Coordinated Systems were underway before even the final draft was written.

While implementation of the majority of strategies began almost immediately, there remained several important strategies that needed to wait for the new administration before proceeding. Of particular importance was the strategy that called for establishing a state-level, interagency group responsible for the coordinated planning and provision of comprehensive services for children and families. In March 2009, Governor Paterson directed his Children's Cabinet to create the Early Childhood Advisory Council and charged that group with implementing the recommendations of the NYS Early Childhood Plan.

This new body — the Early Childhood Advisory Council — includes individuals with early childhood expertise who represent early care and education, health care, child welfare, and mental health programs, as well as advocacy organizations, parents, foundations, higher education, unions, state agencies, and others involved in the provision of comprehensive services to young children and their families. Using the framework established by the Early Childhood Comprehensive Systems plan, the Advisory Council will focus on addressing the structural issues that have impeded the development of a comprehensive system of early childhood supports and services in the past. To that end, the Advisory Council has established five work groups:

- Financing – developing mechanisms for funding a comprehensive system of supports and services for young children and their families
- Quality Improvement – implementing a quality rating improvement system for early learning programs and addressing quality improvement issues in family support and health care programs
- Capacity Building – addressing the need for cross-system data development, parenting education, social-emotional development/mental health services, and home visiting
- Early Learning Programs Workforce Development

Sucess Stories CONT.

NYS Early Childhood Initiative

- building an early learning professional development system
- Cross-training Workforce Development – providing a basic understanding of child and family development and the array of programs and services available to health, education, and human service staff that come into contact with young children

The Early Childhood Comprehensive Systems Initiative guided New York state in developing a vision of a comprehensive system of early childhood supports and services. The work that has taken place as a result of this Initiative has led to the establishment of the Early Childhood Advisory Council and to additional federal funding opportunities provided through the Head Start Reauthorization Act. Also, New York state has just been chosen as the eighth state to receive support from the BUILD Initiative to establish comprehensive services and most recently, New York was chosen to receive funding through Substance Abuse and Mental Health Services Administration's Project Launch Initiative.

To learn more about the NYS Early Childhood Plan, visit [here](#).

View from Washington

By Brent Ewig, MHS
Director of Public Policy & Government Affairs, AMCHP

Greetings once again from our nation's capital. As this issue goes to print (can you still say that when it's electronic?) the Senate Finance Committee just finished amending their health reform legislation. They are the last of five Congressional committees charged with drafting initial bills.

The real hard work begins now to meld the two Senate Committee bills and three House Committee bills into a

final piece of legislation that can attract enough votes to pass each body and be signed by the President. As I've written here before, predictions are hard, but at this point it appears there is building momentum to complete a health reform bill this year.

The most direct highlight for State Title V programs in the Finance Committee bill as previously reported is a proposal to add a new section to Title V to authorize \$1.5 billion over five years for Maternal, Infant, and Early Childhood Visitation program. As a reminder, all of AMCHP's resources on this proposal, including our letter of support to Finance Committee Chairman Max Baucus, the details of the proposal, and a side by side comparison of the House and Senate proposals (courtesy of Kay Johnson) are available [here](#).

The House health reform bills also include strong home visiting provisions, although they are proposing to authorize the program in Title IV (child welfare) of the Social Security Act. Obviously, AMCHP strongly prefers the Senate approach not only because it builds on the success of Title V but also because the Senate authorizes twice as much funding and does not require any state match. We will be working hard to assure that the Senate's home visiting proposal is included in any final health reform legislation.

Another key priority we are advocating is the inclusion of the proposed \$10 billion Public Health Prevention and Investment Fund in the final bill. This provision is absolutely essential to assure that adequate resources will be available in the future to support MCH and public health programs, as well as the state and local public health agencies that have been so badly eroded over the past decade. Because of all the undecided and still moving parts – such as inclusion of public option, level of subsidies, treatment of CHIP program, benefit and cost-sharing protections, status of the Public Health Prevention and Investment Fund, etc. – it is still too early to say exactly what the final product could mean for MCH. Elements of many of the committee bills have demonstrated at least some commitment to AMCHP's principles to 1) cover everyone, 2) assure that the benefits package is adequate to meet the needs of women, children, and children with



View from Washington CONT.

special health care needs, and 3) make investments in prevention and public health. For the latest coverage of what's in and what's out, and what it might mean for MCH, be sure to regularly check the [AMCHP Health Reform Resource Hub](#).

Who's New

New HRSA Chief Public Health Officer Dr. Kyu Rhee



Dr. Kyu Rhee was recently announced as the Health Resources and Services Administration's (HRSA) new chief public health officer. Dr. Rhee is a primary care physician trained in internal medicine and pediatrics.

In his new position, Dr. Rhee will be responsible for reinvigorating a strong HRSA-wide public health agenda; reviewing program and policies from a public health perspective; strategically working more closely with state and local health departments to promote disease prevention and healthier living activities; and advising population health issues.

In addition to years of providing health care to the medically underserved at HRSA-supported health centers, Dr. Rhee has extensive experience in health care policy and has led Federal efforts to reduce disparities in health outcomes among U.S. population groups.

Prior to joining HRSA, Dr. Rhee was the director of the Office of Innovation and Program Coordination at the National Institutes of Health's National Center on Minority Health and Health Disparities. Before that, he was the chief medical officer of Baltimore Medical System Inc., the largest network of Federally Qualified Health Centers in Maryland. In addition, Dr. Rhee served five years as a National Health Service Corps Scholar and

Who's New CONT. HRSA Chief PHO Dr. Kyu Rhee

Medical Director at the Upper Cardozo Health Center in Washington, DC.

Dr. Rhee is board certified in internal medicine and pediatrics. He received his medical degree from the University of Southern California and did his residency in internal medicine and pediatrics at Cedars-Sinai Medical Center in Los Angeles. Dr. Rhee also holds a masters degree in public policy from the John F. Kennedy School of Government, Harvard University. He received his bachelor degree from Yale University in molecular biophysics and biochemistry.

Get Involved

Submit Your Best Practice Today!

AMCHP is seeking submissions of best practices in maternal and child health from around the country. Whether it's an effective campaign to promote breastfeeding, an outstanding nurse-family partnership, or a proven early intervention program for young children, get the word out about your best practice. AMCHP defines "best practices" as a continuum of practices, programs and policies ranging from emerging to promising to evidence-based. A best practice could focus on the health of women, adolescents, young children, families, or children with special health care needs. Best practice focus areas include preconception care, mental health, data and assessment, financing, program and system integration, workforce development, injury prevention, emergency preparedness, family involvement, or other public health issues. Best Practice submissions are accepted on a rolling basis.

- 1) Click here to download a PDF of the submission form.
- 2) When you are ready to submit, click here to start the survey.

For more information on submitting best practices, please contact [Darlisha Williams](#) or call (202) 775-0436.

Get Involved CONT.

Register Now for AMCHP's Annual Conference!

Register today [online](#) to attend AMCHP's Annual Conference to convene on March 6-10, 2010, in Washington, DC. If you have any questions, please contact Registration Manager Lynn Parrazzo, lynnporrazzo@conferencemanagers.com, or call AMCHP's Conference Department at (703) 964-1240.

Call for Abstracts

The National Healthy Start Association is seeking abstract submissions for both poster and oral presentations that are research-focused, clinical-focused, or program-focused for their 2010 Annual Spring Conference. The deadline for abstracts is by October 23 at 5 p.m. (EDT). To submit an abstract, email SC2010@nationalhealthystart.org.

Call for Proposals

Partners Investing in Nursing's Future (PIN) is seeking proposals to create unique partnerships with local and regional grant making foundations to encourage sustained investment in nursing workforce solutions. PIN is a collaborative effort between the Robert Wood Johnson Foundation and Northwest Health Foundation. The deadline for proposals is October 29. To learn more, visit [here](#).

Call for Studies

Mathematica Policy Research is seeking studies for a comprehensive review of the evidence base for programs to prevent teen pregnancy. The review is being conducted for the Administration for Children and Families (ACF) within U.S. Department of Health and Human Services (DHHS) by Mathematica Policy Research and will be used to help inform policy and new initiatives and program directions at the federal level. Submissions are due by October 31. For submission guidelines, visit [here](#).

ISPCAN Call for Abstracts

The International Society for Prevention of Child Abuse and Neglect (ISPCAN) is seeking abstract submissions for its 18th annual International Congress on Child Abuse and Neglect to convene on September 26-29, 2010, in Honolulu, Hawaii. The deadline for submissions is January 15, 2010. For submission instructions, please visit [here](#).

Call for Papers

The journal Injury Prevention is planning a supplement featuring papers that examine relationships between the child death review process (a multidisciplinary investigation of unexpected child fatalities) and injury prevention programs and policies. Papers must be no more than 3,000 words in length and conform to all requirements for manuscripts submitted to the journal. All will undergo peer review. Submissions must be made before February 1, 2010 to have the best chance of review and inclusion in this supplement. Authors with potential papers should contact the [editor](#).

Call for Materials

The National Maternal and Child Oral Health Resource Center is looking for materials that highlight concepts of health literacy and oral health-related materials that integrate those concepts. Share your publications, such as brochures, fact sheets, curricula, policy statements, tool kits, manuals, and protocols, with OHRC for inclusion in their library. To submit materials in hard copy, send it to: Sarah Kolo, National Maternal and Child Oral Health Resource Center, Georgetown University, Box 571272 Washington, DC 20057-1272. Submit electronic materials via [e-mail](#). With either method, include citation information including the publication year, author(s), publisher name and place, and URL if appropriate. Also indicate whether hard copies are available, from whom and at what cost.

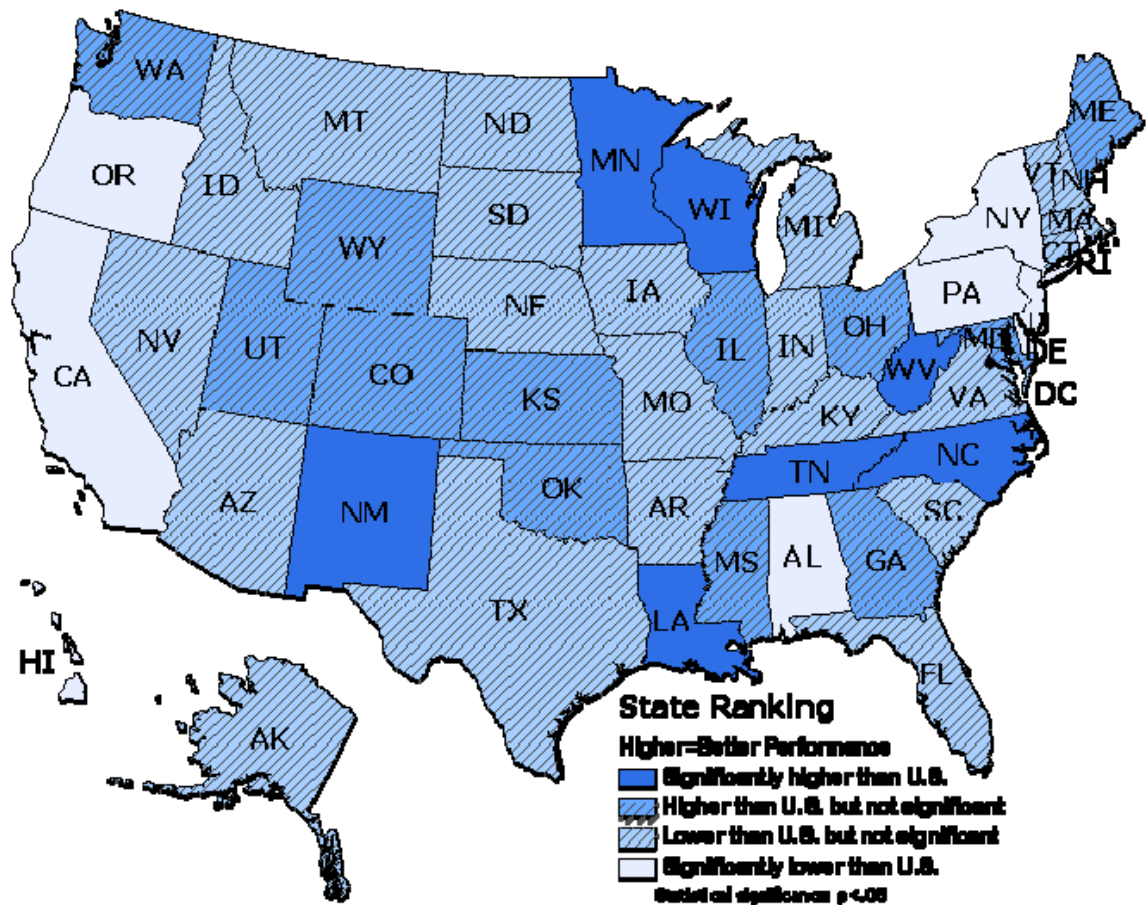
Data and Trends

Developmental Screening

Percent of children receiving a standardized screening for developmental or behavioral problems (age 10 months-5 years)

2007 National Survey of Children's Health

Nationwide: 19.5% of children met indicator
Range Across States: 10.7% to 47.0%



Data Resource Center for Child and Adolescent Health, A project of: CAHMI – Child and Adolescent Health Measurement Initiative, 2007 from www.childhealthdata.org, Accessed 9/18/2009

Resources

- [American Academy of Child and Adolescent Psychiatry Organization \(AACAP\)](#): Provides information about understanding Childhood mental illness and on children and adolescent improving their quality of life and for the affected families.
- [American Academy of Pediatrics \(AAP\)](#): Develops resources and information on children's Mental Health with Strategies for System Change in Children's Mental Health assisting AAP chapters in addressing and improving children's mental health in primary care in the states.
- [Center for Excellence in Children's Mental Health \(CECMH\)](#): Works closely with the [University of Minnesota](#) research experts, community providers, and policy makers to provide resources and information to improve mental health practice for children.
- [Center for Mental Health Services \(CMHS\)](#): Contains information, tools, and data at the Federal agency within the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). The agency leads national efforts to improve prevention and mental health treatment services for all Americans including programs and activities that address [Children and Families](#), that children and adolescents have mental health disorders that interfere with the way they think, feel, and act.
- [Center for Prevention and Research and Development \(CPRD\)](#): Providing the Power of Information, presents integrated information resources with tools, data, publications, research projects on [Early Childhood Mental Health Consultation Project Early Childhood Mental Health Consultation Project](#), and other related activities.
- [Center on Social Emotional Foundations for Early Learning](#): The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) is focused on promoting the social emotional development and school readiness of young children birth to age 5. CSEFEL is a national resource center funded by the Office of Head Start and Child Care Bureau for disseminating research and evidence-based practices to early childhood programs across the country.
- [Child and Adolescent Health Measurement Initiative \(CAHMI\)](#): Develops national and state data on mental health and other information that can be obtained at the Data Resource Center (DRC) website of the CAHMI, for young children (up to 5 years of age), including children who [received needed mental health care](#) services.
- [Connect for Kids \(CFK\) Organization](#): Provides information about healthy development and mental health to help parents, schoolteachers, doctors, policy makers, and advocates know whether the children in their care are developing normally, and help them get the appropriate help when needed.
- [Data Resource Center](#): Data users and AMCHP members who are interested in mental health in early childhood can get state ranking maps of children who are [at risk for developmental or behavioral problems](#) and children who [received a developmental screening](#) during a well-child visit. Other national and state data on mental health can be obtained on the DRC website for young children (up to 5 years of age), including children who [received needed mental health care](#), [CSHCN going emotional, developmental or behavioral issues](#), children with [current depression](#) and [CSHCN with current depression or other emotional issues](#). For more information on the DRC or to request technical assistance, please visit [childhealthdata.org](#). The DRC staff will provide you with timely assistance to make the most of data available on child health in your state! The Child and Adolescent Health Measurement Initiative (CAHMI), supported by the Maternal and Child Health Bureau, is a national initiative which works to ensure that children, youth, and families are at the center of quality measurement and improvement efforts.

Resources CONT.

The Data Resource Center (DRC) is a free online resource that was created as part of the CAHMI's mission, and features national and state level data in a user-friendly format, with several data points highlighting mental health among young children.

- [Early Childhood Mental Health Program \(ECMHP\)](#): Hosts Early Childhood Mental Health Program that fosters healthy emotional, social, and psychological development in children aged birth to six years, helps them succeed in school, and gives them the tools to reach their full potential, as well addressing mental health.
 - [Georgetown University Center for Child and Human Development](#): Presents information and resources about its programs to help states and other health professional address Early Childhood and Mental Health addressing the mental health needs of children, youth and families at the policy, research, training/consultation and direct service levels.
 - [Healthy People 2010](#): Provides information and data about mental health and mental disorders affecting children and adults Mental health status in the state to lead to a successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.
 - [Maternal and Child Health Library at the Georgetown University \(McHale\)](#): Provides accurate, information and resources and databases that link to other essential MCH resources that include emotional, behavioral, and mental health in children and adolescents.
 - [National Center for Children in Poverty](#): The National Center for Children in Poverty (NCCP) is a public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children.
- NCCP uses research to inform policy and practice with the goal of ensuring positive outcomes for the next generation. NCCP's website includes a link to [state early childhood profiles](#).
- [National Center for Mental Health Promotion and Youth Violence Prevention Organization](#): Promotes a searchable database of resources and materials and web-based resources that aim to provide up-to-date information on topics relevant to mental health promotion and youth violence prevention in schools.
 - [National Child Care Information and Technical Assistance Center \(NCCIC\)](#): Describes resources that support national organizations, State resources, and publications that have information about early childhood mental health and general mental health
 - [National Child Care Information and Technical Center \(NCCIC\)](#): Hosts a sample of national organizations, state resources, and publications that have information about early childhood mental health and general mental health topics. Additional resources are available via the [National Child Care Information and Technical Assistance Center \(NCCIC\) Online Library](#).
 - [National Early Childhood Technical Assistance Center \(NECTAC\)](#): NECTAC is the national early childhood technical assistance center supported by the U.S. Department of Education's [Office of Special Education Programs](#). NECTAC serves all 50 states and 10 jurisdictions with an array of services and supports to improve service systems and outcomes for infants, toddlers, and preschool aged children with special needs and their families. NECTAC hosts information and tools that strengthen service systems to ensure that children with disabilities (birth through 5 years) and their families receive and benefit from high quality, culturally appropriate and family-centered supports and services, and address Early Childhood Mental Health, Social-Emotional Development, and

Resources CONT.

Challenging Behaviors.

- [National Institute of Mental Health](#): Presents data and information on children mental health problems that interfere with normal development and functioning.
- [National Training Institute for Child Care Health Consultants](#): The National Training Institute for Child Care Health Consultants (NTI) is the national resource for training child care health consultants in the United States. NTI trains state and regional-level public health and early childhood education professionals to coordinate and train child care health consultants in their community who ultimately serve out-of-home child care programs. The purpose of NTI is to support the health and safety of young children in child care settings through the development of a national child care health consultant training program.
- [The National Academy for State Health Policy \(NASHP\)](#): Describes information that to identify state Early Childhood Health and Development, and assures better child's health and development programs.
- [The National Association of Mental Illness \(NAMI\)](#): Describes information to learn more about the full spectrum of programs and services that NAMI provides across the country for people and children whose lives have been affected by serious mental illness at its [Child and Adolescent Action Center](#), where families learn more about systems reform and help needed to support families.
- [SAMHSA](#): Hosts resources and information and tools that provide comprehensive information about mental health services and resources useful for professionals, consumers and their families, and the public through its Mental Health Services Locator. U.S. Department of Human Services (HHS) and the Substance Abuse, Mental Health Services Administration Center for Mental Health Services (SAMHSA) offers extensive publications and reports on Early Childhood mental health [here](#).
- [Technical Assistance Center on Social Emotional Intervention \(TACSEI\)](#): Is a five-year grant made possible by the [U.S. Department of Education, Office of Special Education Programs](#). TACSEI takes the research that shows which practices improve the social-emotional outcomes for young children with, or at risk for, delays or disabilities and creates free products and resources to help decision-makers, caregivers, and service providers apply these best practices in the work they do every day. Most of these free products are available right here on our website for you to view, download and use. The conceptual model TACSEI uses to deliver this important information is the widely endorsed [Pyramid Model](#) framework that was created to promote social-emotional competence and address challenging behavior.
- [The Zero to Three Organization](#): Hosts information and responds to relationships with primary caregivers help build positive attachments that support healthy social-emotional development and form the foundation of mental health for infants, toddlers and preschoolers.

AMCHP's CAREER CENTER

The Career Center is the premiere online job board for individuals seeking employment in Maternal and Child Health programs. Whether you are looking for an entry-level position or are a more seasoned professional looking for new opportunities, AMCHP's Career Center has great openings for great people! Searching our database is free and open to all job-seekers. AMCHP members receive a discount on job-postings — so [sign up](#) today!

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AMCHP'S 2010 ANNUAL CONFERENCE - "Moving Ahead Together: Celebrating the Legacy, Shaping the Future of MCH"

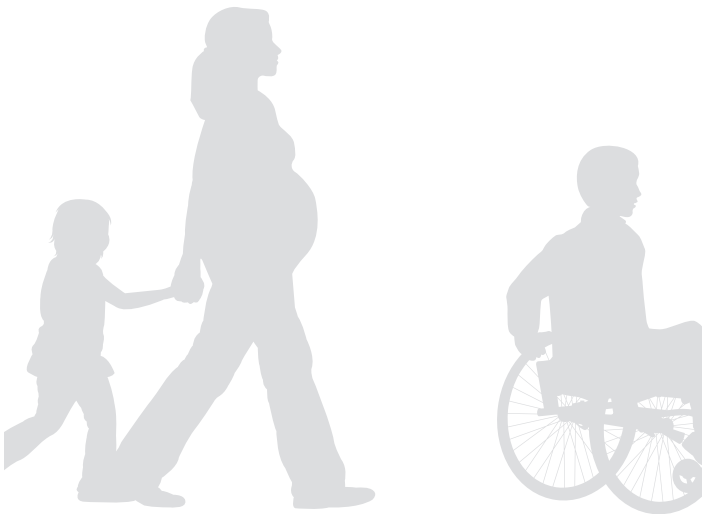
March 6-10, 2010

Gaylord National Convention Center

National Harbor, MD

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Register online at www.amchp.org.



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