

Prioritized Strategies to Improve Infant and Early Childhood Mental Health in Boulder County

**Boulder County Early Childhood Mental Health Task Force
September 2017**

**Process summary compiled by
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Background

This summary of Phase II builds upon the Early Childhood Mental Health Task Force (Task Force) Phase I Report produced by the Civic Canopy: *Boulder County Early Childhood Mental Health Community Strategy Consensus Series*. It describes the process and results of the Task Force Phase II, which engaged a smaller group to prioritize and build out the strategies identified in Phase I.

The Task Force for Phase II included the following participants:

- Peter Dawson, Retired Pediatrician
- Cindy Divino, Mental Health Therapist
- Summer Laws, Boulder County Public Health
- Heather Matthews, Boulder County Public Health
- Jane McKinley, Boulder County Public Health
- Sarah Scully, Boulder County Public Health
- Christine Vogel, Mental Health Partners
- Bobbie Watson, Early Childhood Council Boulder County
- Vickie Youcha, Early Childhood Council Boulder County Board of Directors

As with Phase I, the goal of the group continued to be to arrive at consensus on the key strategies to achieve shared goals around the social emotional and mental health of young children, ages birth to five, in Boulder County.

Phase II involved three Task Force meetings. Facilitation for the meetings was provided by Boulder County Public Health. Over the course of the three meetings, four activities were completed:

1. Clarifying *leverage points and integrative opportunities* for strategies
2. Developing *prioritization criteria* in order to rank strategies
3. *Ranking and prioritizing strategies* to elevate 2-3 key strategies as a starting point.
4. Identifying *advocates* for each strategy to conduct *outreach*, recognizing that there is already related work in process in the community for each strategy.
5. Identifying

Each of these activities and their outcomes are described in greater detail in this summary.

Integrative Opportunities

Integration was a value held by the Task Force throughout the process. In Phase I, the Task Force identified state and local leverage points broadly, across all eight strategies. This was also an important step, with knowledge that there was not earmarked funding for the results of the process. In Phase II, the Task Force

sought to be more specific in identifying leverage points and integrative opportunities for each of the eight, individual strategies. These integrative opportunities became a point of consideration for prioritization.

Prioritization Criteria

The Task Force acknowledged that planning and implementing the eight strategies identified in Phase I would require more resources than the group currently has or could acquire. It was necessary to prioritize strategies.

The Task Force developed prioritization criteria by asking each member, “Which strategy holds the greatest promise in your mind, and why?” The result was a better understanding of what each Task Force member believed to be important criteria to consider when evaluating each strategy.

The resulting prioritization criteria included:

1. The strategy should be fiscally feasible.
2. The strategy should have broad impact.
3. The strategy should be based on strong evidence.
4. The strategy should have sufficient community will.
5. Work on the strategy should be under way or anticipated (including integrative opportunities identified).
6. The strategy should impact a high magnitude concern.
7. Prioritized strategies should be synergistic.

Ranking and Prioritizing Strategies

In order to rank strategies, members of the Task Force divided into two groups to rank each of the strategies by the prioritization criteria. While there were broad and varying interpretations for definitions of each of prioritization criteria, each member of the Task Force brought their perspective and the in-person ranking process proved to be a good starting point for conversation, expanding each member’s concept of each individual criterion. The Task Force members then agreed to complete individual rankings on an electronic survey between meetings. Totals for each of the strategies were averaged across member rankings to identify the strongest strategies by the criteria.

Strategy	Ranked Score
<p>Universal Home Visitation Create a universal home visitation approach so all families with infants have access to quality information and support. Provide education, screening and community connections through this trusted source.</p>	27.43
<p>Adult and Child Mental Health Screening</p>	25.00

Integrate comprehensive screening across child and adult services. Provide screening to all children whose parents are receiving mental health services or parenting interventions and vice versa, screen parents during well child developmental screening visits.	
Mental Health Integration Integrate behavioral health into primary care and existing social and community services. Share community exemplars for integrating behavioral specialists into primary care settings (e.g. community health centers) and further build out expertise working with young children and their families.	24.86
Cultural Responsiveness Train, embed, and ensure programs and services have and use culturally and linguistically responsive supports.	24.43
Access to a Trained Mental Health Workforce Create a volunteer program that connects trained mental health practitioners to community needs. Build from existing models that have connected pro-bono or volunteer hours to community need.	23.29
Continuum of Training Create a continuum of early childhood social-emotional and mental health training and coaching supports. Ensure training supports the full promotion-prevention-intervention continuum, aligns with guiding principles, and is available across community programs and agencies. Assess community desire and need for training; provide incentives to participate.	21.71
Community-Wide Communication and Messaging Identify opportunities to integrate and implement existing maternal and early childhood mental health messages and education resources. Identify an initiative lead, assess partner readiness, launch a broad campaign and provide technical assistance to integrate messages.	20.86
Community Gap Assessment Conduct an assessment of existing parenting support and education programs to fully understand the continuum available, potential gaps, and interests of parents. Align resources based on assessment findings.	19.14

Once ranking was complete, the four top-ranked strategies were discussed in greater depth, resulting in three final strategies. A few key observations were noted in the discussion.

- Reasons that top ranking strategies rose to the surface varied. Cultural responsiveness was noted to be a high magnitude concern with potential broad impact, though members could not identify an agency or group that is currently doing this well. Screening, however, was prioritized largely

due to the number of existing efforts locally, regionally, and at the state level. Home visitation was highlighted because of community strengths and momentum in this area, including an existing Home Visitation Collaboration, as well as having a supportive evidence base.

- Some strategies could be seen as activities to accomplish prioritized strategies. For example, screening and training would be activities to integrate mental health into community settings.
- The Task Force sought to provide greater specificity in the language around each of the strategies. Cultural responsiveness will require some additional research and planning.

Strategy	Integration Points
<p><i>Integrate Mental Health Screening, Training, and Professionals</i></p> <ul style="list-style-type: none"> • Develop a continuum of training and support on early childhood topics, including adult and child mental health screening and referral, for those who serve families with young children. • Expand use of mental health professionals in other services and provide early childhood training to those professionals 	<ul style="list-style-type: none"> • Existing integrated health sites/partners (Mental Health Partners, Boulder Community Hospital, Sister Carmen Community Center, Exempla). • Existing trained professionals to provide mental health services • Alignment with SIM through screening and policy interventions • Mental Health Partners Warm Line • ABCD • Home Visitation Collaboration • Integrating for Equity
<p><i>Develop a Universal Home Visitation Approach in Boulder County</i></p> <ul style="list-style-type: none"> • Through needs assessment, identify gaps in home visitation services and expand programming to address the gaps. • Identify “light touch” home visitation options. • Harness existing efforts and will to identify resources. 	<ul style="list-style-type: none"> • Home Visitation Collaboration • Mental Health Partners Warm Line • Integrating for Equity • Office of Early Childhood • ECCBC Pay for Success
<p><i>Identify Strategies to improve Cultural Responsiveness in Boulder County Services</i></p> <ul style="list-style-type: none"> • Engage partners in equity to identify promising models and resources. 	<ul style="list-style-type: none"> • Agencies and communities have struggled to do this well • Boulder County Public Health Equity Team • ABCD (tip sheet) • BUILD Health Challenge • The Colorado Health Foundation

Advocates and Outreach

At the end of the second Phase II meeting, advocates were identified to carry the strategies to existing groups. Although the Task Force would play a role in promoting these strategies and monitoring progress, the implementation would be embedded in existing efforts. Advocates were charged with outreach to these existing efforts to assess interest and needs. Key efforts included: the Public Health Improvement Plan Mental Health group, Boulder County ABCD, the Boulder County Home Visitation Collaborative, and the Boulder County Public Health Health Equity group.

At the third and final meeting of Phase II, the Task Force finalized the prioritized strategies, integration points, advocates, as well as some initial measures of success. These have been consolidated into the one-page “Prioritized Strategies to Improve Early Childhood Mental Health”.

The Task Force also identified several, immediate outreach opportunities:

- Mental Health Partners Director of Integrated Health
- Boulder County Directors, Integrating for Equity (October)
- Boulder County Home Visitation Collaboration
- Boulder County Public Health Directors

Future Efforts

Three participating agencies from the Task Force agreed to meet to discuss future leadership, plan monitoring, and support: Boulder County Public Health, the Early Childhood Council of Boulder County, and Mental Health Partners. Advocates will continue to work with their respective groups to maintain momentum and capacity to elevate these priorities.

Limitations

The Early Childhood Mental Health consensus process was designed to arrive at priorities based on existing Boulder County efforts, using limited resources. The Task Force achieved this goal, providing strategies that can reliably be expected to impact the mental health of young children. In the future, Boulder County would benefit from an early childhood mental health needs assessment with greater depth and engagement.