



The State of Infant Mental Health in Indiana:

2008 Indiana Association for Infant and Toddler Mental Health

Introduction

Recognition of the social and emotional skills as the core of early childhood development has steadily increased since the 1990's. Researchers, clinicians, and the public now realize that social and emotional milestones are not only an important set of skills on their own, but they can be seen as threaded throughout other aspects of development including language and cognition. Efforts to address social and emotional capacities can begin as early as supporting prospective parents since it is known that a critical early task for babies is to attain and enjoy positive relationships with caring adults. Positive parent-child attachments demonstrate the long reach of social and emotional skills, because positive or secure attachments are associated with many benefits throughout childhood and into adulthood. Examples of the advantages of secure attachments include enhanced learning and school performance, development of self-regulation skills and a sense of self, and the ability to develop positive relationships with peers and others in the future. In addition, a secure attachment can also provide protection from trauma related to adverse life experiences.

As the body of evidence that demonstrates the advantages of positive relationships and related social and emotional capacities grows, professionals from many different disciplines have begun to consider how they might recognize and support these skills in the children and families they encounter. Disciplines as diverse as early education and child care, child welfare and protection, and health care are increasingly joining more traditional disciplines such as psychology and social work in their understanding of the importance of social and emotional aspects of development. Providers from many different training backgrounds are linked together in their ability to recognize, assess, and support social and emotional skills. This shared knowledge of social and emotional skills and their value increases our ability to collaborate and connect across systems and disciplines in order to provide more integrated services for young children and their families.

Indiana enjoys a rich and exciting history of progress in identifying resources and supports designed to enhance the social and emotional development of infants and toddlers within their families. This paper provides an overview of this progress to date and proposes action steps to support continued movement toward the vision established many years ago.

Our Starting Point

Our Starting Point: IMH in Indiana in the 1990's

In the late 1980's federal legislation was enacted to encourage states to develop innovative approaches to the provision of early intervention services to children aged birth to three. States were invited to plan for the implementation of comprehensive systems of care through Part H of the Individuals with Disabilities Education Act (IDEA). Over a five year period Indiana carefully and thoughtfully planned how to best implement such a system that met the intent of this landmark legislation.

Indiana's approach to Part C, IDEA (early intervention) was named First Steps and was heralded as an exemplary model to provide individualized interventions to children with developmental delays and their families. Unique to the First Steps approach was the notion that individualized supports and services are identified by an interdisciplinary team, which includes the family. Additionally, the funding of those identified services essentially follows the child. Instead of funding agencies in specified catchment areas, First Steps devised a system to identify providers who could be matched to the child and family's needs through the development and implementation of the Individual Family Service Plan (IFSP). Intervention services must be provided in the natural environment meaning where the child lives, learns and plays.

Part C, IDEA requires early intervention systems to evaluate children's development across five domains including physical, cognitive, communication, adaptive, AND social-emotional. In Indiana previous service models excelled in identifying and intervening with concerns related to the first four domains listed. However, Indiana, like many other states has struggled with identifying social and emotional concerns due to a lack of tools to assess young children's social emotional development. In the last 10-15 years accumulated evidence documents that social and emotional skills form the underpinnings for other areas of development (Shonkoff & Phillips, 2000). In response to recognition of social and emotional skills as a priority for intervention, well-designed screening tools and assessment methods have become available for both primary care providers and specialists (Carter, Briggs-Gowan, & Davis, 2004; American Academy of Pediatrics, 2006).

In light of this increased awareness and an emphasis on prevention and early diagnosis, Indiana recognized a need to increase access and availability of mental health services for very young children and their families. Often, parents who brought concerns about emotions or behavior of a toddler to their health care provider reported that a typical response might be "it's just a phase" or even "take a parenting class." Those who try to seek assistance find few providers with expertise in helping a young family with relationship or emotional issues. Likewise, professionals who asked about early childhood mental health issues in meetings of other

	<p>mental health professionals could count on being told about efforts at the elementary school level and no earlier. Even more of a concern was the fact that there was little to no method for collaboration between established systems of care (Viehweg & Tomlin, n.d.).</p>
<p>1997 - A Turning Point</p>	<p><u>1997 - A Turning Point: Indiana SPRANS Grant</u></p> <p>In 1997, the Indiana State Department of Health (ISDH) was awarded a SPRANS (Special Projects of Regional and National Significance) grant entitled Indiana's Integrated Services for Children with Special Health Care Needs funded by the Health and Resource Services Administration, Maternal and Child Health Bureau. Included among the grant's activities was a small component tasked with increasing the number of providers who would be able to effectively meet the mental health needs of infants and toddlers and their families in Indiana.</p> <p>The need for IMH services in Indiana had been anecdotally documented by early intervention providers' reports of increasing behavioral concerns in young children coupled with provider frustration over the lack of referral sources for these children and families. Providers were clear about their needs for more training in ECMH/IMH (early childhood mental health/infant mental health) and for support from specialized disciplines, such as psychology and social work.</p> <p>To begin to address these concerns about ECMH/IMH in Indiana, a group of volunteer stakeholders was gathered. The stakeholders represented important constituencies including state government, parent groups, early intervention, education, medicine, child care, mental health, universities, and professional training entities. The interdisciplinary group, eventually called the IMH Development Team (IMH-DT) was selected to provide geographical representation of the state, but allowed for expansion as new participants were identified. The original 42 invitees were soon joined by others interested in learning more about ECMH/IMH. A testament to the level of eagerness of Indiana parents and professionals to address issues around ECMH/IMH was the 80% participation rate among the volunteers.</p> <p>IMH-DT members received training from national experts in ECMH/IMH, were given the opportunity to participate in professional development and advocacy activities at a regional and national level, and enjoyed many opportunities for networking around early childhood mental health issues. As a result of these training and networking experiences, the IMH-DT was able to be exceptionally productive in areas of research/evaluation/ needs assessment, training, and advocacy. Although it was not the major focus of the SPRANS grant, the IMH piece had excellent leadership and commitment by individual participants, and ultimately laid the groundwork that led to lasting benefits to the state. Major outcomes that are still in place include:</p>

	<ul style="list-style-type: none"> • Establishment of the Indiana Association for Infant & Toddler Mental Health, a subsidiary of the Mental Health Association in Indiana (now, Mental Health America Indiana) and an affiliate of the World Association for Infant Mental Health. • Institution of an annual conference on ECMH/IMH. • Development and implementation of the IMH Mentorship Program for early intervention providers. <p>As the activities of the SPRANS grant came to a close, members considered a variety of options to continue to strengthen the infant mental health effort in the state. While it became clear early on that the creation of an association was the right direction, the task force members debated the benefits of a stand alone organization versus alignment with existing organizations. It was ultimately agreed that becoming a subsidiary of the existing Mental Health America of Indiana (MHAI) would be most beneficial as this organization provided an infrastructure to support the infant and toddler specialty area. As a result of this alignment, two members of the IAITMH also became members of the MHAI board. Over the next months and years, the larger mental health community has moved from having to be reminded to considering its youngest constituents to now inviting ECMH/IMH representatives “to the table” from the onset. This somewhat unintended consequence represents a major accomplishment of the early work established by the SPRANS grant which has continued forward through the efforts of the Sunny Start project, discussed below. In addition, it exemplifies the importance of a continued focus on early childhood across all domains of development including social-emotional.</p> <p>In addition to the establishment of the IAITMH, the original IMH-DT members worked to create training opportunities that could serve providers’ often diverse training needs. To meet this goal, the IAITMH has consistently offered both intensive conferences and ongoing mentorship opportunities. The IMH Mentorship Program offers early intervention providers an opportunity to meet with mental health professionals over a period of one year. Monthly two-hour sessions utilize a combination of didactic and interactive methods to provide early childhood providers information about ECMH/IMH concepts and practices along with time and a safe space to process these ideas as they relate to their own work with children and families. When combined with annual conference and other workshops, the mentorship provides a spectrum of training that meets different adult learners’ needs.</p>
<p>A Legacy of Awareness and Training</p>	<p><u>A Legacy of Awareness and Training</u></p> <p>Following the completion of the SPRANS grant in 2000, the functions of the IMH-DT were largely taken over by the board members of the IAITMH with continuing leadership from the ISDH and support from other state agencies, including Family and Social Services Administration (First Steps), the Indiana Department of Education, and the Division of Mental Health and</p>

	<p>Addiction. Participation in the IMH-DT made IAITMH Founding Board members aware of the effectiveness of collaboration across discipline and agencies. Therefore, the IAITMH has continued to strive to establish relationships not only with state agencies and programs but with other groups, such as March of Dimes, Indiana Perinatal Network, and the Infant Toddler Specialist Initiative. These connections allow IAITMH board members to form important and valued working relationships with like-minded professionals.</p>
<p>Support for Social and Emotional Development</p>	<p><u>Support for Social and Emotional Development: ECCS/ Sunny Start and the Cross Systems Team</u></p> <p>In 2003 the Indiana Department of Health received a small grant from the Maternal Child Health Bureau which supported states to initiate Early Childhood Comprehensive Systems (ECCS) projects. The project's purpose was to bring together decision makers at the state level to improve coordination of all services for young children and families in the state. Compared to other states, Indiana was fortunate to have addressed infant and toddler mental health issues through previous efforts and therefore was able to elevate this work to a higher level. Young children's social-emotional health has remained a cornerstone of the ECCS project which has now become the Sunny Start project.</p> <p>Like the SPRANS grant before, Sunny Start gave a prominent role to issues related to ECMH/IMH by forming a Social and Emotional sub-committee, led by IAITMH members, and later by designating funds to training and consensus building around social and emotional development. However, the role of ECMH/IMH changed from the SPRANS grant to the Sunny Start project. In the SPRANS project, the IMH-DT operated as a separate part of the overall grant project. In contrast, ECMH/IMH was an integral part of the Sunny Start Core Partners from the beginning of the work. This organizational change from a separate, somewhat isolated committee, to a central partner parallels the change in understanding and thinking about ECMH/IMH in the state. Often in the past, early childhood mental health was not included in considerations about child health, education, and early intervention or was brought into the picture later, almost as an after thought. In other words, mental health services were considered in a reactive way rather than from a prevention perspective. Increasingly, early childhood mental health has not only been included at the table, but recognized as an essential foundation to development and child health. Once ECMH/IMH services are in the forefront of state leaders' thinking, prevention and early intervention become more possible.</p> <p>The ISDH Sunny Start project's commitment to the centrality of social and emotional capacity in young children's development resulted in several products and outcomes that have furthered the awareness and training goals of the IAITMH. Sunny Start provided funding for a consensus paper that delineated the core competencies and central concepts in ECMH/IMH</p>

recommended for inclusion in all training for providers who work with children birth to 5. The intent of the competencies is to provide partner agencies with a common set of abilities to ensure that skills that support social and emotional development are adequately addressed in their training activities. The consensus paper represents a common vision across the Core Partners that was reflected in their unanimous approval and adoption of the competencies. The competencies may be accessed at: <http://iaitmh.org/publications/ECSEComptncstmt2007.pdf>.

At about the same time that Sunny Start was initiated, the Indiana Department of Mental Health and Addiction (DMHA) took part in another collaborative process focused on early childhood mental health, the Cross Systems Team. The Cross Systems Team is a collaboration between DMHA and other important state partners including Department of Child Services, Department of Education, Juvenile Justice, families, Department of Correction, and the Office of Medicaid Policy and Planning. In this initiative, family case managers conduct mental health screenings of all children who are being placed in out of home care. Children with demonstrated concerns are referred for a full mental health assessment and treatment planning. A goal of the effort is early identification, intervention and treatment of children who are at risk for multiple placements. Due to previous collaborative efforts, the DMHA recognized the expertise of the IAITMH in supporting the team around best practices in assessment of young children's mental health status. IAITMH Board members were invited to participate in the Assessment Committee and played a pivotal role in setting standards for screening and assessment of very young children involved in family services.

The Cross Systems Team project increased recognition by the DMHA and community mental health centers of the need for mental health evaluation and intervention activities. DMHA obtained funding from the Indiana Criminal Justice Institute for additional regional training in ECMH/IMH assessment and intervention specifically for professionals in community mental health centers. Funding was also provided for awareness level training in ECMH/IMH for foster parents, consultation to CPS trainers, and to support a website that serves as a vehicle for information dissemination. For example, PowerPoint presentations and reading lists are posted on the IAITMH website for providers who could not attend sessions.

The assessment and intervention overview training funded by DMHA and ICJI was well received, resulting in providers who were eager for training at the next level. Sunny Start continued its commitment to ECMH/IMH and partnered with IAITMH to provide targeted training designated for mental health providers. Emphasis was placed on training that increased mental health providers' capacity for implementing research based intervention methods for young children and families. In 2007 Sunny Start joined with DMHA and the IAITMH to sponsor a week long summer institute on ECMH/IMH treatments, including Susan McDonough's Interaction Guidance

and in-depth presentations on Dialectical Behavior Treatments by Janet Dean. The Institute allowed mental health professionals extended time to explore aspects of ECMH/IMH through didactic training, networking, and self-reflection. In 2008, Sunny Start sponsored an additional day of training at the IAITMH Annual Conference to provide more specific training for mental health providers. This day featured University of Michigan School of Social Work faculty member Julie Ribaud, LCSW and focused on attachment, relationship, and parent-infant psychotherapy.

Indiana took another step toward putting children's mental health needs at the forefront in 2005 when the state legislature passed the Children's Social, Emotional, and Behavioral Health Plan as part of Senate Enrolled Act 529. This plan was intended to ensure that children with serious behavioral and mental health concerns received early identification and intervention. The Department of Education was selected as the lead agency that would prepare a full plan from the bill's outline, working with an interagency task force that included mental health, education, health, child services, and corrections representation. The plan included provisions for screening by primary care providers, such as physicians and school professionals. Other recommended components of the plan include provision of a budget to implement the plan, awareness activities, research on best practices, and coordination of services.

The Children's Social, Emotional, and Behavioral Health Plan was written in draft form by June 2006, revised in August 2006 and sent to the Mental Health Commission. The Mental Health Commission heard testimony from both advocates and from opponents concerned that the screening component would eliminate parents' rights in making health care decisions for their children. Other concerns included worries that a focus on social and emotional skills would take away from academic aspects of preschool (Effrem, n.d.) and the notion that parents' would be "forced" to give their children psychotropic drugs, with some websites asserting that "BigPharm" was behind the plan. In response, the Mental Health Commission decided to approve the plan with the caveat that no screening will occur without parental permission (<http://www.doe.in.gov/exceptional/TaskForce.html>). The finalized plan covers many topics including assessment, accountability and outcome measurement, finance and budget, best practices, referral networks, school standards, workforce development, and training. Although the plan was well-conceived, it is not yet funded or implemented, nor are there plans for funding and implementation in the future.

The experiences related to this plan were a reminder that a certain level of stigma and misunderstanding about ECMH/IMH, mental health assessment and screening, and mental health services continues to be present in Indiana despite our combined efforts to educate the public. Clearly, additional efforts to help the public understand that ECMH/IMH is equivalent to appropriate social emotional development are needed. In addition, the reactions of some parents and professionals emphasized the ongoing need

	<p>for advocacy and awareness activities. Some families have reported that their responses were a result of unfortunate experiences with mental health services in the past, underlining the need for workforce development that builds on research supported methods and family-professional partnerships.</p>
<p style="text-align: center;">Reflective Practice, Supervision and Mentoring</p>	<p><u>Reflective Practice, Supervision and Mentoring</u></p> <p>Indiana’s path toward improved ECMH/IMH awareness and services has included mentoring – from individuals, agencies, and other states. Mentoring has been promoted as an important method in successful ECMH/IMH services. The members of the IMH-DT strongly benefited from statewide and regional learning opportunities presented by national experts in the field.</p> <p>Reflective of mentoring best practices, the IAITMH has continued to pursue mentorship from national experts in its attempts to improve training and services in Indiana. For examples, the IAITMH obtained mentoring around strategic planning through a grant from the Indiana Youth Institute. Initiated in 2005, this project supported an evaluation of current efforts and the development of a strategic plan for the association. The strategic plan was developed for a three year period starting in 2006. The value of this mentorship was the opportunity to document progress, embrace successes, and identify continuing needs and action steps.</p> <p>Another example of this kind of mentorship occurred in 2006 when a team of IAITMH members traveled to Chicago to visit the Erikson Institute and consult with Zack Boukydis, Ph.D. and Linda Gilkerson, Ph.D. These nationally recognized experts provided insights and affirmation about Indiana’s efforts and strategic plan.</p> <p>We have come to appreciate that the experience of receiving support and mentoring at an agency or state program level parallels the experience of reflective supervision that individual clinicians require to do their best work. In ECMH/IMH tradition, professional clinical supervision is a hallmark component of this approach (Shahmoon-Shanok, 2006). Although such clinical supervision and mentorship opportunities had been a part of the IAITMH’s offerings from the start of the organization, beginning with the IMH Mentorship Program for early intervention professionals, it is clear that ongoing opportunities are necessary. Therefore, three additional professional supervision opportunities were created and are reviewed below:</p> <p><u>Collaborative Peer Supervision Group:</u> The IAITMH was invited to participate in a MCHB funded program obtained by Michael Thomasgard, M.D. of the Ohio Association for Infant Mental Health and the Ohio State University. Dr. Thomasgard envisioned the Collaborative Peer Supervision Groups as an interdisciplinary version of the Collaborative Office Rounds for pediatricians established and supported through the federal Maternal and Child Health</p>

	<p>Bureau. The project included CPS groups in Indiana, Ohio, Illinois, and Michigan. The project promoted interdisciplinary membership including family representation. In this model, groups meet for one hour, 10 times per year with members taking turns leading discussion. The format can include a case-based discussion, identification of issues related to emotional health, review and discuss of a peer reviewed article, etc. Continuing education hours were available through Ohio State which supported the inclusion of an interdisciplinary membership.</p> <p><u>Infant Mental Health Task Force:</u> The IMH Task Force was originally comprised of mental health professionals who are also early intervention (Part C) providers, although it has expanded over time to include others who are not enrolled in Part C. The group has met regularly for three years to promote the role of ECMH/IMH in early intervention and to provide members opportunity for peer supervision and support. The Task Force has taken on several specific, short term projects include writing white papers on IMH assessment and intervention through Indiana’s Early Intervention System, completion of a discussion paper on early intervention and autism, development of a Crosswalk between the DC 0-3R, DSM, and ICD systems, providing presentations to Early Intervention Service Coordinators on ECMH/IMH, and assisting with the overview presentations to foster care parents under the ICJI grant project. Although the membership has largely stayed consistent new members have joined this effort depending on the specific task to be accomplished.</p> <p><u>Mentorship for Mental Health Professionals:</u> With support from Sunny Start, the original IMH Mentorship Modules were revised in 2008 for mental health professionals. The modules were reduced to 6 broad topics. Inclusion of diagnostic, assessment, and intervention methods increased the interest for mental health providers. Mentorship groups were offered in Ft. Wayne, Indianapolis, Richmond, Michigan City, and Batesville. The initial round of groups was completed in August 2008 and more are planned as we move into 2009 with continuing support from Sunny Start.</p>
<p>Reflection</p>	<p><u>Reflection: IMH in Indiana in 2008</u></p> <p>Indiana has experienced many changes in its awareness, understanding, and implementation of ECMH/IMH principles and practices in the last 10 years. As individuals have learned more about ECMH/IMH we have seen changes in policy and practice. Great strides have been made both by individual providers and at state and local levels. ECMH/IMH is not only “at the table” but is now often a principal player.</p> <p>Part of the impetus for awareness of ECMH/IMH in Indiana was early intervention providers’ awareness of the need for behavioral and relationship based interventions. Frustration over lack of awareness and lack of referral sources spurred much of our work. Undeniably, progress has been made. Nevertheless, Indiana, like most other states, continues to</p>

experience a lack of providers trained in ECMH/IMH evaluation and especially in treatment methods. We continue to hear anecdotally from families who are turned away from common resources because the child is “too young”.

Despite increasing interest in ECMH/IMH by mental health professionals, the state actually has fewer First Steps mental health providers in 2008 than were enrolled in 2003. Review of the online First Steps provider matrix indicates that the number of providers has dropped from 55 to approximately 30. Former providers cite low reimbursement rates (especially for social workers) and credentialing requirements as reasons for non-participation. This reduction in capacity is particularly unfortunate as providers report an increase in the number of families at higher risk for economic, social and mental health issues. In general providers report a high interest in ECMH/IMH and an increase in their ability and comfort level in talking with families about ECMH/IMH issues. However, they continue to express a need for more information about how to work with and help such families (Tomlin & Hadadian, 2007). Both providers and families are in need of the supports and services that ECMH/IMH-prepared mental health professionals bring to the table.

In 2008, the First Steps Interagency Coordinating Council (ICC) invited the IMH Task Force to share these concerns. Following the ICC meeting, First Steps consultants made themselves available to discuss the concerns in more detail and to give suggestions for moving forward to address the concerns. Although concerns still exist, the ICC provided a bridge to improve communication between the ECMH/IMH providers and the state's early intervention lead agency. IAITMH and the IMH Task Force are looking forward to positive outcomes and increased collaboration with First Steps.

One of the issues discussed with the ICC was how Indiana will address new components of IDEA (2004) that require children under the age of 3 years who have been involved in a substantiated case of abuse or neglect, who show signs of withdrawal from illegal substances or who have been identified as exposed to illegal substances to be referred to the Part C program (<http://www.nectac.org/topics/earlyid/captalaw.asp>). Similar requirements have long been part of the Child Abuse Prevention and Treatment Act (CAPTA). CAPTA was enacted in 1974 to provide funding for Child Protection Services to states. It has been revised several times, most recently as the Keeping Children and Families Safe Act in 2003 (<http://www.childwelfare.gov/pubs/factsheets/about.cfm>). States who elect to receive this funding must have a plan in place to ensure that children from birth to three years who have been part of a substantiated case of abuse or neglect are referred to the Part C early intervention system. Indiana Department of Child Services staff is currently coordinating with First Steps staff to develop and implement policy and procedure as well as necessary training to address referrals between these two programs as appropriate (T. Mitchell, personal communication, October 14, 2008). The

	IAITMH is fully supportive of the efforts of First Steps and DCS to meet the social emotional/mental health and developmental needs of young children.
<p>Summary and thinking ahead...</p>	<p><u>Summary and thinking ahead</u></p> <p>As this history demonstrates, Indiana’s path toward improving access to mental health services for very young children and their families is “a long and winding road”. From the beginning of the journey, many different agencies and individuals have contributed to our success. It has been said that childhood has a long reach, meaning that events and experiences in childhood exert continuing influence as the person ages. Similarly, as a state, an association, and as individual providers, our early history may have a “long reach” as well. As evidenced, it is crucial for any new initiative to experience a solid, thoughtful beginning. In reflection, it is clear that the thoughtfulness and planning of our early leadership continues to serve us well.</p> <p>Indiana’s early childhood leaders have always envisioned a successful system of information, training and services for ECMH. This has required a commitment to flexibility and openness to new ideas as well as embracing challenges as they arise. The ongoing expansion of leadership and interest in Indiana’s ECMH/IMH is testament to that flexibility. Our leadership will continue to benefit from the wisdom of this openness to serendipity. To achieve this system, the Board of the IAITMH recommends that the Sunny Start Core Partners continue to shine a light on the social-emotional needs of Indiana’s youngest citizens through advocacy, training and awareness that leads to needed services. We recommend the creation of a strategic plan for ECMH/IMH training and services that coordinates early intervention, child care, education, and mental health training needs and results in a integrated systems of services across all agencies.</p> <p>Our story is full of steps forward, but also includes the challenges of some steps backward. Opportunities to pause and reflect on successes and challenges are as necessary to those working to build state systems as those in clinical practice. Peer consultation and other supports can serve the role of “holding hope” as described by ECMH/IMH consultation experts Johnston and Brinamen (2006, p. 20). These authors explain that the consultant has to hold their own hope that a system can make change, even if slowly. Perhaps more importantly, the consultant also holds the hope of those who feel lost within the system and who need the perspective of another to reflect on the possibilities the future may bring. In Indiana, those holding hope include primary care practitioners who listen to family concerns and search for needed supports, early intervention providers who ask the right questions about social emotional and behavioral development even if it means going a little beyond their comfort zone , university faculty who coordinate across disciplines to conduct research and training, and state level leaders who reach deep into their budgets and write yet another grant to support training and services that puts us closer to the goal of better futures for young children and families.</p>

Challenges and Opportunities

Challenges and Opportunities

Indiana has consistently had a strong commitment to young children. This *State of Infant Mental Health in Indiana* report leads us to some reflective questions as we contemplate the next steps in Indiana's plan of action in addressing the complex nature of children's development and their social-emotional health. Consider these reflective questions:

- ✓ How can Indiana best meet the needs of young children identified with early childhood mental health concerns and their families?
- ✓ How can Indiana enhance its efforts in the identification of children with mental health concerns?
- ✓ How can Indiana adequately prepare the workforce to meet the needs of children with mental health concerns and their families?
- ✓ In what ways can the varied existing programs and services continue to enhance collaborative efforts to identify and serve children with mental health concerns and their families?
- ✓ How do we promote the inter-connectedness of social emotional development with all other facets of child development?
- ✓ From your personal/professional perspective, how may this document be used to further the progress to date in meeting the social-emotional health needs of very young children?
- ✓ How do we ensure continued efforts to improve the service delivery system to meet the needs of children with mental health concerns?
- ✓ How do we ensure this document stays current and in the hands of policy makers, providers, and families?
- ✓ With whom do you plan to share this document and its contents?

References

American Academy of Pediatrics. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening, *Pediatrics*, *118*(1), 405-420.

Carter, A., Briggs-Gowan, M. J., & Davis, N. O. (2004). Assessment of young children's social-emotional development and psychopathology: Recent advances and recommendations for practice. *Journal of Child Psychology and Psychiatry*, *45*(1), 109-134.

Effram, K. (n.d.) Concerns with Indiana's state Social, Emotional, and Behavioral Health Plan. Retrieved 9/9/08 from <http://www.edwatch.org/pdfs/091906-IN.pdf>.

Indiana State Department of Health, Sunny Start Social and Emotional Subcommittee. (2007). *Social-Emotional Development of Young Children Training Content Consensus Statement*.

Johnston, K. & Brinanmen, C. (2006). *Mental health consultation in child care*. Washington, DC: Zero to Three Press.

Shahmoon-Shanok, R. (2006). Reflective supervision for an integrated model: What, why and how? In G. M. Foley & J. D. Hochman (Eds.) *Mental health in early intervention: Achieving unity in principles and practice* (pp. 343-381).

Shonkoff, J. P. & Phillips, D. A. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.

Tomlin, A. M. & Hadadian, A. (2007). Early intervention providers and high risk families. *Early Child Development & Care, 177(2)*, 187-194.

Viehweg, S. A. & Tomlin, A. M. (n.d.). Infant mental health. In S. M. Andrews (Ed.) *The Catharsis of Change*, pp. 127-140.