

**House Finance and Appropriations Committee**  
**John D. Kinsel, MS, LPCC-S**  
**Samaritan Behavioral Health, Inc.**  
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Good morning Chairman Sykes, Ranking Member Amstutz, and members of the House Finance and Appropriations Committee. My name is John D. Kinsel and I am the Clinical Supervisor as well as Lead Early Childhood Mental Health Consultant with the Young Children's Assessment and Treatment Services (YCATS) program of Samaritan Behavioral Health, Inc. (SBHI) in Dayton. Thank you for the opportunity to testify today.

SBHI is a large, full service non-profit community mental health agency that serves the citizens of Montgomery County and its surrounds. The YCATS program specializes in providing comprehensive mental health services to children ages birth through five and their families. We provide intensive group treatment for severely disturbed youngsters both at our home office and in satellite locations in partnership with Head Start, the public schools and a private day-care provider. Individual and family therapy is available both in the office and in client's homes. Our Infant Mental Health services are provided primarily in the home, in accordance with best practice. We have been fortunate to have been a participant in the ODMH Early Childhood Mental Health Initiative since its inception. I personally sit on its advisory committee and have provided a voice for Early Childhood Mental Health on a number of state agency committees over the past 10 years.

A former preschool teacher, I came over to the mental health side in 1980 and have been providing Early Childhood Mental Health services ever since. I passionately believe in the importance in early intervention in promoting the mental health and preventing the development of emotional and behavioral problems. I would like to share with you today two brief stories of families with which I have worked where early intervention made a difference: one from prevention work and one from treatment.

The Early Childhood Mental Health Initiative (ECMHI) through ODMH provides funding to consult within daycare centers and other early learning environments. I first met 5 year old David (pseudonym) in just such a setting. His teachers referred him because he was behaving like a bully and nothing they were doing seemed to make any difference. He was controlling whatever activity he was in, yelling at and putting down his peers, and physically pushing them around. After getting permission from his parents to observe him, I spent an hour in the classroom observing him, another hour talking with his parents, a third hour in consultation with teachers and parents together and a fourth hour observing one month later. During that process I learned of David's family dynamics based on being an only, adopted child, assisted in identifying his strengths (intelligence, sense of humor, initiative) and helped devise an intervention plan, along with his parents and teachers, that emphasized recognizing his strengths, giving him intentional leadership responsibilities at home and school, providing him alternative choices when he became upset, regularly reviewing with him expectations for prosocial behavior and rewarding him for the same ( sharing, showing empathy, recognizing other's ideas, exercising responsible leadership. At last check (six months since intervention provided) David, once at risk of expulsion for bullying, has become a "regular" member of his class.

A year ago, ODMH freed up some Access to Better Care (ABC) monies specifically for Early Childhood Mental Health Treatment. Unlike ECMHI, "ECMHT" funding paid for treatment, not prevention, for young children identified as having severe enough to require more intense intervention. Heaven's case is an example of the kinds of situations this money, which has been eliminated in the next biennium, has helped us to address. Privately adopted by her aunt after her mother abandoned her at age 12 months, Heaven's guardian didn't meet income eligibility to obtain Medicaid coverage for her. Heaven was referred by her Help Me Grow worker due to Heaven's persistent severe tantrums during which she routinely bit and scratched herself until she bled. She would also hit at her caregiver, resisted nurturance, acted anxious around most adults and suffered from sleep disrupted by fits of screaming. Her history included known severe neglect and suspected physical abuse. Heaven was 18 months old when I met her, qualifying her for Infant Mental Health (IMH) intervention in the home. As is characteristic of IMH, my treatment focus was on the child, her primary caregiver (aunt) and their relationship with one another. I

diagnosed Heaven as having Reactive Attachment Disorder, a condition in which the child has not had the experiences needed to attach to a parent figure, thus not developing the basic sense of security and trust that is the foundation of emotional health. My interventions with Heaven and her aunt included teaching, modeling and reinforcing the aunts capacity to recognize and respond to the cues heaven gave as to her emotional and physical needs. The aunt was supported in shifting her focus from Heaven's problematic behaviors to a primary concern/attention to her strengths. A fetal wrap was suggested for when Heaven was so out of control that she was hurting herself and others, to be followed up by praise and nurturance when she finally soothed. After six months of weekly therapy, Heaven still has tantrums, but they are more typical "terrible two's behavior, she sleeps through the night and uses her aunt as a resource, even initiating nurturance with her regularly and showing appropriate interest in other adults and children. The therapist is on call, but regular treatment has ended. Treatment for children with RAD for whom intervention does not begin until they are over the age of 5 typically lasts over two years.

There is a story common in early childhood circles that speaks of two people standing by a stream when a child is seen being swept along by the current. They jump in, pull the child out, perform CPR and save the child. Soon another child appears in the water and the scene repeats itself. And then another. And another. At this point one of the people starts running along the bank, heading upstream. The other person yells, "Hey, where are going. We need to help these children." The reply: "I know. You stay here and help them. I'm going to go see who's throwing them in!" Six months treatment starting at 18months of age or 2 years of treatment (or more) starting after 5: the math is pretty clear. The Federal Reserve, among other financial institutions, has determined that early intervention is cost effective. Depending on which research you read, for every dollar invested in programs for children under 6, anywhere between 3 and 12 dollars is saved in later societal cost.

The services I provided in these stories we made possible through The Early Childhood Mental Health Program, which provides screening for early childhood behavioral health problems and maternal depression, training to parents and child care providers, and direct treatment for children and their families. As part of the ECMH Program, Ohio implemented the Early Childhood Mental Health Consultation Program in 2000, targeted to children with behavioral health concerns in early childhood settings. In the last fiscal year, the Early Childhood Mental Health Program served more than 31,000 children, child care providers, and families. During the last biennium the mental health treatment program served approximately 356 children and families in 13 mental health board regions.

A recent Yale study reported that children in preschool and kindergarten programs were the most likely of any cohort to be expelled or suspended. Early childhood mental health consultation is an effective means for reducing disruptive classroom behaviors that are likely to cause prekindergarten expulsion.<sup>1</sup> In the last three years in Ohio, at least 90 percent of the children at risk for removal from their early childhood setting due to behavioral problems were able to remain in their child care center through the training services provided by the ECMH consultant.

I would like to ask you to restore \$350,000 per year for the Early Childhood Mental Health Consultation Program to meet the 2009 level of funding at \$2.5 million per year The current estimated impact of the \$350,000 reduction in early childhood mental health consultation funding would result in 2924 fewer children, 805 fewer families, 132 fewer ECE programs and 229 fewer classrooms being served.

I would also ask that you put the Early Childhood Behavioral Health Treatment Program into permanent language, and increase funding to \$5 million over the biennium.

Thank you and I would be happy to answer any questions you might have at this time.

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<sup>1</sup> The Foundation for Child Development. *Prekindergarten Left Behind: Expulsion Rates in State Prekindergarten System*. January 2008.