

House Finance and Appropriations Human Services Subcommittee
Presented by Jessica S. Ryan PhD, PCC
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Good morning Chairwoman Brown, Ranking Member Burke, and members of the House Human Services Subcommittee. My name is Jessica Ryan. I am a Licensed Professional Clinical Counselor and I am the Assistant Chief Clinical Officer at Berea Children's Home and Family Services, one of the largest providers of mental health services to children and families in Ohio. I am also a research team member on the Early Childhood Mental Health effectiveness studies which provides a consultative role to the Ohio Department of Mental Health. The lead evaluator on this team, Dr. Benjamin Kearney, regrets that he cannot be here today due to a previously scheduled vacation. I want to thank you for the opportunity to testify today. While we support Help Me Grow and expanding SCHIP to 300 percent of the federal poverty level, the primary focus of my testimony today will be on Early Childhood Mental Health services. We are also a member of the groundwork coalition.

In the last several years, the Ohio legislature has invested in a high-quality, comprehensive early childhood system that provides for the physical, social, educational, and emotional needs of our youngest Ohio children, ages birth to six, including Early Childhood Mental Health Consultation and Treatment. These programs are proving to be beneficial to both our children and our communities. Although all components of the early childhood system are vital, research shows that the first six years of a child's life have a decisive, long-lasting impact on a child's development, ability to learn, capacity to regulate emotions, behavior, and ability to form healthy relationships. High quality programs designed for our youngest children promote positive growth in children, but they also help to identify when a child is struggling in one or more of these areas early on. When detected and treated early, minor behavioral health issues- such as speech and language delays, aggressive behavior, and separation anxiety – are able to be significantly reduced, preparing the child for success in the kindergarten classroom and beyond. Therefore we strongly believe that continued investment into quality behavioral health supports, especially Early Childhood Consultation and Treatment Services, for our youngest children is absolutely necessary.

The Early Childhood Mental Health Programs provide screening for early childhood behavioral health problems and maternal depression, consultation services to early childhood care and education centers and families, 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 Consultation Program served more than 31,000 children, child care providers, and families.

Our research team is currently in its second year of an evaluation process for Early Childhood Mental Health programs across the state for the Ohio Department of Mental Health. Data from the Fiscal Year 2008 have indicated the effectiveness of ECMH programs. Our research shows that Early Childhood Mental Health Consultation is an effective means for reducing disruptive classroom behaviors that cause prekindergarten expulsion. In 2008, only .6% of the children were

removed from the classroom for any reason while the classroom was receiving consultative services. Additionally, the child centers satisfaction with the consultation services was also high, with 89% of the respondents reporting that they were satisfied with the services provided by the classroom consultant.

The Child and Family Focused consultation for ECMH has also been shown to be effective. This program involves working not only in the classroom, but with the families of the young children as well. Using an assessment of child protective factors, social, emotional and behavioral concerns, and child resiliency, results indicate statistically significant change on pre and post test results. The scores obtained indicate that children who were low on protective factors, such as Initiative, Self Control, and Attachment before the program were in the typical range of protective factors at the end of the ECMH services. A significant number of children who presented with social, emotional, and behavioral concerns prior to the service no longer presented with these concerns at the end of the service. By the end of June 2009, our team will do an analysis of program effectiveness by looking at the intensity of the service provided, overall effectiveness, and by doing a cost-benefit analysis of these programs. In July 2009, we will be producing a report on the effectiveness of ECMH treatment, which will allow us to know what works, and how it works. Funding must be continued for services and to support our efforts to finalize the implementation of the most effective programmatic models.

In addition to the Early Childhood Consultation Program, during the last biennium the Early Childhood Mental Health treatment program served approximately 356 children and families in 13 mental health board regions. The treatment program serves children identified through consultation as having more severe behavioral health problems that need direct mental health treatment for the child and their families.

The current estimated impact of a \$350,000 reduction in early childhood mental health consultation funding would result in 23 less consultants, 2924 less children, 805 less families, 132 less ECE programs and 229 less classrooms served. We support maintaining the 2009 level of funding for the Early Childhood Mental Health Consultation Program, currently at \$2.5 million in FY 2009. Additionally we support putting the Early Childhood Behavioral Health Treatment Program into permanent language, and increasing funding to \$5 million over the biennium. Funding must continue and be increased to allow us to continue to examine the models of change for ECMH; to determine efficacy of these models; and then to begin a process of implementing these models in ECMH programs statewide.

Investing in Ohio's Early Childhood Behavioral Health programs benefits our children and our communities. In this challenging budget time, it is vital to continue to support our children's behavioral health needs to prevent more costly interventions later and avoid unnecessary burden on state dollars.

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