



Tri-County Mental Health and Counseling Services, Inc.

90 Hospital Drive
Athens, OH 45701
Athens Clinic: 740-592-3091

Administration: 740-594-5045
Fax#: 740-594-5642
TDD#: 740-593-3344

**House Finance and Appropriations Committee
Sherry Shamblin, PCC-S and Early Childhood Mental Health Consultant
Tri-County Mental Health and Counseling Services and Integrating Professionals for
Appalachian Children
March 26, 2009**

Good morning Chairman Sykes, Ranking Member Amstutz, and members of the House Finance and Appropriations Committee. My name is Sherry Shamblin and I am the Early Childhood Mental Health Consultant for Tri-County Mental Health and Counseling serving Athens, Hocking, Vinton, and Washington Counties. I am also a founding board member for Integrating Professionals for Appalachian Children (IPAC), a rural health network in Southeastern Ohio focused on better identification, assessment, and treatment for young children. Thank you for the opportunity to testify today.

Others will highlight for you the amazing work that has been done in Ohio by the Early Childhood Mental Health Initiative funded through the Ohio Department of Mental Health since 2000. They will point out that this program served more than 31,000 children, childcare providers, and families in the last fiscal year. Other speakers will make you fully aware that the estimated impact of the proposed \$350,000 reduction in early childhood mental health consultation funding would result in 23 fewer consultants and a reduction in services for 2924 fewer children, 805 families, 132 early childhood programs and 229 classrooms.

The major reason I feel compelled to speak with you is to convey with pride and excitement what this funding has helped build for young children and families in Southeastern Ohio over the last 9 years. As an ECMH consultant, my work has been funded solely by Initiative dollars. Before the ECMHI, my agency, which is the major community mental health provider in our area, did not serve children under the age of 4. I was the only mental health provider in our four counties to have experience and expertise in young children. The Southern Consortium for Children, a collaborative of four Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, wrote our original proposal for a ten-county area and continues to administer the grant for our region. The early years of our project focused on providing consultation services to our Head Start program. Through that experience, I saw first hand the impact of delivering early screening, assessment, and treatment outside the mental health clinic and in the community where young children live and learn. These early successes created an awareness of the vast opportunity to infuse mental health into every child-serving agency in our region. But I was only one person and funded for only \$48,000 a year. It was clear that I would need help! This vision has compelled me to spend the last five years increasing our region's ability to provide mental health services in natural settings for young children by building capacity through work force development and increasing expertise. These efforts have resulted in a regional peer supervision group and a specialized ECMH internship program through Ohio University. I have been able to build an early childhood department within my agency that now employs 3 staff, in addition to myself. Although these providers are funded with a mix of Medicaid and a variety of grants, by funding me, the ECMHI built that program.

The Initiative has also served as a springboard for the development of Integrating Professionals for Appalachian Children (IPAC). This non-profit, rural health network serves as a model for collaboration in our state by creating a strong community-university partnership between local agencies and Ohio University, including their College of Osteopathic Medicine. Working together we have been able to leverage funding from additional state and federal resources on behalf of young children and families in our region. We have taken the ECMH consultation program into private childcare centers in three counties. A second project aims to integrate mental health services into primary care settings. This effort has placed a mental health provider in 4 primary care sites, including an early childhood counselor in the area's largest pediatric practice. Finally, IPAC has created our region's first interdisciplinary assessment team so that young children can obtain an appropriate developmental assessment. These efforts have broadened the ECMH consultation and treatment agenda far beyond early care and education and have placed it within the greater public health agenda identified by this state and by our current president. Prior to the initiative, mental health services for young children were housed in a system that pathologized young children and made services available to only a few who qualified for a mental health diagnosis. Through this initiative, we have been able to strengthen the mental health and well-being of all young children in our area so that they enter school ready to learn and ready to succeed.

It has been one of the greatest joys of my life to be part of the growth in early childhood mental health services in Ohio. But during these tight economic times, this committee is charged with funding programs that are a wise investment of taxpayer dollars. I can assure you that the Early Childhood Mental Health Initiative is a worthwhile investment!

- 1. The ECMHI is a worthy investment because it has led to increased access to services for young children.** Prior to the ECMHI, TCMHC served (0) children under 4 years of age. In 2009, 2650 children in Southeastern Ohio will receive early screening, assessment, or treatment services as a result of the Initiative's presence in our region.
- 2. The ECMHI is a worthy investment because it has led to increased funding to serve young children.** Over the last 9 years, an investment of \$436,500 in the Early Childhood Mental Health Initiative has generated an additional \$428,750 for early childhood mental health services in Southeastern Ohio. In April 2009, through IPAC, the ECMHI at TCMHC is positioned for an Outreach Grant through the National Office of Rural Health, which would bring an additional \$540,000 across 3 years into Southeastern Ohio. This grant would expand Early Childhood Mental Health Consultation into our public preschools.

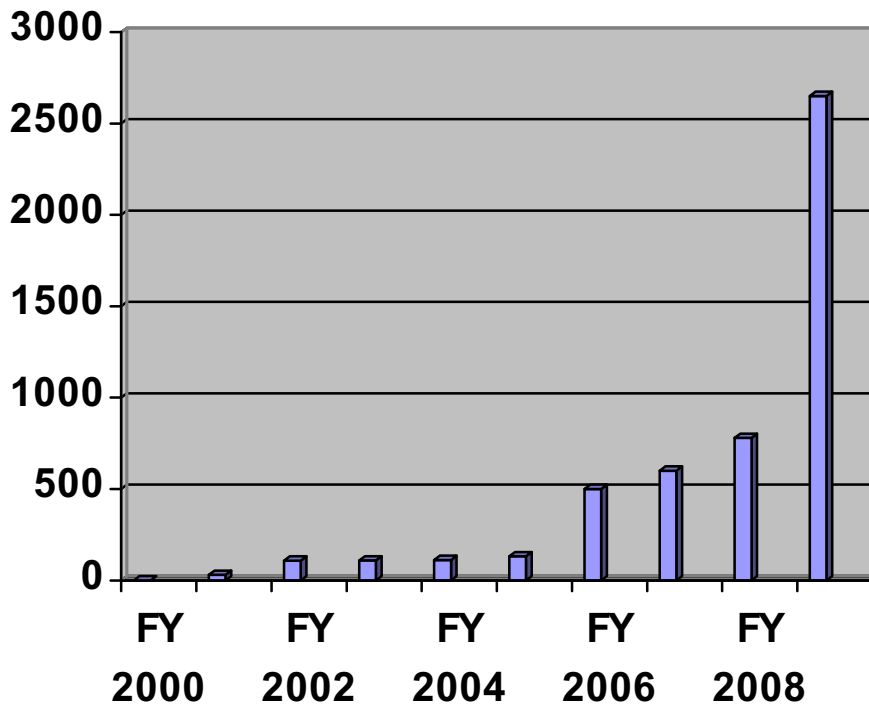
Chairman Sykes and other committee members, I know of few tax payer investments that will yield this type of return! For almost every dollar that the state initiative invested in me as a consultant, I have been able to match it with an additional dollar to serve the mental health needs of young children in my area. This increased funding has quadrupled the size of the early childhood mental health workforce in our agency. This increased workforce has increased the number of children served in this age range from 0 to 2650.

It is with this proven track record that I strongly urge this committee to include an additional \$350,000 per year for the Early Childhood Mental Health Consultation Program in order to meet the 2009 level of funding at \$2.5 million per year. I also urge you to put the Early Childhood Behavioral Health Treatment Program into permanent language, and increase funding to \$5 million over the biennium. These measures are necessary to meet the needs of all children in our state and to provide services, which are not reimbursable by third party payee sources.

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

Attachment 1. The ECMHI is a worthy investment because it has led to increased access to services for young children.

NUMBER OF CHILDREN IMPACTED BY THE EARLY CHILDHOOD MENTAL HEALTH INITIATIVE THROUGH TRI-COUNTY MENTAL HEALTH IN SOUTHEASTERN OHIO



Prior to the Early Childhood Mental Health Initiative, Tri-County Mental Health and Counseling served (0) children under 4 years of age.

In 2009, 2650 children in Southeastern Ohio will receive early screening, assessment, or treatment services as a result of the Early Childhood Mental Health Initiative's presence in our region.

Attachment 2. The ECMHI is a worthy investment because it has led to increased funding to serve young children.

Early Childhood Mental Health Funds

Annual Investment of ECMHI for TCMHCS	\$48,500
Total investment for the life of the project	\$436,500

Additional Funds Leveraged by the ECMHI consultant to increase capacity to serve young children in Southeastern Ohio

Medicaid revenue generated through TCMHC early childhood staff supervised by ECMHI consultant	\$ 260,000
State funded projects conducted by TCMHC early childhood staff supervised by ECMHI consultant	\$ 72,750
National Rural Health Network Development Grant through Integrating Partners for Appalachian Children	\$ 85,000
Total to date	\$436,500

Over the last 9 years, an investment of \$436,500 in the Early Childhood Mental Health Initiative has generated an additional \$428,750 for early childhood mental health services in Southeastern Ohio.

In April 2009, through Integrating Partners for Appalachian Children, the Early Childhood Mental Health Initiative at Tri-County Mental Health and Counseling is positioned for an Outreach Grant through the National Office of Rural Health, which would bring an additional \$540,000 across 3 years into Southeastern Ohio. This project will expand Early Childhood Mental Health Consultation into our public preschools.

Attachment 3: Narrative Examples of Early Childhood Mental Health Consultation through Tri-County Mental Health and Counseling Services serving Athens, Hocking, Vinton, and Washington Counties:

From 2007-2008

Our consultant was involved with a number of successful program-focused and child-focused consultations. The following are a few brief examples.

This year, Athens Head Start had a new, inexperienced site manager as well as a classroom staffed by two new teachers with little to or no experience with young children. In fact, one teacher had been teaching middle school and had just finished her school work to be certified in early childhood. In addition to the inexperienced staff, the class had several returning children who had challenging behaviors and special needs which had required a great deal of support for the previous year's teachers who were very experienced. Needless to say, the first week of school was challenging for the staff and children—group activities such as circle time and small group time were especially rough. The consultant became involved immediately with the staff by modeling some more developmentally appropriate group activities/ strategies, helping the teachers with some concrete plans for future group times and creating some specific behavioral supports (picture schedules, visual rule-reminders, etc.). The early childhood counselor went weekly to the classroom to work with individual children who had met criteria to be enrolled in Medicaid billable mental health services. She provided ongoing support to the teachers as well. Fortunately this support was met with great openness and appreciation. By the end of the year, the teachers had become more skillful in choosing activities and routines for their children and they remained positive about their work and empathetic toward the children—even those who were challenging. Data from the children's DECA's supports these assertions. At the beginning of the year, these teachers scored 15 of their 34 children in the "concern" range on at least one subscale. In the spring, only 5 of these children still scored in the "concern" range on any DECA subscale, and even these children had shown some increase in their numerical scores. While a certain amount of this "improvement" is certainly due to changes in the teachers, some can also be attributed to real gains that children made. As described above, several of these children had been challenging to the previous year's staff who were extremely experienced. With the support of the consultant and the early childhood counselor, these challenging children were able to be maintained in this setting, participate in ongoing special services, and make individual progress which will set them up for improved outcomes when they enter kindergarten in the fall.

Gavin is an example of a successful child-specific consultation. When Gavin entered the Logan home-based Head Start program last year, he was developmentally delayed and had many challenging behaviors. Even though he only attended center one day a week, it was very difficult to keep him safe in that setting because he would run out of the classroom, became very over stimulated in the group settings, and never stayed with an activity for more than a few brief minutes. Gavin's parents were also having great difficulties with him at home. His initial DECA scores that first service year were in the "concern" range in all the subscales. Fortunately, Gavin has been able to participate in two years of Head Start. During this service period, the consultant and the Head Start home visitor helped Gavin and his parents access a multi-factored evaluation which allowed him to begin receiving special education services from an itinerant teacher. The itinerant teacher and the mental health consultant assisted Gavin's teacher in implementing a number of visual supports and strategies for Gavin's center-based days. She was also given strategies to work on during home visits that would assist Gavin and his parents. With all of these supports, Gavin has made great gains and this spring he scored in the "typical" range on all the DECA subscales. He will have continued need for developmental supports, especially in communication, through the itinerant teacher as he begins his kindergarten year. However,

Gavin's future school outcomes seem much more positive than when he entered Head Start last year.

Sometimes center-based consultation leads directly to a child specific consultation. Our work at Trimble public preschool was a direct example of this. During our summer Dina school group with the school social worker last summer, the integrated preschool teacher visited the final session to meet the children who were going to be starting her class in the fall. She was so impressed by the DINA school strategies, she asked the consultant to come and do activities for her whole preschool class. This occurred during the month of November. While doing Dina these Dina activities during circle time, it became clear that one Maddy was extremely difficult to manage. She was very inflexible with routines and easily tantrumed when she encountered a classroom limit. Maddy's teacher and the consultant developed some additional strategies that the teacher and aide could use after Dina School finished. In January, the consultant was contacted again. The school team was extremely concerned about Maddy's behavior and felt that they could no longer keep her in the classroom at school because of her high level of aggression toward staff and children. The consultant met with the team and Maddy's mother. Together they developed plan for Maddy which included home visits between Maddy's mother and the consultant, some additional home instruction by the teacher, and a behavior plan for home and school that rewarded Maddy's good behavior. The consultant also set up a communication system between the school and the home so that there was daily feedback about Maddy's progress. These strategies led to Maddy being able to stay in the preschool class all year long, with an increase in the number of days that she was able to attend center.

From 2008-2009:

This year our consultant was involved in two child specific consultations that were the most challenging she has faced.

Bobby is a 2-year-old Help Me Grow child in the care of Children's Services because of his mother's substance use and neglectful care. Bobby had already experienced a failed kinship care placement and a failed adoptive placement because of his challenging tantrums, high activity level, and sleep problems. Help Me Grow and Children's Services called in the consultant to work with them and Bobby's new adoptive parents to decrease the likelihood of this placement disrupting. The consultant introduced the caregivers to DIR Floor time as a way of building a positive relationship with Bobby and learning how to better meet his needs. Specific strategies were given to the parents to help them increase Bobby's sleep. At the same time, a better medical assessment revealed that Bobby had a number of significant allergies. Once these allergies were properly treated, Bobby also started sleeping better. With better sleep, he was less irritable and more focused. Developmental guidance and linkages to other specialized services (speech, OT, PT, and Early Intervention) helped the family truly understand Bobby's needs and appropriate ways to meet these needs. After two months, Bobby's parents began reporting improvements in his day-to-day functioning. At the close of the consultative services, Bobby demonstrated clinically significant improvement on all the subscales of the DECA I/T.

In this next case, the consultant had to make use of child specific, classroom-focused, and administration-focused consultation. Nathan is a four-year-old Head Start child whose father had recently obtained custody after demonstrating negligent care and child endangerment by Nathan's mother. When Nathan became angry, he was extremely aggressive with the teachers and other adults in the room. When this occurred the teachers sent him to the site manager's office. He liked the manager and enjoyed spending time with her. When he was not angry, he was often engaged in behaviors that annoyed the other children. By the time the consultant

became involved, Nathan's teachers were scared of him and were encouraging the site manager to "kick him out."

The consultant worked with the staff and Nathan's dad to do a full functional behavioral assessment. It was clear that Nathan quickly became overwhelmed when he was angry and needed an adult to help him use calm-down strategies. While he was interested in playing with the other children, the only way he knew to engage them was to pick on them. It was also apparent that Nathan was being rewarded by his trips to the manager's office. The staff, manager, consultant, and Dad worked out a very comprehensive plan for Nathan. The consultant started doing Dina School activities, particularly Tiny Turtle's strategies, for Circle Time with all the children. She also did more intense teaching of these strategies with Nathan and his father so they could practice at home. A simple behavior chart was developed with the daily schedule that would not only reward Nathan for staying calm throughout the day, but would also serve as a daily communication device between Head Start and home so that Dad could reward Nathan when appropriate. Instead of Nathan going to the manager's office when he had acted out, she started visiting Nathan daily at lunchtime. The staff developed a safety plan that would allow one teacher to remove the other children from an area if Nathan became too aggressive, and one teacher would stay with Nathan in a contained part of the classroom. She was given additional de-escalation techniques to help Nathan calm down. Because working with Nathan was so energy consuming, the manager trained a substitute teacher in all the parts of the plan. This sub was a parent who lived very close to the center and was willing to be called to help give the other teachers breaks during the day if Nathan was having an especially difficult time. Slowly, these strategies began to have some affect. While Nathan remained a challenging child, and he did not make clinically significant changes in his DECA scores, all of the staff became determined and committed to keeping Nathan at their center. Through their hard work, he was safely maintained all year in this Head Start setting and developed friendships with several boys in the class. The greatest consultative success was the way all of the staff at the center learned to work together as a team: skills that they will be able to use for all future children in their care.

A final example shows the programmatic impact that consultation can have. Through the use of the DECA Reflective Checklists, it was revealed that all the classrooms in our Head Start program lacked in-door gross motor activities that were accessible all the time. The program had wonderful outside equipment and had materials that teachers could bring into the classroom on bad-weather days. However, there were no inside large motor activities available on a daily basis during free play. The consultant shared these results with the Head Start Education manager and worked to obtain materials for each classroom that would meet this need.

Attachment 4: Partnerships address early childhood mental health issues in Appalachian Children. Rural Roads Magazine, Summer 2008.