

Early Childhood Behavioral Health Care in Philadelphia



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About PCCY

Founded in 1980, Philadelphia Citizens for Children and Youth (PCCY) serves as the region's leading child advocacy organization and works to improve the lives and life chances of its children. Through thoughtful and informed advocacy, community education, targeted service projects and budget analysis, PCCY seeks to watch out and speak out for children and families. PCCY undertakes specific and focused projects in areas affecting the healthy growth and development of children, including after-school, child care, public education, child health, juvenile justice and child welfare. PCCY is a committed advocate and an independent watchdog for the well-being of children.

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Introduction

“I have been trying to get help for my son for two years and no one has been able to help. His doctor says he is just going through a phase, his child care provider wants to kick him out, and I cannot find anyone who will tell me what to do. My baby is in pain and I don’t know how to help him.”

- Parent of a four-year-old boy

Every year, four million children across the nation and nearly 148,000 in Pennsylvania enter kindergarten. Most of them arrive at school ready to learn. However, too many of our youngest children – such as the four-year-old boy mentioned above – are being left behind because of unaddressed social and emotional concerns that present problems for school readiness and academic achievement. Success in elementary school is strongly linked to a child’s healthy mental development as an infant and toddler, but increasing numbers of young parents, child care providers and health care providers are reporting growing numbers of children experiencing social and emotional difficulties.

A national study of 22,000 kindergartners found that ten percent demonstrated problematic behaviors such as frequent arguing or fighting or easily becoming angry.¹ In low-income families, the stressful impact of poverty raises the risk of social and emotional difficulties in young children. Some research studies have found as many as 27 percent of poor children exhibit behavior problems in kindergarten. Since more than half of Philadelphia’s children live in families that are poor, the social and emotional health needs of young children warrant serious attention, from health and early intervention providers, educators in pre-school, daycare and public school settings, as well as policymakers and the public.

The recognition of the great unmet need for behavioral health services for children from birth to five is the result, in part, of a surge in the number of children who are being suspended and expelled from child care. Although considered the last resort by many teachers and administrators, very young children are being expelled by their child care providers at an alarming rate.

A recent study focusing on the unmet needs of infants and toddlers in Chicago, found that 42 percent of child care programs had asked families to withdraw young children because of unmanageable social/emotional difficulties, or problems.² A child care mental health survey conducted in Philadelphia by Philadelphia Citizens for Children and Youth (PCCY) in 2004 mirrored the Chicago findings. PCCY found that 48 percent of local child care programs responding to the survey reported the removal, suspension, or expulsion of at least one child over the past year because of behavioral concerns.³

Once children are expelled from child care, their families frequently face multiple problems and deep frustration as they struggle to find professional help for their children's behavioral difficulties. They often find that the public and private systems where they expect to get support, including early intervention, education, child care, child welfare, physical and mental health, are ill-prepared to address behavioral health needs of young children from birth to age five in a comprehensive, coordinated way. In the 1990s, Philadelphia created a public, non-profit managed care company to administer and develop a network of services to respond to the behavioral health needs of low income individuals. By most measures that system, Community Behavioral Health (CBH), is – while far from perfect – significantly more comprehensive than anything found in comparable cities around the country. Yet here, as in the rest of the country, the mental health system for children is under-developed and particularly weak for young children, age five and under.

This report offers an overview of research and current thinking on infant mental health, specifically examining the issues facing young children and their families in Philadelphia, and concluding with recommendations to move our children, the systems that serve them, and the city forward.

What Is Infant Mental Health

“Early childhood mental health is the capacity of the child from birth to age five to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Infant mental health refers to how these issues affect development in the first three years of life. Early childhood mental health is synonymous with healthy social and emotional development.”

- The Zero to Three Policy Center⁴

Although relatively unknown to the general public, infant mental health – the social and emotional well-being of children from infancy to age five – is recognized by scientists and health professionals as an important aspect of child development. As science has increasingly demonstrated both the impact of trauma on young children and the importance of positive relationships, mental health increasingly is being acknowledged as an essential component of overall health – even in babies and toddlers.

In 2000, the National Research Council and the Institute of Medicine published *From Neurons to Neighborhoods: The Science of Early Childhood Development*, a compilation of recent information about early child development from many fields, with a discussion of implications for early childhood policy, practice, professional development and research.⁵ This comprehensive, interdisciplinary report underscored the fact that from birth through age five, development takes place more rapidly than at any other stage of life. The research illuminates both the enormous accomplishments of the early childhood period, as well as the impact of serious problems that confront some young children and their families on the developmental outcomes of these children.

A host of studies, including *From Neurons to Neighborhoods*, as well as the work of Dr. Bruce D. Perry, reveal a strong connection between brain development and psychological and emotional distress suffered at an early age. These studies demonstrate that in children’s early years, emotional growth and learning are closely intertwined. During this period of rapid brain development, children are particularly receptive to positive experiences—and very vulnerable to negative ones. Another powerful argument in support of helping our youngest citizens achieve social and emotional competence comes from a major study of the impact of negative childhood experiences on adult health. The Adverse Childhood Experiences (ACE) study reveals a powerful relationship between the emotional experiences of childhood and both the mental and physical health of adults.⁶

While young children are known to be resilient, researchers warn that it is wrong to assume that children who experience challenges with social and emotional competence will get better on their own.

“Science paints a picture of both hope and caution. It tells us that young children are resilient, that problems may be transitory, that children respond to environmental supports and changes,” researcher Jane Knitzer wrote in a policy paper on children’s mental health.⁷ “But science also tells us that risks and potential lost opportunities are real. It underscores the importance of focusing on preventive and early intervention, rather than simply referring young children for treatment or assuming children will outgrow problems.”

We are continually learning that with timely, appropriate care to address their behavioral health needs, we can greatly enhance the social and emotional well-being of our youngest children, enabling them to thrive in child care, in school, and throughout their lives. It is time to increase our commitment to ensuring that all of our young children have access to appropriate supports to assist their social and emotional development.

Early Childhood Distress: Signs and Symptoms

Identifying factors that contribute to early childhood distress is a first step towards improving the well-being of our children. *Mental Health: A Report of the Surgeon General* lists internal and external precursors – or predictors – to the development of social and emotional problems. Internal precursors include prenatal exposure to alcohol, illegal drugs, and tobacco, and inherited predisposition to a mental disorder. External precursors include poverty, deprivation, abuse and neglect, unsatisfactory relationships, parental mental health disorders, and exposure to traumatic events such as homelessness or domestic violence – all of which can have a significant effect on a child’s behavioral health and development. Children with developmental, learning, or physical disabilities, or other special needs are at higher risk for experiencing behavioral and emotional problems.⁸

Throughout childhood, young people are susceptible to conditions that affect their mental health. The Adverse Childhood Experience study lists nine risk factors that impact mental and physical health. Those risk factors include: recurrent physical abuse, recurrent emotional abuse, sexual abuse, having a close family member who is an alcohol or drug abuser, an incarcerated household member, having a close family member who is chronically depressed, suicidal, institutionalized, or mentally ill, a child’s mother being treated violently, or having only one or no parents.⁹ If children experience four of these eight risk factors they are very likely to have social/emotional or physical health difficulties.

There are a variety of warning signs for behavioral health difficulties in infants and toddlers. Professionals consistently point to the following set of challenging behaviors that may indicate a need for emotional health supports.

Warning Signs of Emotional Distress in Young Children

Prolonged tantrums
Disruptive screaming
Property destruction
Withdrawal
Excessive crying
Difficult to soothe

Physical and verbal aggression
Self-injury
Excessive non-compliance
Attachment difficulties
Sleeping and eating difficulties

The Essential Connection: Infant Mental Health and School Readiness

Success in elementary school is strongly linked to a child's healthy mental development as an infant and toddler. Social and emotional health and stability are essential to school readiness and academic success. This critical foundation for development is well established before a child enters kindergarten.^{10 11} Sometimes social and emotional difficulties are identified in preschool, but too often they are left unaddressed and then interfere with learning and impact children's readiness for school.

Trouble looms for children who, from an early age, are not secure in relating to others, do not trust adults, are not motivated to learn, or cannot calm themselves enough to tune into teaching. Such children will have difficulty participating in and gaining from early childhood educational experiences.

Children at Risk: The Philadelphia Picture

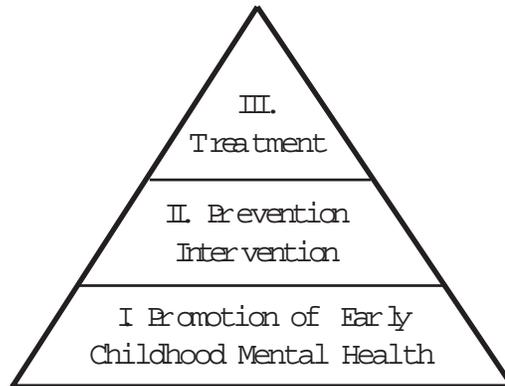
Young children who experience trauma, whose caregivers are experiencing stress, and whose life circumstances are difficult are particularly vulnerable to mental health difficulties early in life. In Philadelphia, where more than half of all children are part of low-income families, large numbers of young children five years and under potentially fall into this high-risk category. Included are thousands of children whose parents are incarcerated; 500 children age five and under who are homeless each night; hundreds of young children who witness domestic violence; the 1,300 children under five who are in foster care, and another 2,700 who have open cases with the child welfare system. Each month, another 200 young children in distress are reported to the child welfare authorities.

Research also demonstrates that maternal depression impacts the social and emotional health of infants and toddlers and that low-income women experience clinical depression at rates twice as high as other women; the rate is estimated to be as high as 40 percent.^{12 13} Because of the large number of Philadelphia families living in poverty, we would expect to see high levels of maternal depression, which should be considered an important risk factor for social and emotional difficulties among our city's infants and toddlers.

Societal or community conditions can cause high levels of stress, even in young children. In addition to the impact of poverty, growing up with family or community violence, racism, or experiencing a natural disaster or an accident are all potential triggers for the stress which undermines and endangers children's resiliency. Indeed the ACE study mentioned earlier identifies the impact of some of these traumatic experiences on later life.

In the aftermath of Hurricane Katrina, the National Child Traumatic Stress Network wrote: "Young children, toddlers, and preschoolers – even babies – know when bad things happen, and they remember what they have been through. After a scary event, we often see changes in their behavior. They may cry more, become clingy and not want us to leave, have temper tantrums, hit others, have problems sleeping, become afraid of things that didn't bother them before, lose skills. Changes like these are a sign they need help. An acute traumatic event, like the hurricane, can be the catalyst that stimulates a child's developing mental health concerns."¹⁴

Taking Care of the Behavioral Health Needs of Young Children



Ideally, social and emotional health should be recognized as an essential component of development in early childhood – and should be the base from which efforts are made to prevent mental health problems among young children, and to intervene and treat problems as they develop:

- At the foundation of the pyramid (I) are programs designed to promote family and child mental health, helping to create environments conducive to healthy development. Parent education, child care programs, Early Head Start and Head Start are examples of this foundational level.
- The services at the second level of the pyramid (II), prevention/intervention, are efforts targeted to children and families that are considered “at risk” for developing emotional problems. The Early Intervention system is found here, as are some parenting and home visiting programs.
- Treatment, level III, is necessary for children and families when persisting signs of distress such as depression, anxiety or aggression are demonstrated.

Nationally and locally, mental health services for young children are limited and fragmented – a far cry from the ideal reflected in the pyramid model. The report *From Neurons to Neighborhoods: The Science of Early Childhood Development* refers to the limited availability of mental health assistance for children under age six as “a massive gap in the current early childhood infrastructure.” The report concludes: “This shortcoming is particularly problematic in view of the high prevalence of emotional and behavioral problems in young children and the inextricable interrelation among cognitive, social and emotional development.”¹⁵

The Challenge: Responding to an Emerging Problem

It is not known whether the number of young children who are experiencing social emotional or behavioral health problems is growing, if we are just beginning to recognize these problems due to research, or if the problems have become more obvious because so many young children are now in child care rather than at home.

What is known is that in communities across the country, more and more people are talking about the mental health needs of young children. In fact, the United States Department of Health and Human Services' Child Care Bureau reports a surge of requests from states, communities and providers for information and assistance regarding early childhood behavioral issues.¹⁶

With thousands of young children enrolled in day care and early learning programs in Philadelphia, families frequently turn to their child care provider for assistance when a child shows signs of emotional and behavioral difficulties.

“Recently, I am seeing so many children in my classroom with problems that I don’t know what to do. My years as a child care provider before this did not prepare me to be threatened or attacked by three year olds. I don’t know why we are all seeing so many children like this, but I do know that we and they need help.”

- Philadelphia Child Care Provider

The provider often then looks to the mental health system for assistance. The mental health system then commonly refers the child to the Early Intervention system. Due in part to the restrictive nature of the Early Intervention system, which has varying eligibility rules based on a child’s age and limited treatment options for behavioral problems of young children, parents are frequently directed back to the mental health system. In frustration, these families often turn to their pediatricians for help – but frequently even doctors who specialize in children’s physical health are not prepared to treat emotional problems – and often are unaware of programs to refer their young patients for behavioral health evaluation and treatment.

Rather than pathways to appropriate care, too often families find themselves caught up in a cycle of dead-ends and frustration that leaves our youngest children without the supports they need to grow up healthy and strong. We can and must do more.

We know that young children are resilient – and that many thrive against daunting odds. The challenge is to nurture their resilience while boosting the odds of healthy behavioral development by identifying problems early – and providing timely, appropriate support when it is needed.

Looking More Closely at Child Care

“People never believe me when I tell them, but I have had children three and four years old who threaten my life, stay in a corner a cry and cannot sit still for more than one second. In fact, we all have children like that. What are we supposed to do with them when we have ten other children who need our attention?”

“The only time I have ever had to terminate a child from my day care center was because he had behavioral problems and we couldn’t get him help. I wish someone could have helped me find that child some help.”

- Philadelphia Child Care Providers

A majority of Philadelphia’s young children spend large amounts of time in the care of people other than their parents. The number of children in the city who are under age five with a single or two working parents increased by 20 percent in the decade from 1990 to 2000. According to the *2001 Philadelphia Parents Survey*, approximately 45,000 children are in child care for much of the day, including 21 percent of children age birth through two, and 63 percent of children between three and five years old. Welfare reform has contributed to these numbers by requiring large numbers of low-income single mothers to enter the workforce.

Preschool Expulsion

A recent national study reported that 5,117 pre-kindergarten children were expelled each year, a rate three times higher than the rate of expulsion for K-12 students.¹⁷ It was also found that:

- Four-year-olds are expelled at a rate about 50 percent greater than three-year-olds.
- Boys are expelled 4.5 times more frequently than girls.
- African-American children are twice as likely to be expelled as Latino and Caucasian children, and five times as likely as Asian American children.

This study should serve as a crucial wake-up call to everyone who is concerned about preparing our children for success in school and life. As one child care provider stated, *“If a child is expelled at the age of four what is her chances of doing well? We have already explicitly told them they are bad. We need to put an end to children being expelled at three or four years old.”*

Expulsion rates vary by child care setting. Rates are lowest in classrooms located in public schools and Head Start, and highest in faith-based and for-profit child care centers. The difference in rates might be explained by certification requirements and the emphasis on developmentally appropriate practices within Head Start classrooms. Expulsion rates decrease significantly with access to classroom-based behavioral health services and consultation.¹⁸

According to the *National Pre-Kindergarten Study* (NPS), four out of every 1,000 pre-kindergarten children in Pennsylvania are expelled, a rate which ranks 33rd among the 50 states. However, researchers

from the University of Pittsburgh Office of Child Development and Pennsylvania State University found that *71 percent* of Pennsylvania child care and preschool providers report expelling or threatening to expel a child each year.¹⁹

PCCY's 2004 study of child care facilities found that during the previous year, 94 percent of programs reported working with at least one child in the birth-to-five age group who displayed "problematic behaviors." Nearly half of the programs surveyed – 48 percent – reported having to suspend or expel a child due to behavioral concerns.²⁰

In 2004, 94 percent of child care programs responding to a Philadelphia survey reported working with at least one child that demonstrated "problematic behaviors." Forty-eight percent of the programs reported having suspended or expelled a child due to behavioral concerns.

The reasons cited for expulsion generally revolved around aggressive and anxious behaviors, typically coupled with verbal outbursts and physical endangerment to other children and child care staff. One respondent told the story of a three-year-old child who was removed from a for-profit, center-based child care program for throwing a chair at a teacher. In addition, while not cause for expulsion, child care providers noted that children who are chronically withdrawn or sad were also of great concern to them.

Understandably, child care programs are largely designed to serve the interests of children whose behavior and developmental skills are within typical range; early care and education practitioners consistently report frustration when attempting to locate help for children with social and emotional or behavioral difficulties. Child care practitioners simply do not know where to begin to seek help, and too often find that children are placed on a waiting list, lost within a disconnected system, or referred to a dead-end. There are many reasons for the lack of support for these children, but key among them are the lack of programs designed to promote healthy social and emotional development and the dearth of behavioral health specialists with expertise in the social and emotional needs of very young children, or with knowledge and capacity to give support to caregivers in a child care setting.

Working and Communicating with Parents

Communication issues exacerbate the lack of appropriate services, because both parents and child care practitioners often find it difficult to discuss children's behavioral issues. Parents may be reluctant to seek assistance because of the negative stigma surrounding mental health, and child care practitioners often are hesitant to tell parents about their child's difficulties. Frequently, reticence to acknowledge a concern in combination with a lack of resources result in the expulsion of children who are most in need of behavioral health supports or services.

Children's caregivers are central to every child's emotional health and well-being. A consistent, loving, strong relationship with a primary caregiver creates the basis for infants' future ability to form other relationships and is perhaps the most critical part of social and emotional development in babies. Strengthening and improving the parent/child attachment is essential to any work to improve children's emotional well-being. Programs that offer training to parents on child development and social and emotional health and then provide support and counseling to parents whose children are experiencing problems do exist; they are important and should be more available.

Behavioral Health Consultation: Meeting the Mental Health Needs of Young Children in Child Care Settings

"When I can get the children who are acting out in my center the help they need, these children can thrive. The problem is that most child care centers cannot afford an infant mental health consultant. We are lucky and we definitely see the difference."

- Child Care Provider

"Having someone I can call helps me, the family and the child. I can get help that I desperately need to work with a child who is disruptive or not doing well. Because of this help, we never ask a child to leave."

- Philadelphia Child Care Provider

Many communities around the country are developing child care consultation programs to connect child care providers with behavioral health consultants (for examples of promising national programs, see Appendix A). These consultants help staff and families develop strategies to reduce problematic behaviors, promote positive social skills, and teach techniques to more effectively work with all children as well as those children who display difficult behaviors. Consultants also can help determine whether an outside referral for the child and family is necessary, and, when needed, assist them in accessing behavioral health care services.

In the first national study on pre-school expulsions, "*Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Programs*," by Dr. Walter Gilliam, child care providers reported that having a consultant provide classroom-based behavioral strategies before children's behaviors worsened or became "out of control" lowered the likelihood of expulsion. In addition, this study demonstrated that frequent access to consultation has the greatest overall impact. Child care providers who are able to establish relationships with the consultant report higher job satisfaction and morale as well as enhanced knowledge regarding young children's mental health.^{21 22} In Philadelphia, child care providers reported much the same result; if they had access to help, they were able to better support the children in their care.

Keystone STARS, Pennsylvania's child care quality improvement initiative, provides new avenues to support child care providers and, through them, children and families. Technical assistance consultation is available at no cost to child care programs participating in Keystone STARS. The STARS initiative mandates specific staff qualifications and training for participating child care providers. It also requires that providers document their referral process whenever they refer a child for outside help. Keystone

STARS offers resources to child care providers to increase their understanding of young children's social and emotional health, but the program, thus far, does not offer enough training or resources to adequately address behavioral challenges faced by child care providers.

Only a few child care programs in Philadelphia have access to behavioral health consultation; the service can be very difficult to find and expensive for individual child care programs. The Governor's proposed state budget for 2006-07 includes funding for a pilot program which will make behavioral health consultants available to certain offices of the State's child care resource and referral network. These consultants will assist providers in dealing with children in their programs who need extra assistance as well as help child care providers implement changes to their classrooms to better meet the needs of the children they serve. If successful, this pilot should be expanded throughout the Commonwealth.

Assuring Behavioral Health Supports and Services for Young Children: A Challenge for All Child-Serving Systems

“The limited availability of mental health assistance for children under age six represents a massive gap in the current early childhood infrastructure. This shortcoming is particularly problematic in view of the high prevalence of emotional and behavioral problems in young children and the inextricable interrelation among cognitive, social and emotional development.”

*- From **Neurons to Neighborhoods: The Science of Early Childhood Development** ²³*

“Recently, a two-year-old child came in for an appointment. He was extremely withdrawn, anxious and would scratch his cheeks causing them to bleed when he was upset. He also had delays in his language development. It was clear to me that a stable and stimulating home environment would make a big difference— he was now in his third foster home. When the early intervention speech therapist tried to work with him, he became upset and scratched himself. At this point counseling was needed, but connecting him with a therapist trained to work with toddlers was unlikely. Psychotropic medication was the most accessible intervention. It will not address the underlying problem, but what else can I do? Maybe it will help a little.”

- A Pediatrician

“I don’t know many providers in the city who know how to work with young children with behavioral health needs. So, when I see a young child who needs help, I refer the family to CBH or to a mental health clinic. But even while I am doing it I know they might not get the best quality care – not because the providers are bad, but because they are not trained. But I need to get them some help, so I make the referral.”

- A Pediatrician

In Philadelphia and throughout the Commonwealth, there are some individual providers and programs that have successfully broken down the barriers to meeting the behavioral health needs of young children; however these programs are small and have limited capacity. For example, Philadelphia is currently home to two child care consultation services – one administered by Child and Family Studies at Thomas Jefferson University and the other run by Federation Early Learning Services. Both of these programs work to better meet the social and emotional needs of young children and keep children in child care.

While there are some good services available, they do not compose a “system.” Rather, they are a patchwork of fragmented and underdeveloped programs. They could be the building blocks of a system, but that would require working across a mix of service delivery systems with variations in their mandates, processes, funding streams, paperwork, training and expertise. Without building that system, the lack of coordination and integration will continue to mean that families will spend time trying to navigate and understand multiple programs and piecemeal services and, only if lucky, get the services their children need.

According to one Philadelphia child care provider, “It is not unusual to have a child who needs help. If you know the different systems, you refer the family to Early Intervention. But that same family often comes back and says they were referred to the Community Behavioral Health system (CBH). They make a call to CBH, and are told to go to Early Intervention. We send our families all over the City to try to get help when none is really available.”

The current tangle of referrals and dead-ends, followed by more referrals results not in a pathway to treatment, but a cruel maze; too often, children who could benefit from timely, professional intervention do not get the help they need.

One of the reasons for the lack of success in securing treatment is the lack of trained practitioners. Although this is a problem nationwide, Philadelphia’s shortage is exacerbated because there is no early childhood training program available to mental health practitioners in Philadelphia. Systemic changes are essential to effectively meet the behavioral health needs of young children, their families and communities.

The Early Intervention System

Early Intervention and preschool services for children with disabilities are provided through the federal Individuals with Disabilities Education Act (IDEA). In Pennsylvania, early intervention services are provided for infants and young children who are experiencing at least a 25 percent developmental delay in one or more areas of development.

There are two tiers to the Early Intervention system: Part C serves infants and toddlers from birth to three years old; Part B serves children three through five years old. In Philadelphia, ChildLink coordinates services for infants to three-year-olds under Part C. Elwyn Seeds (Special Education for Early Developmental Success) coordinates early intervention services for three through five-year-olds (Part B). Services for both infants and toddlers and preschoolers are provided at no cost for eligible children.

Eligibility for infant toddler services through ChildLink is determined by whether or not a child is experiencing a 25 percent (1.5 standard deviations below the norm) in one or more areas of development. Eligibility for preschool services is based on 1) identification of a developmental disability or a qualifying developmental delay (i.e., delay of 25 percent or 1.5 standard deviations below the norm in one or more areas of development), and 2) demonstrated need for special education services.

Nationally, the number of children accessing care through Early Intervention has increased significantly. In 1998, fewer than 30,000 children with disabilities under age two received services through Early Intervention. By 2004, in just six years, that number grew to nearly 283,000 children.^{24,25} Some experts believe there are still many more infants, toddlers and preschoolers with disabilities who are not receiving needed Early Intervention services.

Early Intervention for Young Children Birth to Three Years Old

To access the City's Early Intervention services for infants and toddlers birth to three years old, a child must meet eligibility criteria of a 25 percent developmental delay in one or more of the following areas: communication skills, motor skills, cognitive development, activities of daily living, and/or social-emotional development. In addition, infants and toddlers with diagnosed conditions that are associated with later developmental delays such as Fetal Alcohol Syndrome, Down Syndrome and Failure to Thrive are eligible for early intervention when diagnosed by a primary care physician. For children who are deemed eligible for these services, an Individual Family Service Plan is written to outline the family's desired outcomes and to identify services that will help achieve these outcomes. A variety of services may be provided depending upon the child's needs. While children in the infant-toddler Early Intervention system may have delays in a variety of areas, generally, social/emotional difficulties are addressed in relationship to the other developmental delay issues.

ChildLink received calls about 3,232 infants and toddlers in 2004. While the agency was unable to provide an estimate of the number of these children who have behavioral issues, ChildLink reports receiving numerous requests from child care providers for behavioral health observation and consultation. The organization has not been able to expand its service or mandate to meet this need.

Early Intervention for Young Children Three to Five Years Old

Early Intervention for three through five-year-olds often serves as an entry point to Special Education in the public school system. Elwyn SEEDS in Philadelphia provides Early Intervention services to approximately 5,000 three through five-year-olds annually. The evaluation team recommends service needs based on 1) identification of a developmental disability or a qualifying developmental delay (i.e., delay of 25 percent or 1.5 standard deviations below the norm in one or more areas of development), and 2) demonstrated need for special education services which may include a variety of therapies.

A child with a behavioral health issue may, in fact, perform well developmentally and in cognitive areas. Because of this, children with behavioral health difficulties may be found ineligible for Early Intervention services because of a narrow interpretation of special education needs.

Over the past year, PCCY has been speaking with child care providers, health care providers and parents about the Early Intervention system for children three through five years old with social and emotional difficulties. These and others with whom we spoke were dissatisfied with the narrow door that they had to fit into to access services. This definition of scope of services and eligibility is grounded in an interpretation that early intervention is about developmental not a behavioral or social/emotional delay, and that the delay must impact the child's education and be a door to special education. In addition, because of the lack of professionals trained to work with children with social and emotional delays or behavior needs ages five and under, it is unclear whether children who are able to receive Early Intervention services are being provided adequate assistance for their social and emotional delay.

Many have looked at the bifurcated early intervention systems and been concerned about children lost in the transition between the birth to three and the three through five-year-old systems as well as those

children who may be denied service when their primary issue is social and emotional delay. They have urged that the programs be well-integrated so that children and families can move between systems as easily and smoothly as possible. The Philadelphia Interagency Coordinating Council (PICC) provides one vehicle for these programs to work toward coordinating and combining systems.

In spite of these efforts, many children with social and emotional needs experience difficulty in securing services. Over the years, there have been many calls to unify the birth to three and three through five-year-old systems, to simplify the rules and broaden eligibility so that children are not lost between systems or denied needed services. Now is the time to take action.

The Child Welfare System

Other systems that serve young children are reshaping some processes to assist children with social and emotional difficulties. According to the Philadelphia Department of Human Services (DHS), approximately 4,000 children from infancy through age five have an open case with DHS, and receive at least one child welfare service. Because of the trauma associated with being in the child welfare system, these children are at particular risk for mental health problems.

Increasing recognition of the emotional needs of children in the child welfare system, along with legislative changes that require child welfare agencies to work more closely with the Early Intervention system, have led to new policies and collaboration between these two systems. In December 2004 DHS began requiring all child welfare providers to facilitate referrals for developmental screening for all children in their caseloads.

Since that time, DHS has offered families the opportunity to have their children screened. Although families are not forced to have their child screened, DHS believes the majority of children age five and under with whom they work are being screened by an Early Intervention provider. Although there is some concern about costs related to screening all children in DHS, children in the child welfare system are at particularly high risk for social, emotional and behavior problems which makes screening and early detection of difficulties paramount.

The Mental Health System

Community Behavioral Health (CBH), Philadelphia's behavioral health public insurance company for children and adults in Philadelphia insured through Medical Assistance, has a limited number of practitioners in its provider network with experience or expertise in treating very young children and their families. CBH receives in excess of 10,000 calls per month with the number swelling to 15,000 during the school year. Interestingly, CBH reports a low level of calls regarding children age 5 and under (the exact number is unavailable). This is in contrast to the reports of child care providers regarding the frequency that children with behavioral health problems are identified in their programs. According to CBH data, the number of young children ages birth through five accessing behavioral health services through one of their practitioners grew from 1,768 children in 2002 to 2,202 in 2004.

Because few services exist for infants and toddlers, it is likely that many families wait until their children are older to begin accessing services. Yet most behavioral health experts say that behavior problems that become apparent after age five often began at much earlier ages. Nearly 14,000 children ages six to 12 accessed behavioral health services in 2004.

Young Children Who Received Behavioral Health Services Paid for by CBH

Year	Number of children age 0-5
2002	1,768
2003	1,861
2004	2,202

Many of these children would have been helped sooner, if they had secured treatment at an earlier age.

Parents can initiate mental health services for a child by calling CBH or contacting a service provider directly. Ideally, the early intervention and behavioral health systems would begin services for a child concurrently when both types of services are needed. Cross-training of intake staff at early intervention and CBH has recently been implemented to begin to address this issue.

Behavioral Health Services for Young Children

In a 2006 PCCY survey of children’s behavioral health agencies, the majority of respondents stated that they did not provide services for children birth to three years old. This finding was consistent with PCCY’s experience trying to find services for children under three years old. While more agencies stated that they will accept children ages three through five, most said that they did not have providers who were specifically trained to work with this population of children and most have waiting lists for evaluation and treatment. In addition, most of the agencies reported that they do not use specific screening, assessment or diagnostic tools developed for young children. Finally, when asked what their agencies would need in order to begin offering behavioral health services to young children, respondents said they would need trained practitioners (and that they would be willing to send their practitioners to be trained to work with children under age five) and a targeted increased reimbursement rate to help care for young children and their families.

Primary Health Care

Pediatricians and other primary health care providers are important resources for parents concerned about their children’s behavior. Beginning in 2001, the American Academy of Pediatrics, in recognition of the important role of primary health care providers wrote, “All infants and young children should be screened for developmental delays. Screening procedures should be incorporated into the ongoing health care of the child as part of the provision of a medical home, as defined by the Academy.”²⁶

“When a child goes to see a pediatrician, he or she is screened for problems like vision and hearing problems or lead poisoning and they make sure they are up to date on their immunizations. These are all important things, but that same doctor is unlikely to screen for social or emotional difficulties. Social and emotional health is just as essential to that child as hearing or vision and screening for those problems should be paid for and encouraged.”

- A Pediatrician

Because of this recognition, and the vast majority of children who have well-child visits with a health professional each year,²⁷ states are increasingly looking to primary health care providers to screen for social and emotional difficulties. In addition, because of the connection between abuse (physical, sexual, emotional, neglect and witnessing violence) and social and emotional health, work is being undertaken currently in Philadelphia to have primary health providers take an abuse history of both children and parents.

PCCY’s behavioral health survey indicated that all pediatricians have young patients experiencing social and emotional difficulties. Many doctors reported that they see significant numbers of young children with behavioral problems

We know that families with young children with behavioral health difficulties are being seen at pediatricians’ offices. In April, 2006 PCCY completed a survey of over one hundred Philadelphia pediatricians regarding their experience with children with behavioral health needs. As a part of that survey, pediatricians were asked whether or not they see children five and under who are experiencing social or emotional difficulties – 99% responded affirmatively. Forty-one percent of respondents reported that two to five percent of young children under the age of five in their practice have social and emotional difficulties. More disturbingly 13 percent of pediatricians said that more than 15 percent of their young patients are having difficulties.

Unfortunately, health care providers – including pediatricians – often do not have the time or the training to provide the desired social and emotional support needed, or access to appropriate referrals. In addition, many pediatricians stated that they are unable to be reimbursed for helping children with their behavioral health difficulties. These barriers must be addressed in order to meet the social and emotional needs of young children.

There are other states that are developing creative ways to support early childhood mental health services, to integrate early intervention and behavioral health services, and to stimulate increased behavioral health practitioners for young children. It is time for Pennsylvania and Philadelphia to take action.

Conclusion

The resilience of children may enable them to carry on despite mental, behavioral and emotional problems which are never addressed. But, failure to provide supports when they are needed takes a heavy toll, on the overall well-being of many children.

We can help our children grow up strong and avoid the pain of behavioral and emotional difficulties by taking preventive steps to protect their mental health and by providing comprehensive supports as soon as problems become apparent.

Part of the solution is to increase the mental/behavioral health system's capacity to provide appropriate treatment to young children and their families. This treatment should: offer services to young children that are timely and age appropriate, recognize the critical importance of family and caretakers to a child's well-being, respect the importance of cultural mores and building trust, be available and accessible, support families, and be community-based.

To achieve these goals, PCCY offers the following recommendations. Pennsylvania and Philadelphia each have roles to play in implementing these recommendations.

RECOMMENDATION 1: We recommend increasing the capacity and expertise of providers able to effectively work with young children to prevent and treat behavioral problems by:

- **Providing local, state and federal support for the development of more psychiatrists, psychologists and social workers working in the public sector.**
- **Developing training programs in early childhood and family mental health for social workers, child care providers, case workers early intervention staff, and other professionals who work with young children.**
- **Establishing fellowship or post-doctorate experiences and incentives for psychiatrists, psychologists and pediatricians to specialize in young children's behavioral health and to practice in our communities.**

According to Zero to Three, 15 states offer some type of infant mental health training or certification program.²⁸ The training programs range from one- or two-year postdoctoral training, to short courses offered to non-mental health professionals. See Appendix B for examples of training programs around the United States.

RECOMMENDATION 2: We recommend simplifying and broadening access to treatment by adopting appropriate behavioral health diagnostic and screening tools for children under the age of five by:

- **Providing training to mental health professionals in the use of The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0-3) tool, in order to improve clinicians' ability to comprehensively assess and appropriately diagnose young children.**
- **Reimbursing health care providers through Medical Assistance for screening young children for behavioral difficulties using a validated screening tool.²⁹**

RECOMMENDATION 3: We recommend improving the path to accessing care through the Early Intervention systems for young children by:

- **Working towards making the transition between early intervention systems seamless**
- **Expanding Early Intervention Services to better meet the social and emotional needs of young children.**
- **Ensuring that young children with behavioral issues or mental health concerns are able to access Early Intervention services at as early an age as possible and that the services they receive appropriately address their needs.**

RECOMMENDATION 4: In order to support access and understanding, we recommend providing cross system training and collaboration between the Early Intervention, Mental Health (CBH) and Primary Care systems.

- **Recognizing that interventions to support the behavioral health of children may be provided in many settings including primary care, child care and early intervention settings.**
- **Addressing the legal and financial barriers to communication between mental health, primary care and early intervention providers to address the behavioral health of children.**
- **Reimbursing providers of early intervention, mental health and primary health services for developing and attending interdisciplinary treatment team meetings**

RECOMMENDATION 5: In order to maximize primary prevention opportunities we recommend closing the many loopholes and gaps in current services by providing appropriate screening and services to children at risk for social and emotional difficulties because of multiple risk factor by:

- **Using children's Medicaid numbers to trigger screening for maternal depression as part of postnatal care.**
- **Adding social and emotional assessments and assistance to current home visiting programs for new parents.**
- **Making screening and assessments for emotional well-being available for all young children in primary health care settings.**

RECOMMENDATION 6: Allow children to benefit from child care by expanding mental health consultation services for child care providers in Pennsylvania (See Appendix A for examples of successful mental health consultation models).

RECOMMENDATION 7: We recommend supporting parents and strengthening their ability to support their children by:

- **Providing parent training and support programs modeled on proven approaches, in order to promote early childhood well-being as well as prevent mental health problems.**
- **Developing public awareness campaigns, to alert the community to behavioral health needs of young children.**
- **Developing adequate respite care programs for parents and caregivers**

As this report makes clear, in recent years there has been increased recognition that young children may suffer from social, emotional and behavior difficulties, and that early recognition and intervention can promote healthy development and prevent later mental health problems. The state of Pennsylvania and the city of Philadelphia are hampered in providing effective treatment to children by the lack of capacity in existing services, lack of practitioners, fragmented services, and unclear mandates. Both the State and the City have appointed special commissions to make recommendations to improve the mental health system and services for children (The Mayor's Blue Ribbon Commission on Children's Behavioral Health and the Governor's Children's Commission). And each commission is planning to address the social and emotional well-being of young children. In addition, the proposed state budget for 2006-2007 includes a pilot consultation program for young children and child care providers.

Meanwhile – families and child care providers are waiting. Children shouldn't have to wait while adults debate. Although the problems surrounding the issue of young children's mental health are complex, there are steps we can take today to make a difference in the lives of kids. Our children are waiting - let us begin!

Appendix

Appendix A: Successful Infant Mental Health Initiatives

There are a number of national and state early childhood mental health initiatives that are both appropriate and effective for young children and families and also support early childhood systems. A few will be described here as examples of the way prevention efforts and mental health services have been implemented to address the issues discussed above.

Michigan Child Care Expulsion Prevention Program

Administered through the state's child care technical assistance/resource and referral agency, the Expulsion Prevention program links child care programs with local and state young children's mental health agencies. In addition, the program conducts training on young children's mental health, child development, and classroom management and disciplining strategies for child care practitioners.

San Francisco High Quality Child Care Mental Health Consultation Program

Since 1996, this program has trained mental health consultants and placed them at child care centers throughout San Francisco for one six-hour day per week. The Consultants provide program consultation to improve the overall quality of the school program, case consultation to enhance the child care provider's ability to intervene effectively with a challenging child, and parent support and education activities. Finally, the Consultant connects those families in need of additional aid to outside resources.

Starting Early, Starting Smart

This national initiative provides integrated behavioral health services (mental health and substance abuse prevention and treatment) for young children (birth to seven years) and their parents. Prevention and intervention services are delivered in community-based early childhood settings – such as child care, Head Start and primary care clinics – where young families customarily receive services for children. This initiative has resulted in positive outcomes for the children; preschool children improved in their social-emotional and cognitive development, and for their parents in their role as parents and in reducing the use of illegal drugs.

Children Upstream Services, Vermont

Vermont uses federal/state Medicaid dollars to finance a variety of services for young children with or at-risk for mental health or behavioral health problems. These services include: early childhood mental health consultations in child care settings, running parent-to-parent support groups, nurse home visits for at-risk families with young children, public health nurse case management for children entering the foster care system, individual aides for children with behavioral problems, and therapeutic play groups. These efforts required collaboration within the Human Services Agency, including efforts by Medicaid, the Department of Health, the Division of Mental Health, and the Child Care Services Division.

Better Baby Care Infant/Toddler Mental Health Program, Ohio

Early childhood mental health efforts in Ohio have expanded prevention and early intervention services to young children by integrating behavioral consultation into child care programs. Using state, federal, and local funding, the program provides consultants to child care programs that request additional assistance for coping with children's challenging behaviors. One of the Mental Health Program's goals is to ensure safe and nurturing early learning environments for young children while supporting their social and emotional development.

In addition to the myriad of supports provided to early care and education programs, families, and children, each of the programs listed above provide access to behavioral health consultation. Child care programs may request the assistance of a behavioral health consultant to provide classroom-based strategies for dealing with children's challenging behaviors, a service that researchers reported having the greatest impact on lowering child care expulsion rates. Frequent access to consultation has the greatest overall impact. Teachers who have established relationships with the consultant report higher job satisfaction and morale as well as level of knowledge regarding young children's mental health.

* * * * *

Collaboration and cohesiveness among child care, mental health, and health care agencies are new phenomena; many are still facing financing, administrative, and structural challenges. Because various agencies at state and local levels serve young children and their families, collaboration is essential. The model programs described above have been successful in providing both quality and effective early education and behavioral health services to the young children in their care due to the involvement of multiple agencies at *both* the state and local level. Still in their infancy, the above programs have yet to study their effectiveness, but continue to build their implementation framework on the common vision of a community, family and culturally based foundation of services in order to meet children's individual needs.

Appendix B

*Infant Mental Health Training Programs*³⁰

The Youth Consultation Service Institute for Infant and Preschool Mental Health (YCS Institute) in New Jersey in conjunction with Rutgers University Graduate School of Applied and Professional Psychology offers internships, externships and practicum experience. The YCS Institute provides infant/parent psychotherapy, conducts research, and runs a consultation service to child care programs.

New York State has numerous infant mental health training programs, many of which also provide consultation and therapy services, and many of which conduct research. These programs include:

- **The Columbia University Parent-Infant Program**, which offers tailor-made post-graduate training to child psychologists and psychiatrists;
- **The Institute for Infants, Children, and Families**, which is a part of the Jewish Board of Family and Children's Services, provides cross-disciplinary, post-graduate degree training for professionals. As a part of this training, professionals attend seminars one afternoon each week over a two-year period;
- **The Bank Street College Graduate School of Education Infant and Parent Development Early Intervention/Early Childhood General and Special Education**, where graduates obtain dual special education and general education certification, or a dual degree in special education and social work.

The Harris Infant and Early Childhood Mental Health Training Institute is a part of Arizona State University. This program is collaboration between the university and a local nonprofit, Southwest Human Development. The Institute offers a certificate in Infant/Family Clinical Practice as well as short courses and seminars for practitioners who want to learn more about infant mental health.

The Irving Harris Program in Child Development and Infant Mental Health at the University of Colorado offers a one year postdoctoral clinical fellowship to psychologists and psychiatrists and experienced professionals such as social workers. The fellowship focuses on clinical work with young children and their families.

The Louisiana Office of Public Health offers a thirty hour training program in infant mental health for non-mental health professionals. This five day program is geared towards health care providers, child care providers and people working in the early intervention system.

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- ³⁰ For more information on infant mental health training programs go to <http://www.zerotothree.org/imh/training.html>

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