



Early Childhood Mental Health Toolkit | 2018



MENTAL HEALTH
COLORADO

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Introduction to the Early Childhood Mental Health Toolkit

We believe that mental wellness is central to ensuring a child's best start. Early childhood is a critical period of growth, development, and relationship-building. When mental health is supported in early childhood, children are healthier, happier, and more likely to succeed. Many communities understand the importance of early childhood mental health but lack an overarching plan and the resources to provide effective services and supports. We've created this toolkit to help families, community advocates, Early Childhood Councils, early childhood professionals, and local leaders work together to assess, identify, prioritize, and fund early childhood mental health supports. Our organization is committed to helping advocates implement mental health strategies to support young children and their families across Colorado. This toolkit will give you an overarching plan for addressing early childhood mental health and promoting strategies in your community. It contains resources and steps you can use to ensure every child has a path to success. Take a look at the [Getting Started](#) page in the toolkit to begin your journey.



Getting Started



Section 1

What do I need to know?
Six steps to change



Section 2

What works?



Section 3

How can initiatives be funded?
I want more information about...



Section 1

What do I need to know?

This section will equip you with the knowledge, messaging, and talking points to implement an early childhood mental health best practice framework.

What is early childhood mental health?

ZERO TO THREE defines infant and early childhood mental health as the developing capacity of the child from birth to 5 years of age to form close relationships, manage and express emotions, explore the environment, and learn.¹ Early childhood mental health is sometimes referred to as social emotional health. Children begin to develop social and emotional competencies early in life.

Mental health provides a foundation of stability that supports all other aspects of healthy development. Children's ability to thrive begins to take shape prior to birth and is impacted just as much by their social emotional development as it is by their physical development. Practices, policies, and services that promote early childhood mental wellbeing help ensure a child's success.

The future prosperity of our community depends on the ability to foster the health and wellbeing of the next generation. Early experiences affect lifelong health and learning; young children who experience positive social emotional development and healthy relationships with others are equipped to cultivate the skills and capacities that will enable them to become strong community members.

Early childhood mental health, a term we will use throughout this toolkit to encompass social, emotional, and behavioral health, lays the foundation for children's ability to:

- **Make friends**
- **Respond to stress**
- **Resolve conflicts**
- **Show empathy**
- **Take care of others**

The quality of support given to babies, toddlers, and preschoolers makes a world of difference for their futures.

¹ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/110-infant-early-childhood-mental-health> August 20, 2018.

Just as the levelness of a table is what makes it functional, the mental health of children is what enables them to function well in all areas of life.



What's important in Colorado?

Mental Health Colorado worked with early childhood mental health consultants and specialists, home visitors, Early Childhood Councils, and early childhood advocacy experts at the state and national level to develop this toolkit. Here is what they told us about making early childhood mental health a priority and how to build foundations for a strong future for Colorado.

- **Across all corners of our state, Coloradans want our families and communities to thrive. Colorado prospers when children thrive because they are our future workforce, leaders, and community members.**
- **No matter where they live in our state—the plains, mountains, rural areas, or urban centers—children need high-quality support for development.**
- **Many communities across Colorado are working hard to reach at-risk populations, reduce barriers to childhood mental health, create consistent coalitions, and secure sustainable funding for early childhood initiatives.**

However, many communities still lack:

- **High-quality, affordable child care and early education**
- **Early childhood mental health expertise**
- **Integrated mental and physical health care**
- **Initiatives that support early childhood social emotional development such as screening and parent/family support**

While evidence supports the idea of addressing the mental health of children at an early age, significant barriers prevent many communities from implementing a comprehensive approach to early childhood mental health. Even early childhood partners with robust plans to support early childhood mental health find that community-wide and cross-agency strategies are lacking. Many advocates, families, and professionals recognize the need for mental health improvement but aren't sure what concrete action steps they can take.

The Early Childhood Mental Health Toolkit was developed as a guide to support Early Childhood Councils, early childhood partners, and early childhood advocates who want to improve community level mental health prevention and intervention. The toolkit provides strategies to support all young children and families, including those who are at risk of mental health problems. It is not a curriculum or a program, but instead a guide for Early Childhood Councils and other early childhood partners to assess how their community work aligns with best practices. Toolkit users will be able to identify their community's target areas of growth, explore programming suggestions, and identify funding options.

Because there are multiple community organizations and partners that can impact early childhood mental health, this toolkit aims to support Early Childhood Councils who are often in a prime position to strategically organize and implement early childhood mental health initiatives. This doesn't mean that Councils are the sole users of this toolkit – by also empowering families, early childhood professionals, mental health practitioners, and community members to advocate for better mental health supports for young children, we hope to improve our state's response to the mental health needs of Colorado's young children.



01 Identify

Identify someone who can champion early childhood mental health within your community. This could be a parent, early childhood mental health consultant, pediatrician, psychologist, early learning professional, nurse, or anyone else who is passionate about the importance of early childhood mental health.

02 Assess

Determine what services exist and what is lacking or absent. What organizations, agencies, early learning programs, or health care providers are bringing early childhood mental health into focus? What's working and what are the barriers or service gaps? Read through the **What works?** section and use our **Community Assessment Tool** to engage community partners on what services they already provide and what is missing.

03 Promote

After the assessment is complete, identify which best practices:

- are most needed in the community
- the community is willing to implement
- the community is most passionate about

From there you can choose which best practice to promote in your community.

04 Share

Share the best practices, the **Community Assessment Tool** results, and the funding information with members of your community.

05 Support

Work with your community champion to build public will and capacity for implementing the best practices. Use the **What do I need to know?** section to share messages and facts about early childhood mental health. Offer to help identify potential short-term and sustainable funding sources using the **How can initiatives be funded?** section. Identify other community partners, grant opportunities, and other potential funding sources.

06 Follow Up

Once you've identified champions, best practices, and funding opportunities, regularly follow up. If you are successful in making changes internally, share these successes with other communities and groups who might benefit.

Join – or revitalize – the conversation: Your community may already have an early childhood mental health coalition you could engage in. If you do not have a coalition, it's possible to form one or to reinforce the importance of early childhood mental health with existing coalitions—such as through Early Childhood Councils, school boards, or at workforce development events.

We've created key **Talking Points** to help you talk about the importance of early childhood mental health. This includes data and messages to address funding and policies for early childhood mental health.

Key Concepts	Key Talking Points	Key Strategies
<p>Social emotional screening of young children is an important part of well-child visits and of a comprehensive children's health system. Sometimes providers need to choose between developmental screening and social emotional screening because of time or reimbursement concerns.</p>	<p>Social emotional screening with a standardized tool can identify issues early and provide anticipatory guidance in a child's mental health development.</p>	<p>Ensure that primary care practices can conduct at least two social emotional screens for children between the ages of 0 and 3 – without these screens supplanting developmental screenings. This can happen through:</p> <ol style="list-style-type: none"> 1. Establishing office routines for social emotional and mental health screening at regular intervals 2. Bringing developmental and social emotional screenings together as one independent process 3. Employing strategies to support mental health in primary care



Key Concepts	Key Talking Points	Key Strategies
<p>Intentional screening for pregnancy-related depression and anxiety in mothers occurs as part of a well-child visit or new mother's health care follow up.</p> <p>Universal verbal or written screening using a validated screening tool for alcohol and other drug use occurs during pregnancy, and women with positive screens are provided with a brief intervention and referred for treatment.</p>	<p>Depression, anxiety, alcohol, and substance use screenings using validated tools during pregnancy are recommended by multiple national medical entities.</p> <p>In addition to screenings, states must also cover any medically necessary treatment for children as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Treatment for maternal depression that includes both the child and the parent, such as family counseling, may also be paid for under EPSDT.</p>	<p>Follow guidance from at least one of these organizations to ensure periodic and accessible maternal screening:</p> <p>American Academy of Pediatrics</p> <p>American Academy of Family Physicians</p> <p>Centers for Medicaid and Medicare Services</p> <p>American College of Obstetricians and Gynecologists</p> <p>U.S. Preventive Services Task Force</p> <p>American Society of Addiction Medicine</p>
<p>Providing early childhood mental health consultation to early learning and home visiting professionals improves their quality of care and the wellbeing of the families with whom they work.</p>	<p>Mental health consultation can increase overall early learning quality, teachers' self-efficacy, and teachers' competence.²</p> <p>Early childhood mental health consultation is a cost-effective means for infusing mental health services into early childhood settings.³</p>	<p>Ensure every early learning center, family child care center, and home visiting program has access to an early childhood mental health consultant.</p> <p>Establish relationships between early learning environments and local early childhood mental health professionals to develop strategies for working together.</p>

What is Early and Periodic Screening, Diagnostic and Treatment (EPSDT)?
 EPSDT is the child health component of Medicaid. It provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Key Concepts	Key Talking Points	Key Strategies
<p>Integration of a child mental health professional in pediatric, family medicine, and other primary health care settings improves accessibility of mental health services for children, which can positively impact children’s social emotional development.</p>	<p>Because most children have access to primary care and see primary care practitioners annually, integrated medical and behavioral health care models have a strong potential for improving access to and rates of care for mental health difficulties.^{4,5}</p>	<p>Engage primary care, mental health providers, and others to collaborate and share information.</p> <p>Pediatric and mental health collaboration needs to identify and manage emerging problems or symptoms for a child or family not rising to the level of a mental health diagnosis.</p>
<p>Caregivers’ wellness has a significant effect on their ability to support young children’s mental health.</p>	<p>Supportive environments, relationships, and community interventions can help kids exposed to toxic stress counterbalance negative effects and build resiliency.</p> <p>Investing in intervention and supportive programs to promote parental and caregiver resilience helps kids develop to their full potential.</p> <p>Maternal mental wellness is critical both during pregnancy and after delivery. Alcohol and substance use during pregnancy can be mitigated with appropriate therapeutic supports; which can prevent issues such as effects of fetal alcohol exposure and neonatal abstinence syndrome.</p>	<p>Ensure every new parent has access to parenting and caregiver wellness supports, including substance use intervention. Information about these supports can be provided prenatally, upon delivery or adoption, and at periodic intervals during the child's early years.</p> <p>All early learning teachers should have opportunities for supporting their own emotional wellness. Administrators can support their teachers and staff by creating these opportunities as a component of professional development, as well as embedding opportunities within the teacher's day to receive support.</p> <p>Employ strategies for teacher self-care such as those highlighted here.</p>
<p>Having trauma-informed practice in early care and in learning settings can provide an antecedent intervention to young children’s traumatic stress.</p>	<p>More than two thirds of children in the United States experience trauma (such as abuse or neglect, caregiver substance use, death of a loved one, or community violence) by the time they turn 16. Children under age 5 are disproportionately exposed to traumatic events and circumstances.⁶</p>	<p>Programs should fully integrate knowledge about trauma into policies, procedures, and practices so caregivers can identify and understand signs of trauma and its impact.</p> <p>Follow the guidance in the National Child Traumatic Stress Network's Child Trauma Toolkit for Educators for preschool and elementary school students to understand the connections between behavior, mental health, and trauma and to learn effective ways to support children to manage these experiences.</p>

Key Concepts	Key Talking Points	Key Strategies
<p>Early learning settings are where social emotional learning can occur and positive solutions to behavioral challenges can be developed.</p>	<p>Children in early learning settings have opportunities to develop self-confidence, engage in pro-social interactions with adults and peers, learn to effectively communicate emotions, and practice concentration and persistence.⁷</p>	<p>Every early learning environment needs to provide intentional opportunities for social emotional learning and for practicing strategies for mental health.</p> <p>Early learning teachers and directors need access to professional development in child social emotional development.</p>
<p>The workforce that supports young children and their families must have specific expertise in early childhood mental health.</p>	<p>Training in early childhood mental health can improve early childhood and educational professionals' capacity to recognize and address children's social emotional health needs. In fact, children in these professionals' care have shown improved emotional and behavioral regulation and better social skills.⁸</p>	<p>All professionals working with young children should be familiar with and meet the requirements for the Colorado Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®).</p>

“The highest rate of return in early childhood development comes from investing as early as possible, from birth through age 5, in disadvantaged families. Starting at age 3 or 4 is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to 5 for disadvantaged children and their families.”

**- James J. Heckman,
Nobel Prize winner in economics of human development**

Key Concepts	Key Talking Points	Key Strategies
<p>Young children can't be categorized diagnostically using tools intended for older children or adults; they need a developmentally relevant diagnostic system.</p>	<p>Developmentally based diagnostic systems will allow early childhood mental health providers to recognize and address young children's social, emotional, and behavioral health earlier and more appropriately.^{9, 10}</p> <p>The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) provides a promising practice model for the assessment of infants, young children, and parent-child relationships. However, many health providers are unable to use the DC:0-5 because of insurance acceptance and electronic health record challenges.</p>	<p>The DC:0-5 needs to be used intentionally and formally in clinical practices serving early childhood mental health.</p> <p>Two things need to happen to accomplish this:</p> <ol style="list-style-type: none"> 1. Funding is needed to train Coloradans on the DC:0-5. These individuals can then serve as experts and provide further trainings within the state to build the necessary workforce capacity in Colorado. 2. Electronic health care record systems, including Colorado's public mental health record system, need to integrate the DC:0-5.
<p>Quality improvement strategies in early learning settings must consider how teachers and other staff support children's social emotional and mental health.</p>	<p>Early childhood teachers can have a significant impact on children's wellbeing when they are receiving input about healthy interactions with their students. An 11-state evaluation of pre-kindergarten classrooms showed that high-quality teacher-child interactions predicted increased levels of social skills and lower levels of behavioral problems.¹¹</p>	<p>Ensure that early learning quality ratings and quality improvement strategies have an intentional focus on caregiver interactions with children, as well as on the classroom environmental factors that impact children's social emotional development.</p>

“Trauma is not what happens to us, but what we hold inside in the absence of an empathetic witness.”

*- Peter A. Levine,
Clinical Psychiatrist*

Key Concepts	Key Talking Points	Key Strategies
<p>Suspension and expulsion of young children from early learning programs are short-term tactics that perpetuate a cycle of inequality.</p>	<p>Across all types of early childhood settings nationally, the average school day sees roughly 250 instances of a preschooler being suspended or expelled.¹²</p> <p>Addressing the needs of young children who show behavior challenges is less expensive and more appropriate than removing them from the environment. When teachers are given the supports and the right tools to help children with challenging behavior, they can lower rates of hyperactivity, restlessness, and externalizing behaviors.¹³</p>	<p>Implement strategies, guidance, and policies that limit suspension and expulsion of young children and provide resources that support alternative behavioral and social emotional interventions.</p>

² Alkon, A., Ramler, M. & MacLennan, K. *Early Childhood Education Journal* (2003) 31: 91.

³ Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early Childhood Mental Health Consultation: Results of a Statewide Random-Controlled Evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761. doi:10.1016/j.jaac.2016.06.006

⁴ Kelleher KJ, Stevens J. Evolution of child mental health services in primary care. *Acad Pediatr*. 2009;9(1):7-14.

⁵ Kolko DJ, Perrin E. The integration of behavioral health interventions in children's health care: services, science, and suggestions. *J Clin Child Adolesc Psychol*. 2014;43(2):216-228.

⁶ Bartlett, J., Wilson, A., Moore, K., Redd, Z. (April, 2016). *5 ways trauma informed care supports children's development*. Child Trends. Bethesda, MD.

⁷ Hemmeter, M. L., Ostrosky, M., & Fox, L. (2006). Social and emotional foundations for early learning: A conceptual model for intervention. *School Psychology Review*, 35(4), 583.

⁸ Ritblatt, S. N., Hokoda, A., & Van Liew, C. (2017). Investing in the Early Childhood Mental Health Workforce Development: Enhancing Professionals' Competencies to Support Emotion and Behavior Regulation in Young Children. *Brain Sciences*, 7(9), 120. http://doi.org/10.3390/brainsci7090120

⁹ Egger, Helen L., and Robert N. Emde. "Developmentally sensitive diagnostic criteria for mental health disorders in early childhood: The diagnostic and statistical manual of mental disorders—IV, the research diagnostic criteria—preschool age, and the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood—Revised." *American Psychologist* 66.2 (2011): 95.

¹⁰ Carter, A. S., Briggs Gowan, M. J., & Davis, N. O. (2004). Assessment of young children's social emotional development and psychopathology: recent advances and recommendations for practice. *Journal of Child Psychology and Psychiatry*, 45(1), 109-134.

¹¹ Burchinal, M., Vandergrift, N., Pianta, R., & Mashburn, A. (2010). Threshold analysis of association between child care quality and child outcomes for low-income children in pre-kindergarten programs. *Early Childhood Research Quarterly*, 25(2), 166-176.

¹² National Survey of Children's Health (2016).

¹³ Gilliam, W.S., Maupin, A.N., and Reyes, C.R. (2016) Early childhood mental health consultation: results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*. 55 (9), 754–761. http://dx.doi.org/10.1016/j.jaac.2016.06.006

Section 2

What works?

10 Best Practices in Early Childhood Mental Health

Review these top 10 early childhood mental health best practices to consider what fits best with your community's climate and needs.

1. *Screenings for both child and parent are included as essential parts of a child's developmental assessment. Best practice is to screen for: 1) social emotional wellbeing of the child 2) pregnancy-related depression and anxiety in the mother and 3) alcohol and drug use in pregnant women.*

Why is it a best practice? Screenings can be used to predict risk of a developmental or mental health issue. Because children are frequently in a pediatrician's office for well-child visits, there is an opportunity to assess the social emotional wellbeing of a child. In addition, post-partum depression or anxiety in mothers can have a significant effect on mothers, children, and families; screening mothers for this during well-child visits is also a best practice in support of early childhood mental health. Screening for alcohol and drug use during pregnancy presents an opportunity to engage women with substance use disorders in treatment and an avenue to prevent fetal alcohol effects and neonatal abstinence syndrome.

If screening results raise concerns, this should be discussed with the family and the child should be referred for further services.

Here are some useful resources and an example of how comprehensive screening is working in Colorado:

The American Academy of Pediatrics' [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents](#) is a seminal resource for health care professionals on pediatric health promotion. It provides a schedule of developmental and mental health items to screen for in infants and toddlers and recommends screening for postnatal depression and anxiety of mothers. Their [website](#) includes free resources and materials to support children's mental health, including screenings.

Colorado's [Assuring Better Child Health and Development \(ABCD\)](#) initiative works with pediatric health care providers, child care providers, families, and communities to help them identify children who may have potential developmental delays as early as possible. ABCD helps promote guidelines for screenings in primary care settings and works to ensure that once children with potential delays are identified, they are quickly and successfully connected with the assessments and services they need.

Best Practices

[Mountainland Pediatrics](#) is an integrated pediatric and behavioral health clinic in Thornton, Colo., that provides child and maternal screenings during well-child visits. Any mother who visits the clinic within a year of giving birth is screened with the [Edinburgh Postnatal Depression Scale](#). If results of the screening indicate that the mother may need additional support, the pediatric provider is able to immediately call in a mental health clinician from the behavioral health clinic. This clinician can complete a risk assessment, and if needed, refer the mother for appropriate maternal care and early childhood services from the behavioral health clinic. The maternal screening can be billed under the child's Medicaid or as a Z code with the mother's Medicaid if the child doesn't yet have Medicaid.



2. *Quality improvement strategies for early childhood care and education programs recognize and assess the impact that caregivers have on children's social emotional development and mental health.*

Why is it a best practice? A quality early care and education environment is one that is designed to intentionally support children's safety, health, happiness, and learning. The National Association for the Education of Young Children indicates that program quality standards should also evaluate for and support children's social emotional development.¹⁴ As quality is assessed in early care and education, criteria should include items that assess the relationships and caregiving support for children's mental health.

Here's an example of how quality improvement strategies in early learning also incorporate mental health:

Licensed early care and education programs go through quality assessment and quality improvement planning. In Colorado, this process is overseen by [Colorado Shines](#), the state's quality rating and improvement system. Early care and education programs can receive trainings and support from Colorado Shines to improve their quality ratings. Encouraging such quality rating and improvement systems to include specific indicators related to social emotional development, mental health, and quality of caregiver relationships can be an important way to improve overall program quality.

The tools that are used to assess quality of early care and education environment should include ways to assess how caregivers support children's social emotional development. Early learning programs can review quality ratings tools such as the [Infant Toddler Environmental Rating Scale \(ITERS-3\)](#) and [Early Childhood Environmental Rating Scale \(ECERS-3\)](#) to identify items that integrate social emotional development.

Licensed child care regulations that were added in 2016 also ensure that individuals working with children understand the importance of social emotional development. Under these new regulations, all staff who work with children are required to complete at least three training hours per year in social emotional development. Early learning programs who meet this requirement can receive a higher rating with Colorado Shines.

¹⁴ www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/CAPEexpand.pdf

3. *Early childhood mental health consultation is available in early childhood education and home visiting.*

Why is it a best practice? Early childhood mental health consultation pairs a mental health professional with the individuals working with young children and their families, such as preschool teachers and home visitors. Early childhood teachers and home visitors are uniquely positioned to influence the environments that contribute to a child's social emotional and developmental wellbeing. Collaborating with an early childhood mental health consultant further equips these professionals to support children and families. Consultation builds the capacity of the early childhood workforce and is emerging as an evidence-based strategy to support young children's social emotional development.

You can find practical strategies and resources for implementing early childhood mental health consultation below and an example of how it is working in Colorado:

The Substance Abuse and Mental Health Services Administration (SAMHSA) [Center of Excellence for Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#) helps communities increase their access to evidence based mental health practices. The Center of Excellence's IECMHC Toolbox offers interactive planning tools, guides, videos, and other resources to support IECMHC efforts in your state, tribe, or community.

[Colorado's Early Childhood Mental Health Specialist](#) program provides experts in early childhood development and mental health to early learning providers and other caregivers across the state. This is a free resource to support children's social emotional development from birth through age 8.

Another example is the [Play Project](#), funded by the Colorado Health Foundation and led by the Mental Health Center of Denver (MHCD), which places consultants within early learning centers in the Denver metro area. These consultants are embedded into child care centers to support center directors, staff, children, and families. In addition to embedded consultants, MHCD has two consultants that are on-call for any child care center in Denver County.

“As an Early Childhood Council in rural Colorado, consultants have been a game changer. They help early childhood educators who struggle with children who experience trauma and attachment issues, provide psychoeducation and opportunities for assessments and referrals, and serve as part of a warm hand-off systems for families.”

– Early Childhood Council of San Luis Valley



Rural Highlight

Centennial Mental Health Center of Morgan County uses a consultative approach to expand their services to rural and frontier communities. They have increased their number of early childhood mental health consultants for their 10-county region from just one full-time consultant to four, quadrupling their bandwidth of impact.

4. *Integrated mental health, substance use, and primary health is covered through public and private health insurance plans.*

Why is it a best practice? Increasing numbers of pediatric and primary health care practices have been integrating a mental health provider (e.g., psychologist, licensed clinical social worker, or licensed therapist) into their practice. “Integrated care” is an overhaul of the structure of the practice, so that physical and mental health practitioners not only work alongside one another but team together to systematically coordinate care for patients. Integrated mental health providers can support the use of mental health screenings, provide real-time anticipatory guidance for mental health issues, and respond to mental health emergencies.

Collaboration and shared understanding of roles and responsibilities are key in successful integration of care. Here are some examples of success:

The [Colorado State Innovation Model](#) (SIM), funded by the Centers for Medicare and Medicaid Services, is helping practices integrate mental and physical health in primary care settings and test alternative payment models. SIM is supporting four community health centers and 25 percent of primary care providers in Colorado to integrate behavioral and physical health during a four-year period ending in 2019. For early childhood populations, SIM’s focus is on both medical and behavioral preventive counseling and anticipatory guidance. This includes strategies like screening, identification, and referral to early intervention services when risk factors or developmental delays are identified.

SIM has developed [practice modules](#) that address issues such as integration of substance use services, adverse childhood experiences, and depression.

Project CLIMB (Consultation Liaison in Mental Health and Behavior) at Children’s Hospital Colorado is another model of successful collaboration between primary care providers and early childhood mental health specialists. Project CLIMB’s integrated behavioral and physical health services allow for comprehensive care that addresses mental health, behavior, and development of children and their families. Integrated behavioral health providers are also able to address caregiver and environmental wellbeing and adversity, helping to identify supports and resources and deliver interventions that allow families with young children to thrive. This program and approach improves access to mental health services and provides young children and families with the full continuum of care—from prevention and health promotion to early identification, intervention, and treatment—while promoting a relationship between the early childhood system of care and primary health care providers.

[Healthy Steps](#) is an integrated behavioral health model that supports families with children ages 0 to 3 at various pediatric practices around the state of Colorado. Sites utilize this model to provide families with enhanced primary care experiences. Healthy Steps Specialists work together with primary care teams, meeting with family members during their well-child visit to provide screenings, support, and referrals.



Rural Consideration

Stigma related to mental health services is especially prevalent in rural areas, where there is often a strong culture of self-reliance and mental health needs may not be shared with a provider or professional. Because individuals are living in such a small community, caregivers may not access needed services for themselves or for their children at mental health centers out of the fear that their cars will be recognized by neighbors and friends. Integrated behavioral health services could help to reduce the discomfort associated with accessing mental health care.

5. Caregiver wellness is supported.

Why is it a best practice? The foundations for healthy child development include supportive interactions with all caregivers and a safe environment.

Young children spend significant time with caregiving adults, and these adults have a responsibility to help children develop to their full potential. Interactions between caregivers and young children—especially infants—can impact neural connections in young children’s brains. It’s important for caregivers to consider their own needs, resources, and support systems as well as the needs of the young children in their care.

Issues such as maternal depression, anxiety, or substance use can have lasting consequences on young children’s development if unaddressed.

Here are some ideas for how caregiver wellness can be supported:

The [Nurse-Family Partnership](#) is a program that provides first-time parents with support from a nurse who monitors child development and helps parents learn skills for healthy pregnancy and positive parenting. Specially trained nurses in the Nurse-Family Partnership regularly visit young, first-time moms-to-be, starting early in the pregnancy and continuing through the child’s second birthday.

[Jefferson County Public Schools Employee Assistance Program \(EAP\)](#) is available for all staff—including preschool teachers—within the district. The EAP provides free short-term, solution-focused counseling for all of Jefferson County Public School employees. It provides staff with information about counseling resources, maintaining positive mental health, [reducing stress](#), and forming local school Wellness Committees.

[Early Learning Ventures](#) gives early learning providers more time to focus on children and families by supporting them in their business operations and quality improvement.

Recently, Early Learning Ventures launched the [Teachers, Learning, and Collaborating](#) initiative where monthly teacher learning groups are supported by qualified coaches, trainers, and other professionals. Supporting caregivers includes helping them meet their professional needs, and for early learning and child care providers and administrators, one way this can happen is by freeing up these providers from many of their business tasks and offering learning and networking opportunities. Early Learning Ventures provides support services for business and family to accomplish this.

Health First Colorado (Colorado’s Medicaid Program) provides the [Special Connections program](#) for pregnant and postpartum women and their children to access treatment for substance use concerns up to one year postpartum. The Special Connections program provides free screening, counseling, and case management for pregnant women who are enrolled in Medicaid.

Colorado’s Department of Public Health and Environment released an [informational brief](#) on pregnancy-related depression and anxiety with a 2020 goal of increasing the number of women who report a health care provider discussed depression during prenatal care to 85.8 percent.



Rural Consideration

More than 13 percent of rural mothers in Colorado experience postpartum depression, which is slightly higher than other regions.¹⁵ Postpartum depression must be addressed to keep mothers healthy and confident in their parenting. Insurance coverage for integrated care across one’s life can help to foster children’s healthy development and caregivers’ wellbeing. Such coverage would be particularly helpful in rural areas with limited access to behavioral and mental health services.

6. *Early childhood programs create a trauma-sensitive climate and culture.*

Why is it a best practice? Trauma that might occur in a young child's life can impact how that child develops and functions. These adverse experiences can include unstable living situations, family violence, and parental history of mental health or substance use disorders, and can potentially interfere with a child's learning, behavior, and emotions. However, young children exposed to these adverse experiences can succeed when supported in environments that are sensitive to trauma. Early childhood care and education settings can provide trauma-sensitive environments that are responsive to the needs of young children who may have experienced traumatic stress.

Here are some resources that are helping communities to become more trauma-responsive:

The [Child Trauma Academy](#) is a national not-for-profit organization working to improve the lives of high-risk children through direct service, research, and education. Here you'll find resources such as videos, e-books, online learning, and photo books that help caregivers such as teachers better understand how trauma impacts children and strategies to support children dealing with trauma.

The [Kempe Center for the Prevention and Treatment of Child Abuse and Neglect](#) works to improve the care and wellbeing of children by strengthening families, communities, and systems. Kempe's [IMHOFF clinic](#) provides behavioral health treatment to children and families who are dealing with the mental health consequences of difficult life events such as physical abuse, sexual abuse, neglect, or traumatic loss.

Another trauma-informed program, the Mental Health Center of Denver's [Right Start for Infant Mental Health](#), supports caregivers and young children who have experienced trauma or present behavioral or developmental concerns. Right Start utilizes evidence-based practices to address trauma and behavioral symptoms in children, while also supporting caregivers with strategies such as child-parent psychotherapy, parent-child interaction therapy, case management, and psychoeducation. As a trauma-informed program, all staff—from clinicians to administrative—are educated about trauma symptoms and ensure their interactions with clients are trauma-sensitive.



Rural Highlight

In response to the opioid epidemic, the neonatal taskforce in the San Luis Valley is working with needle exchanges, law enforcement officials, Boards of Cooperative Education Services, and public health nurses to assist addicted caregivers and their newborns.



7. *Early care and education settings create environments that support a child's mental health, positive behavior, and social emotional learning.*

Why is it a best practice? Environments in which children feel safe and can build relationships with trusted individuals have a significant impact on their healthy mental and social emotional development. Early childhood education and care settings should be designed to take these factors into account and be responsive to early child mental health.

Colorado early learning programs have implemented initiatives that create healthy environments supporting social emotional development:

Denver's Early Childhood Council received LAUNCH Together funding and implemented Conscious Discipline. Conscious Discipline, which implies shifts in practice and philosophy, works best using a grassroots champion approach; one or more persons from an early learning program assist a full-day training to adopt the approach. This person can then begin to talk with others about what was learned and can start using some of the strategies to become the champion of Conscious Discipline.

Bal Swan Children's Center has become one of the nation's foremost preschools using the Pyramid Model for Supporting the Social and Emotional Development of Infants and Young Children. Children who attend Bal Swan learn how to identify their feelings, empathize with feelings of others, share emotions appropriately, and problem solve with peers and adults. When children bring these skills home, they impact the way their family interacts with one another.



Rural Consideration

Rural and frontier communities are often “child care deserts,” with relatives, friends, and neighbors providing early care. These informal in-home providers could benefit from learning opportunities that would allow them to gain the specialized knowledge to improve their support of the social emotional health of the children in their care.

8. *An adequate and well-supported workforce is available with specific expertise in infant and early childhood mental health and caregiver engagement.*

Why is it a best practice? It's important for professionals working with young children to have a strong foundational understanding of child development, early childhood issues, and how to engage with other caregivers in a supportive way. Understanding early childhood mental health and using a relationship-based approach at work are not exclusive skills to mental health professionals. These skills benefit all who work with infants and their families. Teachers, pediatricians, occupational therapists, and many others can implement early childhood mental health practices.

Here are some ways that Colorado has worked towards adequacy of the early childhood workforce in early childhood mental health:

[Colorado Association for Infant Mental Health](#) (CoAIMH) leads initiatives that support the professional development of Colorado's early childhood workforce. One initiative they provide is the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®), a professional advancement in infant and early childhood mental health. Professionals who have achieved the IMH-E have completed trainings in best practices for supporting early child mental health. The endorsement is a cross-disciplinary indication of competency. Colorado currently has 63 IMH-E professionals across the state.

In addition, CoAIMH provides a course called [Colorado Foundations of Infant and Early Childhood Mental Health for Early Childhood Professionals and Partners \(Colorado Foundations\)](#). This nine-module training is provided locally for infant and early childhood professionals. Through this and other trainings, supervision, consultation, and conferences, CoAIMH is supporting the professional development of Colorado's early childhood education workforce.



Rural Consideration

Some rural counties lack qualified early childhood mental health specialists in their region. Lack of housing, cost of living, and low pay in rural and frontier communities make it difficult to attract and retain specialists. This shortage can force families, especially those who have children with special needs, to relocate to the Front Range. Telehealth, mobile teams, and developing professional pathways within rural communities can all be important ways to support and sustain early childhood mental health professionals in rural communities.

9. *The DC:0-5™ is utilized for diagnosing mental health and developmental disorders in infants, toddlers, and preschoolers.*

Why is it a best practice? Infants and toddlers can have mental health and developmental issues that impact their growth. These could include problems that are related to their developmental stage or general problems that show up in young children. If these issues are identified with the appropriate criteria, they can be effectively addressed.

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) was developed by [ZERO TO THREE](#) and is a manual specifically for assessing young children under age 6 for mental health and developmental issues. Other commonly used diagnostic manuals do not fully capture relationship-based mental health issues that appear in early childhood, so the DC:0-5™ is crucial for making an accurate diagnosis for young children.

Here's an example of how the DC:0-5™ can be used as an appropriate tool for young children:

A child psychologist sees a 4 year old and her parents who were referred by the child's pediatrician. The psychologist needs a way to assess the quality of the parent-child relationship and the impact of the larger caregiving environment—such as culture, social supports, and psychosocial stressors—on the child's

mental health. Diagnostic tools used for adolescents and adults don't include a relationship assessment classification between a child and caregivers. However, assessment of these areas will help determine if there is a need for changes or improvements in the parent-child relationship, as this relationship is critical for a child's development and success. The psychologist uses the DC:0-5™ to determine needed services and create a focus for treatment goals that include the parents.

If you would like to learn more about how other states are using the DC:0-5™, you can do so [here](#).



Although the DC:0-5™ is the most appropriate manual for understanding early childhood mental health issues, it is not fully recognized by insurance programs in Colorado, which hinders its usage. This is an issue in many states, so ZERO TO THREE makes four suggestions for incorporating the DC:0-5 into practice:

- 1) Formally recognize DC:0-5 in public and commercial insurance programs.
- 2) Develop and share resources that make it possible for providers to use the DC:0-5 for mental health care eligibility determination, treatment planning, and billing purposes. For example, it is possible to pair a diagnosis in the DC:0-5 with a parallel diagnosis in a diagnostic manual that is billable. This strategy is called "crosswalking." ZERO TO THREE has created a [sample crosswalk](#) from the DC:0-5 to the ICD-10.
- 3) Accept disorders in the DC:0-5 as eligibility criteria for early intervention services (through Part C Early Intervention Services of IDEA).
- 4) Include DC:0-5 in cross-sector Infant and Early Childhood Mental Health (IECMH) workforce development.

10. Early childhood program suspension and expulsion rates are quantified, and these practices are mitigated.

Why is it a best practice? Disciplinary practices can impact a child’s ability to learn and their experience of safety within early learning environments. Young children who are suspended or expelled are up to 10 times more likely to drop out of high school, experience academic failure, receive disciplinary action later in their academic career, view school negatively, or face incarceration.¹⁵ The Office for Civil Rights found that suspension and expulsion disciplinary practices for young children disproportionately impact marginalized populations: African American, American Indian/Native Alaskan, English language learners, students with disabilities, and students in special education are more likely to be suspended and expelled.

These highlights can provide examples and help you understand why reducing suspensions and expulsions in early childhood makes sense:

Suspending and expelling young children from early childhood settings can have deep consequences. Early childhood is a time when children are forming the foundation of positive relationships with peers, teachers, and the school institution. If they are suspended or expelled, they are experiencing early education settings as places where they are not welcome or supported.

In 2016, revisions to the [Colorado Department of Human Services’ child care center regulations](#) included language to reduce early childhood suspensions and expulsions. Centers must have policies on guidance, positive instruction, supporting positive behavior, and discipline and consequences. Additionally, centers must have

policies in place regarding how decisions are made and what steps are taken prior to suspension or expulsion due to behavioral issues, including steps taken to understand and respond to challenging behavior.

Over the last decade, [Denver Public Schools](#) (DPS) has managed to reduce its suspension rate by over two-thirds and expulsion rates by more than 70 percent and is renewing these efforts with a plan to reduce these practices for young children. DPS’ [Resolution Towards Ending Suspension and Expulsion of Young Learners](#) re-emphasizes the importance of positive and affirming environments that support students and the negative impact of suspension and expulsion.

The [Pyramid Plus Approach](#), created by the [Colorado Center for Social Emotional Competence and Inclusion](#), provides education and direction on practices in early childhood education that support children’s social emotional development. Strategies in the Pyramid Plus Approach are intended to encourage inclusion and to support young children in building social emotional competencies and reducing the use of punitive practices. The Pyramid Plus Center provides trainings across the state.



¹⁵ U.S. Department of Education Office for Civil Rights (March 21, 2014). Civil Rights Data Collection: Data Snapshot (School Discipline).

Community Assessment Tool: A Checklist

After reading the **What works?** section of this toolkit, Early Childhood Councils and community advocates can reach out to community collaboratives, early childhood education and child care organizations, and early childhood mental health and other health providers to assess needs, determine gaps, and champion the adoption of best practices. For each of these best practices, determine with your team or among your core leadership (which may vary depending on how you are addressing mental health in your community) the score that reflects your progress in each of the best practices and write this score next to each practice. Then, identify if there is adequate (A), sustainable (S), and dedicated (D) funding to this best practice (if applicable).

1. We are not implementing this.
2. We are not formally implementing this but have some related efforts.
3. We have a plan in place to implement this.
4. We are implementing this.
5. We have policies in place to implement and evaluate this and it is sustainable.

1-5 Rating Scale	Funding (A, S, and/or D)	Best Practice
		Social and emotional screening of the child and screening for maternal substance use, pregnancy related depression, and anxiety are included as essential parts of assessment in child development.
		Early care and education quality improvement strategies address the role of caregiver relationships in supporting children's social emotional development and mental health.
		Early childhood mental health consultation is available in 1) early care and education, and 2) home visiting.
		Integrated mental health, substance use, and primary health prevention and treatment is covered through publicly funded and private health plans.
		Programs to support caregiver wellness are available.
		Early childhood programs use trauma-sensitive climates and cultures.
		Early care and education settings provide environments and conditions that support mental health, positive behavior, and social emotional learning.
		An adequate and well-supported workforce exists with expertise in infant and early childhood mental health.
		The DC:0-5™ is used and recognized as the system for diagnosing mental health and developmental disorders in infants, toddlers, and preschoolers within their caregiving relationships.
		Initiatives are in place for quantifying and mitigating early childhood suspension and expulsion rates.

In addition, ask:

1. What do you consider the biggest social emotional support or mental health need of children under age 5 in your community?
2. What kind of funding needs do you have?
3. Where does your community need the most help to make infant and early childhood social emotional development a priority?

From here, work with community leaders and champions to develop a brief action plan based on the results of the above assessment; this can focus on priorities for implementing something new or working to sustain what's already working well.



Section 3

How can initiatives be funded?

Not every early childhood mental health best practice requires funding (see the **How do I make changes?** section of this toolkit for how to advocate for policy changes), but when trying to initiate or enhance prevention, wellness, and mental health services and supports for young children and their caregivers, knowing how to access and leverage funding can be important.

Here you'll find strategies for early childhood mental health funding.

Funding Tip:



Leverage funds from other programs that have intersecting missions

Funding Tip:



Watch [this](#) video for tips on funding early childhood mental health consultation

Depending on the size and scope of your project or initiative, you might pursue funding avenues such as:

- Funding via national, state, and local public grants or from the state legislature
- Local mill levies to increase property taxes
- Other ballot measures such as sales or marijuana taxes
- Philanthropic funding
- Re-prioritizing use of existing budgets for early childhood mental health

Funding Tip:



When considering which funding sources to use, use the following questions to help your planning:

1. Is the funding source time-limited? For how long?
2. Can the funding from this source be leveraged to bring in other funding?
3. Are these funds renewable or one-time?

Funding strategies can be about dollars but they can also be about getting a needed service or support in ways that use other community resources “in-kind,” such as clinical services from a partner organization or sharing staff or administrative time. In this section we address funding as well as saving on costs through shared resources.

Let’s look at some of the funding strategies that are currently used for the best practices and some opportunities that exist. What you’ll find next are multiple types of funding and some ways that the best practices have been supported in Colorado or in other states. Additionally, we’ve included ideas for using funding that might not be currently in practice.

Best practice #1 - Screening of the child and screening for pregnancy-related depression and anxiety for the mother are included as essential parts of assessment in child development.

Best practice #2 - Early education quality improvement strategies consider caregiver support for children’s social emotional development and mental health.

Best practice #3 - Consultation is available in early care and education and home visiting.

Best practice #4 - Mental health and primary health prevention and treatment is covered through publicly funded and private health plans.

Best practice #5 - Caregiver wellness is supported.

Best practice #6 - Programs create a trauma-sensitive climate and culture.

Best practice #7 - Early education settings create environments for mental health, positive behavior, and social emotional learning.

Best practice #8 - Well-supported workforce is available with specific expertise in infant and early childhood mental health.

Best practice #9 - The DC:0-5™ is used and recognized as the system for diagnosing mental health and developmental disorders in infants, toddlers, and preschoolers within their caregiving relationships.

Best practice #10 - Program suspension and expulsion rates are quantified, and these practices are mitigated.

Funding strategy	What is it?	Best practice that could be supported	Example
<p>Local mill levies</p>	<p>The mill levy sets the rate that is charged for property taxes. Communities that want to raise property taxes to collect more money must ask voters for approval first. The money generated from this tax stays in the community and could go directly to a specified purpose.</p>	<p>#2 #7 #8</p>	<p>In 2017 the San Miguel County Board of Commissioners approved the language for the Early Childhood Initiative, which voters then passed in the fall of 2017. Ballot Issue 1A increased property taxes by .75 of a mill, or an estimated \$5.40 for every \$100,000 of assessed residential property value.</p>
<p>Ballot measure related to other taxes (sales, marijuana)</p>	<p>A ballot measure puts a proposal in front of voters to empower citizens to approve or reject the proposal.</p>	<p>#3 #7 #8</p>	<p>In 2017, Eagle County passed a ballot issue to tax recreational marijuana sales in the county. This could generate up to \$1.2 million annually that will be specifically dedicated to mental health and substance use programs.</p>

Funding strategy	What is it?	Best practice that could be supported	Example
<p>Foundation funding</p>	<p>Philanthropic funders want to fund high-impact initiatives in communities of interest to them; early childhood mental health research and evidence can be valuable to inform their decision-making.</p> <p>Foundation funding could include private, community, or corporate foundations.</p> <p>The Funders Learning Network on Early Childhood Mental Health is a diverse group of Colorado grantmaking organizations that fund many areas and have a shared interest in children's mental health.</p>	<p>#3 #4 #5 #6 #7 #8 #9</p>	<p>A collaborative group of Colorado funders spanning health and early childhood disciplines convened in 2013 to form the Funders Learning Network on Early Childhood Mental Health. In 2015, the network's collaborative partners pooled \$11 million to create a five-year initiative called LAUNCH Together, modeled after the federal Project LAUNCH initiative, from which Colorado receives funding.</p> <p>The Buell Foundation's \$75,000 early childhood mental health consultation grant to Alliance for Kids serving Park, Teller, and rural El Paso Counties supports rural early learning providers through on-site mental health consultation.</p> <p>The Advancing Colorado's Mental Health Care project, which ended in 2011, was a joint effort that provided support to human services agencies, mental health care providers, and others to improve the integration and coordination of mental health services.</p>

Funding strategy	What is it?	Best practice that could be supported	Example
<p>Health insurance</p>	<p>Health First Colorado (Colorado's Medicaid program) and private health insurance plans should cover health care visits including those for mental health for children and primary caregivers. Services include:</p> <ul style="list-style-type: none"> • Wellness and disease management • Prescription drugs • Hospitalization • Laboratory services • Emergency services • Maternity and maternal care into the first year of delivery • Children's care, dental and vision • Rehabilitation and habilitation • Mental, behavioral health, and substance use care • Outpatient clinic services <p>The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is the comprehensive health care coverage for children under the age of 21 enrolled in Medicaid.</p>	<p>#1 #4 #9¹⁶</p>	<p>At Mountainland Pediatrics, maternal screening done in the pediatric practice is billed under the child's Medicaid or the mother's Medicaid under a Z code if the child doesn't yet have Medicaid.</p> <p>It is possible to pair a diagnosis in the DC:0-5™ with a parallel diagnosis in a diagnostic manual that is billable. This strategy is called "crosswalking." ZERO TO THREE has created a sample crosswalk from the DC:0-5 to the DSM-5 and the ICD-10.</p>

¹⁶ Currently a DC:0-5 diagnosis cannot be used for billing and reimbursement and must be cross-referenced to a billable code.

Funding strategy	What is it?	Best practice that could be supported	Example
<p>School and early learning program funding through dedicated use of budgets</p>	<p>Current organizational budgets could undergo a strategic review to identify early childhood mental health investments that might result in cost savings in another program spending area.</p> <p>School and early learning funding at the individual school or program level is usually a coveted resource but can be used for things such as teacher trainings, wellness programs, school-based mental health supports, and special programs. While many young children are in private early learning programs, many public schools provide preschool services through the Colorado Preschool Program and Preschool Special Education.</p> <p>Use this link to better understand how early childhood educational funding flows into programs.</p>	<p>#2 #3 #5 #6 #7 #8 #10</p>	<p>Bal Swan Children's Center in Broomfield committed to funding training for their staff and providing ongoing supports to implement the Pyramid Plus Model of social emotional competence and inclusion program-wide. They knew that funding was crucial, so they chose to use all their training budget for four years to implement this model with fidelity. Bal Swan has received funds from grantors in part due to their success with the Pyramid Model. Their Board of Directors and community supporters added their financial backing to sustaining the Pyramid Model at Bal Swan.</p>

Funding strategy	What is it?	Best practice that could be supported	Example
<p>School district funding</p>	<p>Colorado has 178 school districts, whose funding is determined using a combination of factors, including local taxes and state funds. Funding for the Colorado Preschool Program is a part of Colorado's public school system.</p>	<p>#2 #3 #5 #6 #7 #8 #10</p>	<p>In the 2017 school year, Jefferson County School district was able to dedicate \$750,000 to a partnership with Jefferson Center for Mental Health (JCMH). JCMH helps cover some of the cost of the counselors that the school district uses, particularly for schools with a larger population of free and reduced-lunch-qualified families.</p> <p>The nine positions added were social emotional learning specialists, which differ from traditional school counselors. Thirty-three elementary schools (many of which include preschool) who have JCMH prevention specialists on campus at least one day a week are working toward equipping students with the social emotional skills to thrive.</p>



Funding strategy	What is it?	Best practice that could be supported	Example
<p>County partners such as departments of public health and departments of human services</p>	<p>County health departments can support community-wide health initiatives, health education, health awareness campaigns, and improvements in community referral systems.</p> <p>County departments of human services manage child care assistance programs, child welfare, public benefits, and prevention services.</p>	<p>#1 #3 #5 #6 #8</p>	<p>Northeast Colorado Health Department coordinated an initiative to train and support providers on screenings and treatment for pregnancy-related depression, and raise public awareness of the associated symptoms, risk factors, and stigma.</p> <p>The Community Infant Program in Boulder County works with high-risk families to promote healthy attachments between parents and infants. Nurses and mental health therapists provide services in the home for parents who have trouble adjusting to a new infant or young child. Financial support and assistance for this initiative is a partnership with the community mental health center, public health, and the county department of human services.</p>
<p>Community programs supported by state, federal, and community funding</p>	<p>Through grants and partnerships with communities, state and federal funds can support new and ongoing programs or approaches, such as:</p> <p>The Colorado Department of Human Services (CDHS) Office of Behavioral Health funds the 17 Community Mental Health Centers to deliver a range of prevention and treatment services for children and caregivers. Other funding for Mental Health Centers</p>	<p>#2 #3 #4 #5 #6 #8 #9</p>	<p>The Tony Grampsas Youth Services (TGYS) Program provides funding to local organizations for prevention, intervention, and education programs for children, youth, and their families designed to prevent youth crime and violence, youth marijuana use, and child abuse and neglect. From 2017 to 2020, TGYS is funding Healthy Steps in Adams, Arapahoe, and Denver counties. Healthy Steps is an evidence-based early childhood behavioral health integration model that provides enhanced primary care experiences to children from birth to 3 years old and their families.</p>

Funding strategy	What is it?	Best practice that could be supported	Example
<p>Community programs supported by state, federal, and community funding (continued)</p>	<p>can come from Medicaid, commercial insurance, state general funds, federal block grants, and other grants.</p> <p>Early Intervention Colorado, housed at CDHS, provides supports and services to children with developmental delays or disabilities and their families from birth to age 3.</p>		<p>The Office of Learning Supports at the Colorado Department of Education began a year-long training series for district-level coaches and their accompanying school-based leadership teams. Using a new training model, the goal is to scale up and rejuvenate Colorado positive behavioral interventions and supports (PBIS).</p> <p>The Colorado Department of Human Services, Office of Behavioral Health's managed services organization contracts provide funding that supports caregivers with substance use disorders to access family-oriented treatment including access to parenting skills and supports that promote parent-infant bonding.</p> <p>Aurora Mental Health Center's Early Childhood and Family Center provides comprehensive mental health treatment for infants and children up to age 6. Many of these children have been victimized, traumatized, abused, abandoned, or have experienced emotional or behavioral difficulties, which interfere with learning and developing relationships. Individual, family, and group therapies are integrated to best serve the needs of each child and family, and the team offers parenting classes and support groups.</p> <p>Five substance use treatment programs—Addiction Research and Treatment Services, Centennial Mental Health Center, Crossroads Turning Point, Mile High Behavioral Healthcare, and North Range Behavioral Health—trauma-informed treatment and support services specifically designed for women who are parenting and their children. Services include assistance with transportation, child care, mother-child bonding activities, and health education. Services are funded through the Office of Behavioral Health and Health First Colorado.</p>

Funding strategy	What is it?	Best practice that could be supported	Example
<p>Legislative funding requests</p>	<p>State funding can support larger-scale adoption of new programs and approaches, statewide initiatives, and services such as preschool, kindergarten, and quality improvement.</p>	<p>#3 #6 #7</p>	<p>The Colorado Early Childhood Mental Health Specialist program was approved by the Colorado General Assembly and is funded through state general funds and federal funds, with a total of almost \$3 million dedicated to the specialists in 2017. This program is a free resource that helps adults support children's social emotional development and identify concerns early in a child's life that could lead to greater challenges.</p>

How to find grant funding

Grant opportunities can be found through state departments, philanthropic organizations, and national sources. For example:

State Grants:

[The Colorado Department of Education](#) offers competitive grants and awards to enhance educational improvement, which includes issues such as workforce development, bullying, and social emotional health.

[The Colorado Department of Public Health & Environment](#) offers funding opportunities related to health and environmental issues, such as health disparities, school-based health centers, and maternal wellness.

[The Colorado Department of Human Services, Office of Behavioral Health](#) provides a variety of competitive grants to prevent and treat mental health and substance use disorders in local communities that can be accessed by signing up for their monthly newsletter.

Foundation Grants:

There are Colorado-based foundations that are active in funding early childhood mental health initiatives, including the [Buell Foundation](#), [Caring for Colorado](#), [Colorado Health Foundation](#), [Community First Foundation](#), the [Piton Foundation at Gary Community Investments](#), and [Rose Community Foundation](#).

Federal Grants:

These sites track potential federal grant opportunities:
<https://colorado.grantwatch.com/>
<https://www2.ed.gov/programs/mentalhealth/index.html>

Federal agencies also offer grant and co-operative agreement funding opportunities such as:

[The Administration for Children and Families](#)
[The Substance Abuse and Mental Health Services Administration](#)

Is there any other funding I can pursue?

Determined advocates can find other sources of funding from local philanthropic groups like the Rotary Club, local businesses and charities, and Chambers of Commerce. As you identify community partners, ask whether they can fund early childhood programs and services in the community to support early childhood mental health. If so, arrange a meeting among you, the potential funder, and your early childhood champion(s) to discuss next steps for crafting a proposal. You can build relationships with community funders before a funding request is made to better understand their priorities. You can also help potential funders understand how the best practices in this toolkit connect to their priorities.

Now that you know a bit more about how funding for school-based mental health services can work, revisit the **Six-steps-to-change** tool. If you haven't already, be sure to check out the **What works?** and **How do I make changes?** sections of this toolkit to learn about programs and strategies for success.

I want more information about...

Messaging

We embedded messaging into this toolkit from the early childhood shared message bank—a collection of well-researched and tested messages and metaphors. You can go [here](#) to find all their messages in one place, even ones crafted for specific audiences.

The Colorado Office of Early Childhood, a branch of the Colorado Department of Human Services, has just launched a brand new [website](#) that provides:

- [Videos to build your knowledge](#)
- [Communication tools and messages, including ready-to-post social media materials](#)
- [Outreach tools to raise awareness on social media and in person](#)

The big picture

[The Early Childhood Colorado Framework](#) is a document to promote the shared vision that all children in Colorado can reach their developmental potential. We encourage you to download the framework and its corresponding [Communications Toolkit](#).

- [Colorado's Early Childhood Leadership Commission](#) is Colorado's state advisory council for early childhood. Their website provides a collection of resources, including: the [2017-2019 Strategic Plan](#) and a summary of their [communication efforts](#).
- [Colorado's Early Childhood Mental Health Strategic Plan](#) provides a current vision for Colorado's early childhood mental health system.

Data

The Early Childhood Colorado Partnership has produced a [2018 Shared Data Agenda Report](#) that is intended to prompt new and progressive conversations about early childhood data.

The [Data Subcommittee](#) is one of three content subcommittees of the Early Childhood Leadership Commission. The purpose of the Data Subcommittee is to promote the sharing and use of common data for planning and accountability by state programs and agencies that support young children. This ensures the interagency data system infrastructure allows for statewide needs assessments concerning the quality and availability of early childhood services.

Mental Health Colorado's [Data Dashboard](#) provides a one-stop shop for data on mental health and substance use at the county level. Although currently there are few county-level data sources for early childhood mental health, we are working on changing that and making the availability of data on young children's mental health more robust in this state.

Workforce development

The [Colorado Association for Infant Mental Health](#) (CoAIMH) strives to advocate for the use of scientifically based programs of care, intervention, and prevention in infant mental health and support local and state policies that promote family and infant mental health. The organization provides opportunities to apply for [The Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health \(IMH-E®\)](#). In addition, CoAIMH provides a course called Colorado Foundations of Infant and Early Childhood Mental Health for Early Childhood Professionals and Partners (Colorado Foundations). This 9-module training is provided locally for infant and early childhood professionals. Through this and other trainings, supervision, consultation, and conferences, CoAIMH is supporting the professional development of Colorado's early childhood education workforce.

