



REPORT / CHILDREN'S MENTAL HEALTH

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Early Childhood Mental Health: 2019 Update

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The University of Texas at Austin

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Contents

A Progress Update	1
Background	1
Dissemination of Information	1
Pilot for Incredible Years.....	1
Support for State Strategic Plan Development.....	4
Next Steps	5
References	5

A Progress Update

Background

In 2018, the Texas Institute for Excellence conducted a survey and examined existing data to produce the white paper, "[Texas Early Childhood System of Care: State of the State](#)." The report made a series of recommendations laying out opportunities to strengthen the early childhood mental health system through state policy. In the current year, TIEMH continued to advance efforts to enhance the early childhood system through several strategies. This report provides an update on the activities undertaken and the progress made to support the Texas Health and Human Services Commission in building a strong system for toddlers and young children.

Dissemination of Information

The 2018 white paper served as a tool for raising awareness of the importance of addressing gaps in the early childhood mental health system. The report was shared through the Institute's website, social media, and in print form to select audiences. The report was shared and discussed with two primary stakeholder groups. It was shared with the Texas LAUNCH Early Childhood Committee, a cross-agency workgroup providing oversight to Texas' LAUNCH grant, and the Children and Youth Behavioral Health Subcommittee, a cross-system committee focused on children's mental health. The CBYHS provides oversight to the Texas System of Care initiative. Formal presentation applications were submitted for the Texas System of Care and CRCG Conference and the Partners in Prevention Conference. The Texas System of Care and CRCG conference presentation occurred in July 2019 and the Partners in Prevention Conference presentation is scheduled for November 2019.

Pilot for Incredible Years

During this year, HHSC requested support in piloting the Incredible Years parenting program with young children. Incredible Years is a well-validated practice that has been shown to improve positive parenting practices and reduce children's emotional and behavioral problems. The Washington State Institute for Public Policy analyzed existing data to determine the cost-benefit ratio for Incredible Years and found that \$5.60 is saved for every \$1.00 invested. Based on interest from Local Mental Health Authority (LMHA) Children's Directors, HHSC decided to pilot the inclusion of this additional parent training practice proven effective for young children.

Readiness Development. To engage organizations and ensure the selection of appropriate pilot sites, TIEMH hosted a webinar on Incredible Years in February 2019. The webinar provided an introduction to the early intervention and treatment model, including the format of the intervention, research outcomes, and requirements for implementation. The webinar also shared information on the pilot project and the application process for selection of sites. Immediately following the webinar, TIEMH released a survey or application for participation and distributed it to the LMHA Children's Directors and webinar participants. In partnership with the Children's Mental Health Team Lead, applications were reviewed and six organizations were selected for participation. Efforts were made to ensure inclusion of both urban and rural sites for greater generalizability, although primarily rural sites applied. The LMHAs selected for the pilot are presented in Table 1. Three additional organizations applied, but could not be accommodated at this time.

Table 1. *Organizations Participating in Pilot Project*

Mental Health Authority	Number of Participants Selected
Burke Center	5 participants
Gulf Coast Center	3 participants
Community Healthcore	4 participants
Coastal Plains	5 participants
West Texas	4 participants
ACCESS	4 participants

Workshop Training. A three-day workshop was held in April 2019, utilizing funding from another grant source (MHTTC). Led by a trainer from the Incredible Years organization, participants received training in the Basics program, which is appropriate for children ages 3 to 12. Participants also received the one-day training in the Home Visiting modification. This training was added so that IY facilitators could utilize materials within the home when needed to supplement the group curriculum (e.g., after an absence) or if a group format was not feasible. Twenty-four individuals attended the training, inclusive of certified family partners, skills trainers, and program supervisors. Each organization received an Incredible Years kit, which included a facilitator manual, videos, and other materials. Each participant also received the Home Visiting manual.

Training evaluations were completed following each day of training. Items were rated on a scale of 1 to 4, with higher scores reflecting more positive ratings. Results are summarized in Table 2. Participants consistently had very high ratings for the trainer and the training activities. Qualitative responses on the scale also indicated positive experiences, with participants noting that they liked the practice with group facilitation, role playing with feedback, and learning practical skills such as ignoring, time out, and calming techniques. Participants especially appreciated the application of the skills and the ability to learn new ideas from their peers in the group. A few improvements were suggested, including changing groups more frequently and alterations to the training room.

Table 2. *Daily Training Evaluations*

	Day 1	Day 2	Day 3	Average
The IY leader’s teaching and leadership was [very poor] to [above average].	4.0	4.0	4.0	4.0
The IY leader’s methods and processes modeled and demonstrated were [not helpful] to [helpful].	4.0	4.0	4.0	4.0
The learning derived for the IY video example vignettes were [not helpful] to [helpful].	3.9	4.0	3.9	3.9
The workshop practices/role plays/buzzes/break out groups were [not helpful] to [helpful].	3.9	4.0	4.0	4.0
The group discussion and involvement was [very poor] to [above average].	3.8	3.9	4.0	3.9
The written handouts and readings were [not helpful] to [helpful].	3.9	3.8	3.9	3.9

Implementation Measures. Implementation science has demonstrated that various characteristics of the intervention to be implemented and the setting in which it is implemented can play a critical role in the installation process. Proctor (2009) argues that implementation research should measure the outcomes of implementation strategies and outlined several important dimensions. For this pilot project, we aimed to measure provider attitudes about the model (a setting characteristic) and five key implementation outcomes. While the ultimate goal of the installation of Incredible Years is its impact on young children and families, implementation

outcomes help guide decisions about further expansion and strategies for sustainability. The pilot initiative will measure:

- Acceptability – the perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory.
- Appropriateness – the perceived fit, relevance, or compatibility of the innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem.
- Feasibility – the extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. This includes whether or not the local setting has the resources to support delivery of the intervention.
- Adoption - the intentional, initial decision, or action to try or employ an innovation or evidence-based practice.
- Cost - the cost impact of an implementation effort.

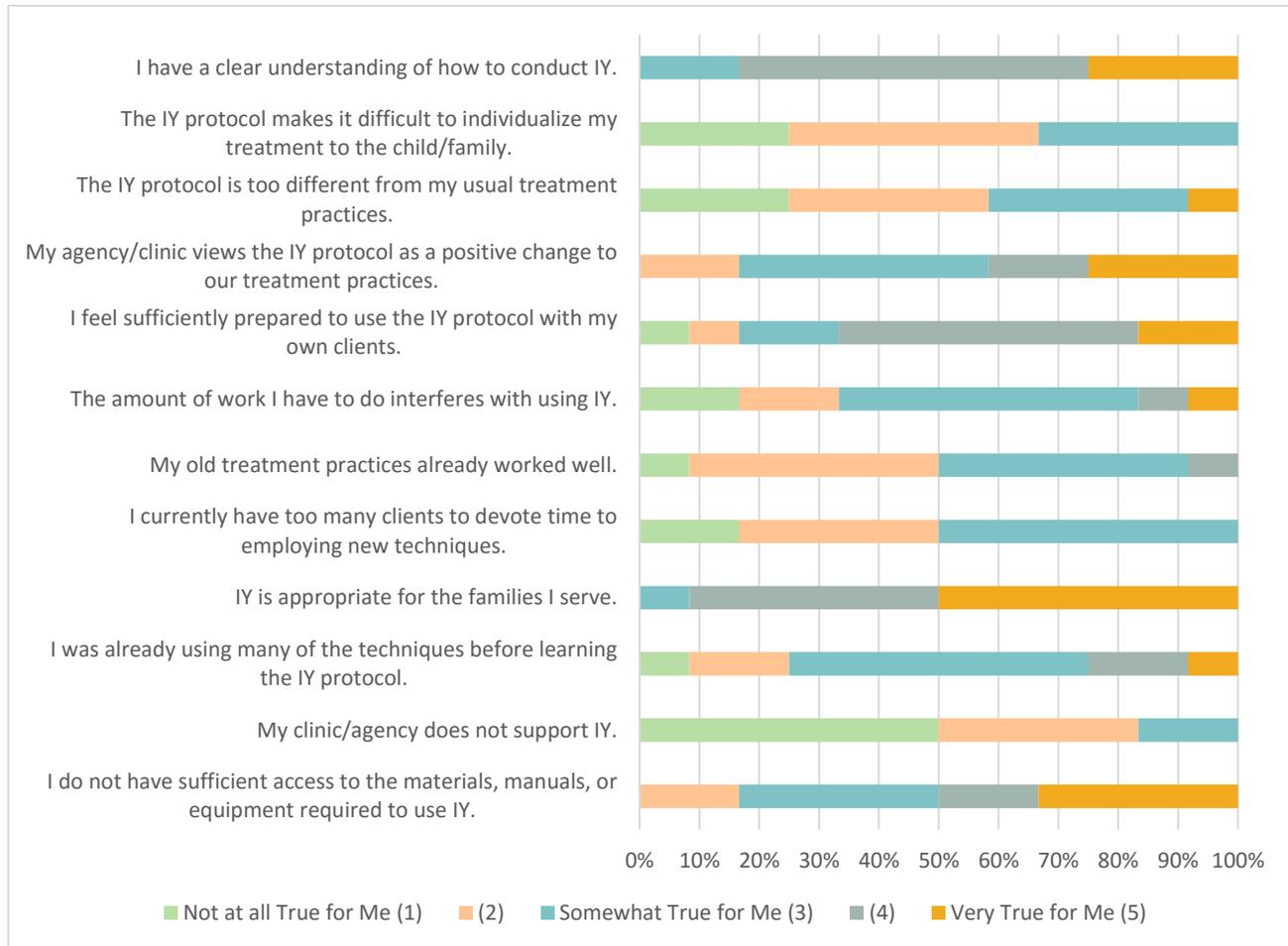
(Proctor, Silmere, Raghavan, et al., 2011)

One month following the workshop training, participants were asked to complete a brief survey that included question from the Acceptability of Interventions Measure (AIM), the Intervention Appropriateness Measure (IAM), and the Feasibility of Intervention Measure (FIM). Additionally, items were selected from the Texas Survey of Provider Characteristics and Attitudes (TX-CHAT; Jensen-Doss, Hawley, Lopez, & Osterberg, 2009), which measures individual and organizational constructs found to be important contributors to providers' openness to using EBPs or common concerns about EBPs. Twelve participants responded to the survey, representing a response rate of 52%.

Providers' ratings of the acceptability of Incredible Years was high. The five-point scale for each item ranges from (-2 to +2), with higher scores reflecting greater acceptance. The mean score was 1.54 ($sd=0.54$), suggesting positive responses falling between "agree" and "completely agree." Providers' ratings of the appropriateness or "fit" of Incredible Years within their setting and for the identified population was also high, but slightly less positive than ratings of acceptability. The mean score was 1.40 ($sd=0.64$), with responses falling between "agree" and "completely agree." Providers were a little more cautious when rating the feasibility of implementation, with mean scores of 1.19 ($sd=0.61$) falling just above the "agree" response.

Provider attitudes about the treatment approach and the perceived support within their agency are presented in Table 3. Overall, providers reported feeling that Incredible Years was appropriate for the families that they served and that they felt they had a reasonable understanding of how to conduct the intervention. Most providers felt their agency was somewhat to very supportive of using the new model, although a neutral response "somewhat" was the most common rating. Generally, providers expressed only minimal concerns about potential barriers to implementation, such as having too much work, too many clients, or an inability to individualize the treatment approach. However, a larger number of providers expressed concerns about not having enough availability of the materials or manuals. Each organization was provided with one or two Incredible Years kits, generally an English and Spanish version. However, many facilitators are housed in different clinics making the sharing of materials a challenge.

Figure 1. Provider Attitudes to Incredible Years One Month Following Training



Community of Learners. To support implementation of Incredible Years, a peer learning community was initiated in August 2019. The first call was attended by ten participants, representing four organizations. No participants had facilitated a parenting group at this point; however, one organization was planning their first group the following week and had enrolled eight parents. Initial barriers or concerns that were noted included large geographical regions and the challenge of offering services at times convenient for families, but not convenient for group leaders. Participants shared ideas for marketing the class to current clientele and to community partners to increase referrals. Participants also explored ideas for donations of food items and scheduling classes to minimize the need for child care. Participants had minimal concerns about billing for the service component and noted no greater issues than other parenting interventions. Some participants reported sharing aspects of the model with families in services and receiving positive feedback that the tools were helpful.

Support for State Strategic Plan Development

Texas does not currently have a strategic plan that outlines steps for improving the early childhood mental health system. The [Texas Statewide Behavioral Health Strategic Plan](#) highlights gaps in prevention and early intervention services (Gap 11) and outlines strategies (Goal 3) to evaluate current prevention and early intervention strategies across the state and develop recommendations for maintenance of best practices and implementation of new strategies. The plan also highlights the need to identify prevention and early intervention service gaps for diverse

and special populations and implement programs and services to reduce these gaps. To advance this goal of evaluating the existing system of care for young children across state agencies, staff at TIEMH have partnered with MHMR of Tarrant County to seek funding for state planning for an early childhood system. If funding is approved, TIEMH's aim would be to collaborate with relevant state agencies, families, and other stakeholders to develop a state strategic plan to promote, prevent, and intervene early to achieve the social, behavioral, and emotional wellness of children age birth to five. Tarrant and surrounding counties would serve as a model community with a goal of achieving an effective early childhood system using the [Help Me Grow](#) framework.

Next Steps

TIEMH will continue to study the implementation of Incredible Years in the pilot community with a goal of informing further expansion efforts. The current organizations will be surveyed one year after the training to identify the level of adoption, perceived implementation outcomes, and facilitators and barriers to implementation. If a decision is made to expand to new organizations in the upcoming year, implementation in these sites will also be examined. TIEMH will also work collaboratively with HHSC to continue to explore strategies to enhance services for young children within the public mental health system and expand the use of evidence-based treatment approaches.

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