California Leadership Education In Neurodevelopmental and Related Disabilities

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ACCESS TO COMMUNITY EVIDENCE-BASED MENTAL HEALTH TREATMENTS FOR INFANTS, TODDLERS, AND PRESCHOOLERS

Access to Evidence-Based Mental Health Treatment for Infants, Toddlers and Preschoolers in each County Department of Mental Health in California can drastically increase positive outcomes for very young children with mental health needs. However, many County Departments of Mental Health are difficult to reach via website or telephone. Here, we provide barriers to contact as well as recommendations for improving access to mental health services for very young children with mental health needs.

Barriers to Access

Difficulties with Online Platforms:

- Challenging to locate phone numbers
- Broken links
- Large portions of text with small fonts
- Little or no information about services provided

Difficulties with Phone and County Contact:

- Long wait or no answer
- Multiple transfers
- Inability to leave voicemail
- Too many or unclear dial options
- Phone staff answering could be unfriendly, irritable, or lacking empathy
- Garbled or repetitive message
- Silent wait ("*Was I disconnected*?")
- Answerer lacking knowledge on services provided

Difficulties with Online and Phone

- *Inconsistent Verbiage*: Inconsistently using terms such as Mental Health, Behavioral Health, and Therapeutic Behavioral Health can be confusing for users
- *Age Ranges*: It is often unclear which age group children ages birth-5 fall under, whether that be Maternal Child Health, Children, Youth, or Family. These unclear age ranges can make navigation of services difficult

Other

- Most counties only support Medi-Cal insurance; those uninsured are not supported for many services
- Language and translation options are limited

Recommendations

Recommendations for Websites:

- *Easy Button Display:* Create specific and separate links and tabs that specify services and/or vendors
- *Clear Contact Information*: Display contact information in large, clear font with details about each number provided
- *Increase Access*: Use plain language and provide information for languages other than English

Recommendations for Phone Lines:

- *Access Line*: Create one phone line dedicated to providing service information that is separate from a crisis line
- *Human Response*: Hire knowledgeable, warm, and reassuring staff to assist callers
- *Screening*: Train phone staff to pre-screen for eligibility and create a systematic plan to connect families with resources in a timely manner
- *Voicemail*: If there needs to be a recording, provide an informative message with a voicemail option that is regularly checked

General Recommendations:

- Create clear and consistent verbiage regarding mental health services including age groupings
- Provide sliding scale for those without Medi-Cal
- Provide evidence-based treatments along with information about those services for families

Policy Recommendations:

- *All* counties should provide equal access to evidence-based mental health interventions for infants, toddlers, and preschoolers. Funding should be allocated to increased evidence-based therapies being offered, with detailed descriptions as to what each therapy consists of (i.e. more detail than "Play Therapy")
- Greater staffing should be employed to address website interfaces operation to make it more user-friendly with consistent language throughout to decrease stigma and increase access
- Mental health-related services should be accessible by typing in the search bar: *County Name* Department of Behavioral Health
- Mandate clearly posted and available county-specific access line, language line, and TTY line on website
- Provide greater training to access line workers that assist and pre-screen callers
- Provide sliding scale for uninsured individuals seeking behavioral health services

Supporting Research:

- Evidence-Based Practice (EBP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.
- Practitioners are most effective when they consider lifestyle, cultural and linguistic heritage, and life circumstances in the equation to treat young children and their families.
- Here, we describe two evidence-based treatments for very young children in greater detail:

CPP: What is it?

Child-Parent Psychotherapy (CPP) is a relationship-based, trauma-responsive intervention that is shown to be efficacious for children ages 0-6 years old from a wide range of socioeconomic and cultural backgrounds. CPP focuses on improving a child's mental health, especially after experiencing a traumatic experience, while supporting and strengthening the child and parent/caregiver relationship. CPP is a multitheoretical intervention with multiple randomized controlled trials that support its efficacy in fostering secure attachment and reducing behavior problems and PTSD in 0-6 from adversities such as exposure to domestic violence, caregiver depression, or family maltreatment.

PCIT: What is it?

Parent–child interaction therapy (PCIT) is a family-centered treatment approach shown to be effective for at-risk children ages 2-8 with disruptive or externalizing behavior problems, including conduct and oppositional defiant disorders. PCIT derives from attachment and social learning principles and presumes that secure and positive attachment relationships are necessary foundations for establishing effective limit setting, reinforcement and consistency in discipline. Research has shown PCIT to be effective in treating other issues such as separation anxiety, depression, self-injurious behavior, attention deficit hyperactivity disorder (ADHD), and adjustment following divorce among others.

What does CPP look like?

1. Getting to Know the Child & Family: In this phase, practitioners spend time meeting alone with the parents/caregivers to understand their family's challenges, strengths, values, and history.

2. Addressing Families' Needs: Typically meet one time per week with parent/caregiver and child. In this phase, young children will use play and toys to work through difficult feelings and behaviors, and create a family trauma narrative that leads to healing for both children and parents/caregivers.

3. Wrapping Up & Planning for the Future: This phase celebrates changes families have made as well as how those changes were made.

What does PCIT look like?

Two Phases of PCIT:

PHASE I:
The first phase of PCIT aims to increase parental responsiveness and foster a nurturing relationship between the child and caregiver.

PHASE II:
The second phase of PCIT focuses on establishing a structured and consistent approach to discipline. Through such an approach, PCIT aims to decrease disruptive and externalizing behavior by teaching parents to be consistent and predictable.