Considering Environmental Factors in Children’s Lives: MassLAUNCH

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Framework for Integrated System of Care for Early Childhood Mental Health in Massachusetts

**Vision**
All children are emotionally healthy, ready for school, and nurtured to develop their full potential.

**Goals**

1. Families with children 0-5 and those who work with them have awareness, knowledge, and understanding of how to nurture and promote children's healthy growth and development.

2. Children and families are supported to develop improved social connection and resilience, and those with risk factors related to behavioral health are identified and served as early as possible through a system of prevention.

3. There is a coordinated, well-resourced system of relationship-based intervention services for support and treatment of children with social, emotional, and behavioral needs.

4. There is a coordinated and cross disciplinary system of training (workforce development) that supports Promotion, Prevention and Intervention efforts of all types of early childhood service providers.
Why the Medical Home?

- Regularity of well visits in infancy & early childhood
- Relatively high parent trust for child's pediatrician diminishes barriers to mental health care
- Powerful, non-stigmatizing point of entry into community-based services

- AAP vision of medical home as hub for comprehensive care
- Increasing momentum of medical home model
The Mass LAUNCH Model
Early Childhood Mental Health within Pediatric Primary Care

Behavioral Health Integrated into Pediatric Medical Home

- ECMH Clinician and Family Partner embedded in primary care
- Primary Care Champion as liaison
- Administrator (from Pediatrics or Behavioral Health) to promote supportive policy context, identify financing issues
- Team participation in Medical Home Learning Collaborative
The MA ECMH Model
starts with the ECMH Team

Family Partner
The Family Partner is a parent with personal experience navigating systems for a young child with social, emotional, or behavioral needs. This personal experience is a strong asset in all aspects of the Family Partner’s work. Most FPs reflect the culture of the families served.

ECMH Clinician
The Early Childhood Mental Health (ECMH) Clinician has specialized training and professional experience in the field of early childhood mental health. This includes in-depth understanding of early social and emotional development, parent child relationships, and consultation to early education providers.

A Dynamic Duo
• Unique combination of personal and professional perspectives.
• Ability to build relationships and facilitate trust between families and providers.
• Keep the family voice at the forefront.
• Continually focused on the unique needs of young children and their families.
What does the Project LAUNCH team do?

- Care Coordination
- Social and Emotional Capacity
- Family Stress
- Preventative Intervention
Common Family Concerns

• Parental stress/mental health
• Adjustment and loss (new sibling, loss of caregiver, moving into a shelter, recent immigration)
• Behavior concerns
• Infant crying
• Social development
• New parent support
• Activity level
• School concerns (evaluations, communication with teacher, making friends)
LAUNCH Needs Assessment Tool*

- Income Screening
- Employment
- Housing and Utilities Screening
- Family Strengths
- Family Health Concerns
- Family Incarceration
- Guns in the Home
- Education
- Child BH Screen review
- Exposure to Trauma
- Alcohol/Substance Abuse
- Other Stressors

*This tool is adapted from the Dulce Project at Boston Medical Center, Robert Sege, MD, PI.
Promotion Examples:
• Mental Health Awareness Day
• Social Marketing Campaign
• Family Game Nights
• Prescription to Play
• Community Outings
• Trainings for Primary Care Staff
• Ongoing arts and cultural events

Prevention Examples:
• Community referrals for concrete needs
• Individual Consultations
• Short-term Interventions
• School Observations, Advocacy, and Consultations
• Family Nurturing Program
• Parent Groups
• CSEFEL Play Groups
• Transition to Kindergarten Event

CORE VALUES: Nurture Caregiver Competence, Promote Secure Attachment, Facilitate Teamwork and Collaboration with Caregiver(s) as Driver(s).
An Example of Targeted Family Support from the Toolkit

3) Homeless Caregivers Support Group

- Seeing a need to support families living in homeless shelters and hotels, the team at Martha Eliot Health Center developed a six-week curriculum.

- Caregivers developed relationships with peers and learned skills for making the best of their situation.

- Topics included learning to cook healthy meals in a microwave and strategies for safe and engaging play for young children in confined spaces.
“The program has made a difference in how I communicate. Having someone to talk to, my stress level goes down... My daughters will grow up better because of that sense of community.”

Project LAUNCH Parent
Mass LAUNCH works!

- Decrease in child social emotional risk and challenging behaviors
- Decrease in parental stress and depression
- 2 Generation results: when parent stress is reduced, so is children’s social emotional risk
Changes Over Time for LAUNCH Parents with/without Significant Stress $n = 167$

Significant Stress ($n = 53, 32\%$)

Typical Stress ($n = 114, 68\%$)

Overall Model fit: Chi Sq = 49.29, df 1, $p < .001$
Social-Emotional Health for Launch and Comparison Children Scoring Beyond Normal Limits at Baseline $n = 349$

Overall Model fit: Chi Sq = 28.54, df 1, $p < .001$
Change in social-emotional functioning for children whose parents are at high baseline stress and are improving.
Find out more
http://www.ecmhmatters

http://www.ecmhmatters.org/ForProfessionals/Pages/MedicalHome.aspx#toolkit

Early Childhood Mental Health TOOLKIT

Integrating Mental Health Services into the Pediatric Medical Home
Thank You!

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• Thanks to our Funders and Partners:
Back Up: Evaluation Results
The Evaluation Design

**Standardized Tools:**
– Patient Health Questionnaire-9 (PHQ-9)
– Parent Stress Index-Short Form (PSI-SF)
– Ages and Stages Questionnaire-Social and Emotional (ASQ-SE)
– Child Behavior Checklist (CBCL)

**Data collection at Project LAUNCH pilot sites (3):**
– Collected data at 3 time points (approximately at baseline, 6 months, and 12 months)
– PHQ-9 (adult depression)
– PSI-SF (parental stress)
– ASQ-SE (child social and emotional development 2-63 months)
– CBCL (child behavioral health for ages 6-8 years)
Changes Over Time for LAUNCH Parents with/without Clinically Significant Symptoms of Depression $n = 181$

Clinically Significant ($n = 53, 29\%$)

Non-Symptomatic ($n = 128, 71\%$)

Overall Model fit: Chi Sq = 15.08, df 1, $p < .001$
Changes Over Time for LAUNCH Children in/out of Clinical Range on CBCL at Baseline $n = 81$

Changes Over Time for LAUNCH Children in/out of Clinical Range on CBCL at Baseline $n = 81$

Overall Model fit: Chi Sq = 62.49, df 3, p < .001
Change in social-emotional functioning for children whose parents are at low baseline stress and are improving.
Change in social emotional functioning for children whose parents are at high baseline stress and worsening.

Lower standardized ASQ:SE Scores = Improvement
Cost Effectiveness Analysis of Project LAUNCH: Preliminary Results

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\text{Cost Effectiveness} = \frac{\text{Cost}_{\text{Project LAUNCH}} - \text{Cost}_{\text{Comparison Site}}}{\text{Net Effects}_{\text{Project LAUNCH}} - \text{Net Effects}_{\text{Comparison Site}}}
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\[
= \frac{$302,305.69 - $42,256.38}{379 \text{ Cases Prevented}}
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\[
= $686
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Annual cost of preventing social-emotional risk in children