

**Hawaii Early Childhood Positive Behavior Support
2008 Report on Early Childhood Mental Health Leadership Summit
Mental Health Transformation State Incentive Grant**

Background

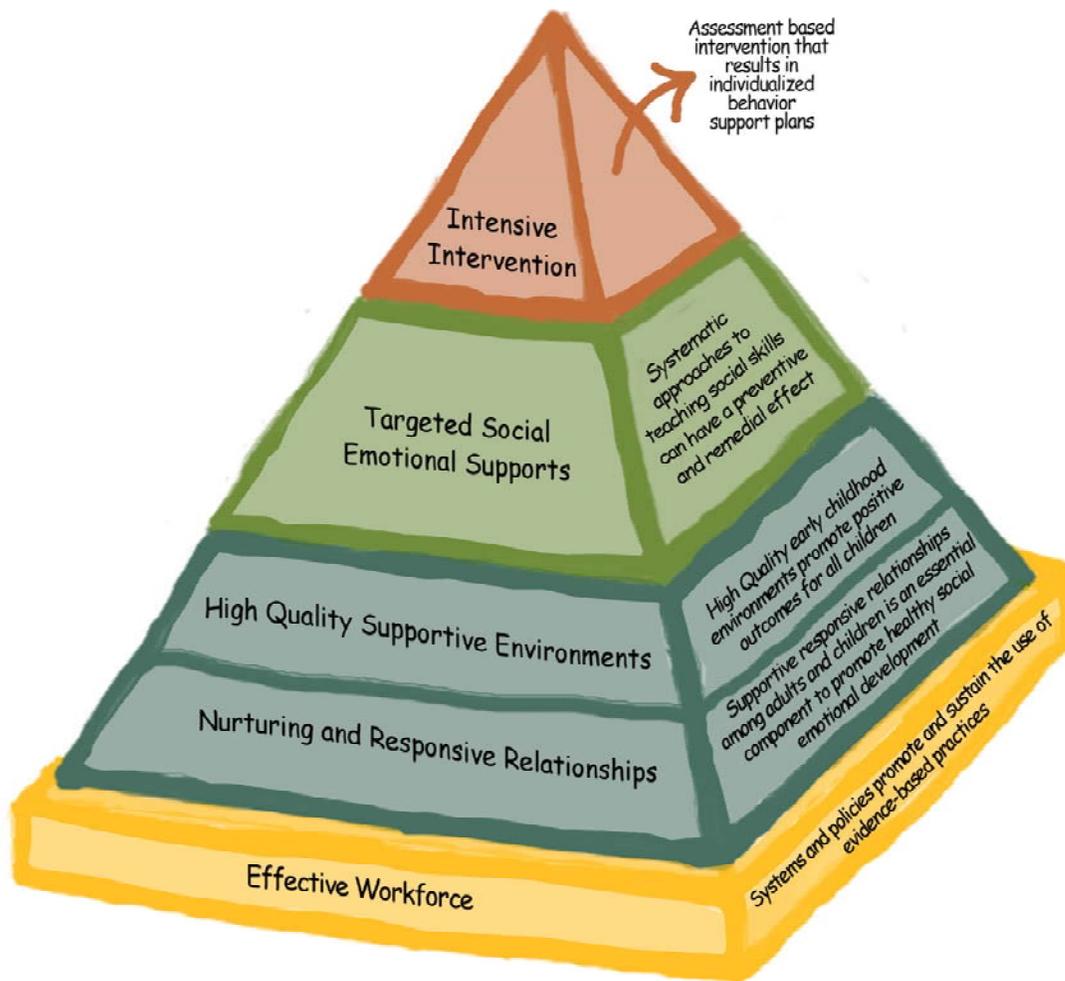
The Hawaii Early Childhood Positive Behavior Support (EC PBS) Team is an inter-disciplinary public-private partnership focusing on the social emotional needs of young children and their families and caregivers. It is housed in the Department of Health's Family Health Services Division Early Childhood Comprehensive Systems (ECCS) grant in partnership with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Kamehameha Schools. The leadership team consists of members from Departments of Education, Health, and Human Services, Head Start State Collaboration Office and the Head Start Association Hawaii, Hawaii Association for the Education of Young Children, Good Beginnings Alliance, PATCH (Hawaii's Child Care Resource and Referral Agency), Medical Home Works, and Hawaii Families As Allies (the Hawaii chapter of Federation of Families for Children's Mental Health).

The Hawaii EC PBS Team submitted a proposal to the MHT SIG directors in June 2008 and received funding to host an early childhood mental health leadership summit and conduct parent training. The Summit occurred on September 30, 2008 and the CSEFEL Parent Module Training will happen on December 3-4, 2008.

Summit Report

A total of 54 Participants attended the Early Childhood Mental Health Leadership Summit on September 30, 2008. It was held at the Tokai University from 10:00 – 4:00. The Summit was organized by the Family Health Services Division with planning team members from various early childhood and mental health agencies. Dr. Neal Horen, from the National Technical Assistance Center on Children's Mental Health offered his assistance in the planning of the agenda. The purpose was to convene participants around efforts to promote early childhood mental health. The objectives were to define common terms of an ideal system of care which promotes infants and children's social and emotional well-being and to share state departmental and community initiatives which promote children's social and emotional well-being. The CSEFEL Pyramid Model framework was introduced as an effective model to promote social, emotional, and behavioral outcomes for children. This public health model of promotion, prevention and intervention is a widely referenced useful framework for addressing the needs of children in the areas of social, emotional and behavioral development and academic achievement. The public health model considers interventions at three levels: proactive strategies for the whole population, secondary strategies to be used with populations at risk, and tertiary interventions for those individuals showing symptoms of a disorder (usually considered high-end or Child and Adolescent Mental Health Division children if they qualify for those services).

The Pyramid Model provides guidance for early intervention and education programs on the practices necessary to promote young children's healthy social and emotional development, prevent problem behavior, and provide individualized intensive interventions when necessary.



Participants

Meeting participants included representatives from Department of Education (Primary Prevention and Intervention, Community Children’s Council Office), Health (Child and Adolescent Mental Health Division, Early Intervention, Maternal and Child Health Branch, Children with Special Health Needs Branch, Developmental Disabilities), Human Services (Child Welfare Services and the Head Start State Collaboration Office), Community Health Centers (Waianae Coast Comprehensive Health Center and Kokua Kalihi Valley), American Academy of Pediatrics-Hawaii Chapter, Family Advocacy Groups (Hawaii Families as Allies, Hilopa‘a Family to Family Health Information Center), Early Childhood Stakeholders (Good Beginnings Alliance, Head Start Association of Hawaii, Maui County Early Childhood Coordinator, Family Support Services of West Hawaii, PACT Early Head Start), Mental Health Advocates (State Council on Mental Health) and others, Salvation Army, Easter Seals, Family Court, University of Hawaii School of Nursing. Due to travel restrictions, we were not able to find timely approval for neighbor island participants to attend the Summit. However, 4 participants from Maui and Kona flew in at their own expense.

Presenters

The agenda was designed to include presentations that would integrate an early childhood system of care into a caring system by looking at mental health from a preventative and public health approach. The format of the morning allowed for 2 keynote speakers, Dr. Calvin Sia and Dr. Chris Derauf, who shared the research on brain research on child development and the impact of stress. There was also a panel sharing promising models for promoting early childhood well-being: Early Childhood Positive Behavior Support and Center on the Social and Emotional Foundations for Early Learning (Keiko Nitta), Waianae Coast

Comprehensive Health Center's Integration of Traditional Indigenous Knowledge and Evidence-Based Practices (Dr. Kamana'opono Crabbe), Early Court: Improving Outcomes for Infants and Toddlers in Family Court (Dina Shek).

- Dr. Calvin Sia, pediatrician, presented on "Implementing Medical Home System of Care in Early Childhood & Social Emotional Well Being" and shared the importance of integrating science, policy and practice. He left the group with the challenge "We believe in the inherent warmth of all young children; they are our most enduring and vulnerable legacy. We must work together at all levels in support of integrating science, policy and practice and in prevention and early intervention programs to learn ways to cope with stressful life experiences."
- Dr. Chris Derauf, associate professor at the University of Hawaii John A. Burns School of Medicine, presented on "Using Research to Inform Early Intervention and Advocacy for At Risk Kids." He shared research that shows that infancy through preschool as a critical period for subsequent outcomes. There are variables impacting child development such as: the total number of risk and protective factors, the intrinsic characteristics of the child, child-caregiver relationships, and environmental-community factors. Dr. Derauf stressed the significance that the conversation has moved beyond research into science and now there needs to be greater advocacy sharing the message on the importance of child development and early intervention.
- Keiko Nitta, Early Childhood Comprehensive Systems Coordinator, shared the work of the Early Childhood Positive Behavior Support Team which is working with Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and Kamehameha Schools to support professional development of those working with children. The team will be bringing training to practitioners to increase the availability of resources and services to promote positive social and emotional development of young children.
- Dr. Kamana'opono Crabbe, Clinical Psychiatrist, shared his thoughts on culture and mental health and how it is affecting the children and families in the Waianae community. Maili School approached the Waianae Coast Comprehensive Health Center to help them with the onslaught of "homeless" and at-risk families entering their community. Families experiencing crisis often have children who are demonstrating challenging behavior. When adults have substance abuse problems, are incarcerated, or have lost a job it is important to pay attention to how this affects the children. His program in Waianae uses a traditional chant and cultural practices to work with parents and their children to become healthy and resilient.
- Dina Shek, Law Fellow, shared information about the new Early Court model which will be receiving funding from ZERO TO THREE® to design a model to help those in the court system with young children by identifying problems early and addressing them with effective services. Mental health issues abound in correctional institutions and the adult mental health system faces daunting challenges. If work can be done to keep kids from ever having to be involved with those systems it would be of great benefit.

Leadership Strategies – Breakout Group on Common Definitions

The afternoon session focused on Leadership Strategies – Coming Together on Common Terms from Different Perspectives: Infant Mental Health, Early Childhood Mental Health, Natural Supports for Families and Caregivers. Participants were asked to respond to national definitions of infant and early childhood mental health and complete the chart asking for a definition relevant to Hawaii. The National TA Center on

Early Childhood Mental Health sent their framework for working on children's issues to set the context for the definitions exercise.

Next Steps and Recommendations

Since the merger of the MHT SIG Taskforce Workgroups into the new priority areas, there was a concern that no one was addressing early childhood mental health issues. While there is a State Council on Mental Health, their focus has generally been on adolescents. Judging from the evaluations and conversations, attendees would be interested in continuing to craft the message of prevention and advocate for early childhood issues of mental health. There is a strong interest in continuing the dialogue to improve mental health services for early childhood; however it is uncertain where resources would come for this effort. While CAMHD is looking at the full spectrum from prevention to treatment, the participants believe the emphasis is on older children and more on the treatment rather than the prevention side of services. Judging from the interest and attendance at this Summit, there is a need to continue to work on the promotion of children's mental health across disciplines while being culturally respectful and family-friendly.

- Noelani Wilcox, Chair of the State Council on Mental Health, attended and suggested that any recommendations on early childhood should be presented through Dr. Stanton Michels who is the representative on the Council.
- Liz Chun, Executive Director of Good Beginnings Alliance, an early childhood public-private partnership and intermediary organization, offered their website as a venue to advocate for the needs of young children's mental wellness.
- Loretta "Deliana" Fuddy, Chief of Family Health Services Division, directed staff to compile the notes from the meeting and send to the group to establish a common definition of early childhood mental health for Hawaii, and to craft a messaging campaign on the importance of young children's mental health. Those interested in continuing to this effort will meet by e-mail and face-to-face with support from the National TA Center on Children's Mental Health. Keiko Nitta will compile the meeting notes and breakout group worksheets and send to the attendees. A follow-up meeting will be convened to discuss the next steps for finalizing a definition, for crafting the message on early childhood mental health and to discuss the development of a pro-active strategic plan for early childhood mental health. As evidenced by the work sheets several of the groups were unable to complete the grid; the need for more time to dialogue was expressed.
- Workgroups expressed interest to continue to meet as some did not have time to complete the full exercise of charting the definition and synthesizing the comments into a common language with consensus from the group.
- Participants advocated for continued leadership in three critical areas:
 - 1) Messaging the importance of early childhood and supporting strong behavioral wellness in children;
 - 2) Supporting workforce development through strengthening professionals' skills working with infant and young children's development and challenging behavior;
 - 3) Developing community strategies and developing leadership in the field of early childhood mental well-being in collaboration with public-private partnerships.

There is still a need for a group to work to:

- Increase the availability of services to address the needs of children at-risk for the development of mental health problems; and

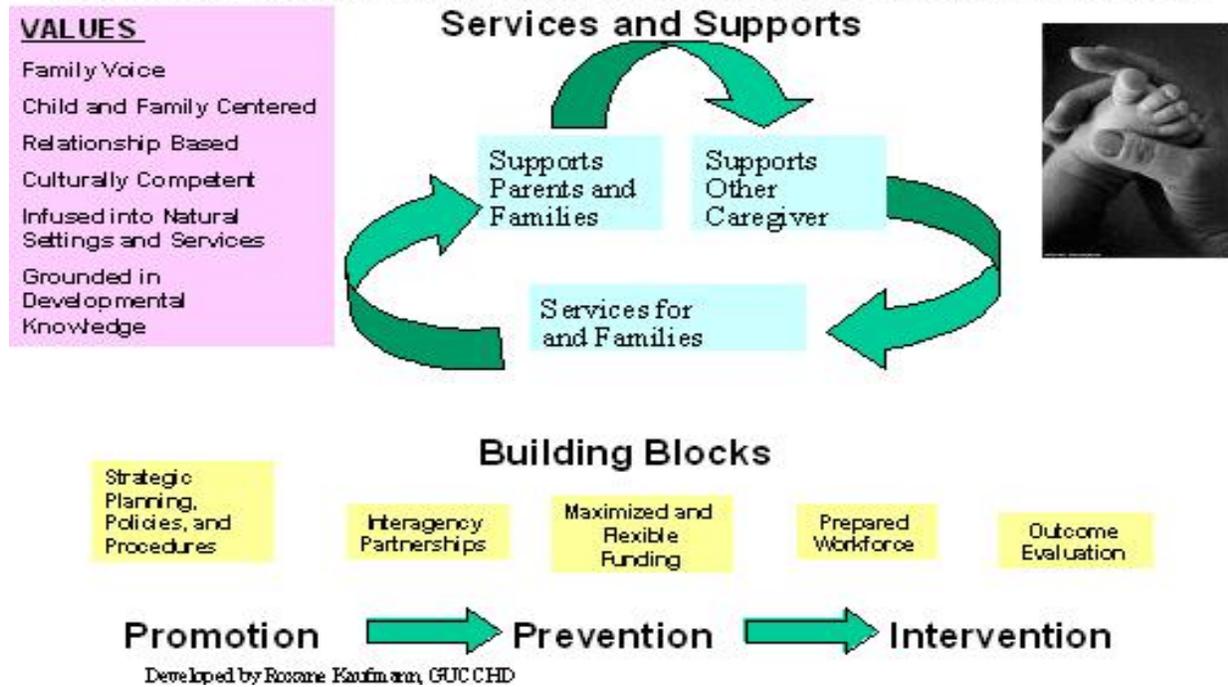
- Create service delivery pathways to facilitate entrance of at-risk children into appropriate child development and mental health delivery systems.

Attachment 1. Breakout Group Definitions

Participants were assigned to work as a group on one of three focus areas: infant mental health, early childhood mental health, and natural supports for families. Workgroups were given time to complete the worksheet and to share with the full audience.

EARLY CHILDHOOD MENTAL HEALTH IN A SYSTEM OF CARE

Fosters the social and emotional well-being of all infants/toddlers, preschool-age children and their families



Infant Mental Health

<i>What Is Infant Mental Health</i>	<i>What definition makes sense for Hawaii?</i>	<i>Who is doing this?/Who Should be doing this?</i>	<i>What does this mean (service-wise) for practitioners?</i>	<i>Where are the resources for this?</i>
<p>Infant/Early Childhood Mental Health:</p> <ul style="list-style-type: none"> • Capacity to experience, regulate and express emotion; • Form close and secure interpersonal relationships; and • Explore the environment and learn; • Synonymous with healthy social and emotional development <p><i>(from ZERO TO THREE®)</i></p>	<ul style="list-style-type: none"> • Attachment; • Sensitivity to culture; • Knowing the history/politics of the culture; attention to isolated communities, neighbor islands; • Connections 	<ul style="list-style-type: none"> • Parents/Ohana-caregivers • Families, Friends, and Neighbors; • Providers-Professionals; • Government 	<ul style="list-style-type: none"> • That services are child and family driven; • Outside the box (e.g. judges); • Legislators; • Need to recruit compassionate people with special interests; • Has to be individualized; • Training to increase the core knowledge. 	<ul style="list-style-type: none"> • Community organizations/persons; • Grant money, DOH, DHS, DOE; • National Foundation (Kellogg); • The family/ohana; • PBS – Stories/ family; • Community health centers; • Cultural organizations; • Churches
	<ul style="list-style-type: none"> • Malama Ko Aloha “Caring for the Aloha” • Wellness • Families – passing on the aloha from generation to generation • Happy baby • Curious baby (stimulates social/emotional) • Each child is born with a “bowl of light” (nurturing that light—potential) • Our group agrees to avoid using term “mental” health connected to negative connotation in Hawaii. 	<ul style="list-style-type: none"> • Parents, immediate “family” those surrounding child – starting with the piko (root). • Community (takes a village to raise a child). • Pediatrician (caring as advocates) • Early intervention programs • Family organizations • Caregivers – family child care providers • Family Child Interaction Learning Programs 	<ul style="list-style-type: none"> • To utilize family as a natural support • Look at whole environment • Services need to be inclusive of the family and culture of the child/family • Accessibility to resources. 	<ul style="list-style-type: none"> • Pediatricians (advocates) • Kupuna • Resources exist – need to be interwoven with intention by providers and individuals dedicated to early childhood • Building family capacity • Pointing out specifics with families by celebrating strengths
	<ul style="list-style-type: none"> • Words that come to mind: baby, attachment, socialization, contentment, interactive, temperament. • Definition 0-12 months 	<ul style="list-style-type: none"> • Family/ohana • Early care providers (formal and informal) • Medical home, policy makers, advocates, service providers, employers 		<ul style="list-style-type: none"> • Hawaii Families as Allies • DOE – Parent facilitators • DOH: MCHB, WIC, CSHNB • Counties • Courts

Early Childhood Mental Health

<i>What Is Early Childhood Mental Health</i>	<i>What definition makes sense for Hawaii?</i>	<i>Who is doing this?/Who Should be doing this?</i>	<i>What does this mean (service-wise) for practitioners?</i>	<i>Where are the resources for this?</i>
<p>Early childhood mental health is the social, emotional, and behavioral well-being of children birth through five and their families, including the developing capacity to:</p> <ul style="list-style-type: none"> • Experience, regulate, and express emotion; • Form close, secure relationships; and • Explore the environment and learn. <p><i>(from Georgetown University)</i></p>	<ul style="list-style-type: none"> • Happens in the context of a healthy family including their culture and values. • Prenatal – age 8. • Developing competence in capacity of 3 bullets in the definition. • Within contexts of culture and family. 	<ul style="list-style-type: none"> • Families, head starts, healthy start, DOH Early Intervention Services, DOE Services (Families for Real). • Health centers • Private organizations • Private preschools • DHS • Pediatricians • Baby Hui, Tutu & Me • Kapiolani Medical Center • Courts 	<ul style="list-style-type: none"> • Mindful of entire family • Cannot impose personal values on clients. • Cannot dismiss harmful behaviors as a cultural practice. 	<ul style="list-style-type: none"> •
 <p>See picture of lei Theme: Continuum of Building Positive Relationships from infancy to Death</p>	<ul style="list-style-type: none"> • 0-8 • Culturally grounded • Community specific, • Add an outcome – healthy thriving family, community 	<ul style="list-style-type: none"> • Every family should be doing this. • People already doing this 	<ul style="list-style-type: none"> • Everyone's kuleana • Holistic perspective (interdisciplinary) • Listen to parents, ohana, community • Working with parents • Skills to engage community 	<ul style="list-style-type: none"> • Examine existing resources.

Natural Supports for Families

<i>What Are Natural Supports for Families</i>	<i>What definition makes sense in Hawaii?</i>	<i>Who is doing this?/Who Should be doing this?</i>	<i>What does this mean (service-wise) for practitioners?</i>	<i>Where are the resources for this?</i>
<ul style="list-style-type: none"> • Family, friends, co-workers, church, community-based programs. • Non-paid caregiver. • Culturally-based infrastructure (i.e., Matai system) 	<ul style="list-style-type: none"> • Recognizing cultural supports. • Ohana • After school programs (i.e., at sports). • Filling the spiritual need through the church. 	<ul style="list-style-type: none"> • Private schools/DOE. • Community Based programs • Churches • Community Health Centers 	<ul style="list-style-type: none"> • Endless search for funds! • Less need for certain resources to be tapped into. • Help in training the natural supports. • Help coordinating resources. 	<ul style="list-style-type: none"> • In the community.
<ul style="list-style-type: none"> • Neighbors • Churches 	<ul style="list-style-type: none"> • Mutual interests • Hawaii language words "ohana" "aloha" 	<ul style="list-style-type: none"> • See above • Internet 	<ul style="list-style-type: none"> • Practitioners should both know and have personal experience with building & maintaining their own 	<ul style="list-style-type: none"> • Leveraged combining resources • Raise awareness of the

<ul style="list-style-type: none"> • Extended family “hanai” • Friends • Social groups (Lions, sports) • Acquaintances (mutual interests) • YMCA/YWCA, Boys and Girls Club, Boy Scouts/Girl Scouts • Siblings 	<ul style="list-style-type: none"> • Relationship based • Relationships enduring overtime and changing over time. Different people at different times. • Unpaid support • Supportive relationships • Unconditional support 	<ul style="list-style-type: none"> • Social networking • Some organizations Families-raise considerations • Start from birth • Child serving agencies should help families recognize natural supports and who could be called • All service providers. 	<p>natural supports.</p> <ul style="list-style-type: none"> • Practitioners should collaborate and coordinate to give one message rather than many to avoid confusing parents. • Shift from “fixing” families to “empowering” families • Doing “with” not “for” coaching model – start with “for” move to “with” • Engage families in process of uncovering their own individual supports. • Checklist of resources • Red-green-yellow list for families (red for child, yellow for youth) 	<p>availability of resources that exist as in #1</p> <ul style="list-style-type: none"> • Interagency collaboration as natural supports.
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Attachment 2. Participant List

Last	Name	Agency
Amaral	Debbi	Maui Economic Opportunity Early Childhood Services
Bishop Freed	JoAnn	Family Support Services of West Hawaii
Bopp	Tammy	Early Intervention Section
Bornacorsi	Kaina	County of Maui Early Childhood Resource Coordinator
Breakey	Gail	First Relationships
Brown	Sue	Early Intervention Section
Calderon	Florence	DHS, Leeward Child Welfare Services 3
Ching	Judge	Early Court
Chinn	Ramona	School of Nursing & Dental Hygiene
Chun	Liz	Good Beginnings Alliance
Chun-Lum	Sharlene	Mental Health Transformation
Colby	Dorothy	Children with Special Health Needs Branch
Crabbe	Dr. Kamana`opono	Waianae Coast Comprehensive Health Center
Daraban	Charlie	Hawaii Families as Allies
Derauf	Dr. Chris	Department of Pediatrics
Fox	Kealoha	Waianae Coast Comprehensive Health Center
Fuddy	Deliana	Family Health Services Division
Goetz	Dr. Rupert	Mental Health Transformation
Granato	Noelle	PACT
Harris	Deidre	Kamehameha Schools
Heu	Dr. Pat	Children with Special Health Needs Branch
Hirai	Cindy	Maternal and Child Health Branch
Iwaishi	Dr. Louise	Family Health Services Division
Iwaoka	Sue	Adult Mental Health Division
Jackson	Chris	Head Start State Collaboration Office
Kaiwi	Helene	Maternal and Child Health Branch
Kajiwara	Keiko	Sounding Joy Music Therapy
Kaneshiro	Herb	Family Health Services Division
Kei	Karen	Sounding Joy Music Therapy
Ku	Tercia	Mental Health Transformation
Machado	Linda	Hawaii Families as Allies
Mahi	Dawn	Kokua Kalihi Valley
Medina	Carol	Mental Health Transformation
Meguro-Reich	Lynn	Department of Education
Michels	Dr. Stanton	Child and Adolescent Mental Health Division
Moore	Michael	Learning Disabilities Association of Hawaii
Moya	Jana	PACT
Nitta	Keiko	Family Health Services Division
Ober	Tracey	Department of Human Services
Oneha	Mary	Waianae Coast Comprehensive Health Center
Ota	Lila	Children with Special Health Needs Branch
Parlin	Leolinda	Hilopa`a
Perry	Connie	Department of Health, Developmental Disabilities
Piburn	Don	Early Intervention Section
Rezentes	Kau`i	Hilopa`a
Rich	Linda	Salvation Army
Shek	Dina	Early Court
Sia	Dr. Calvin	Medical Home Works!/Community Pediatrics
Sinclair	Ivalee	Community Children's Council Office
Sorensen	Cathy	Family Health Services Division
Taba	Sharon	Medical Home Works!/Community Pediatrics

Takemoto	Clayton	Early Intervention Section
Tamori	Kimberlie	Department of Human Services
Vanatta	Steven	Community Children's Council Office
Viesselman	Dr. John	Child and Adolescent Mental Health Division
Walker	Carla	East Sultan Early Intervention Program
White	Martha	Family Support Services of West Hawaii
Wilcox	Noelani	Parent, Chair of State Council of Mental Health
Wilson	Lynn	Medical Home Works!/Community Pediatrics
Wong	Po Kwan	Children with Special Health Needs Branch
Wu	Wendy	Community Pediatric Resident
Yonamine	Ed	Good Beginnings Alliance
Yuen	Sylvia	Center on the Family
	Sara	University of Hawaii School of Social Work
	Cathy	University of Hawaii School of Social Work