AN ASSESSMENT OF INFANT MENTAL HEALTH NEEDS IN MECKLENBURG COUNTY

A Report to Smart Start of Mecklenburg County
on behalf of
The Infant Mental Health Working Group

April 15, 2008

Researched and Written by

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Executive Summary

In October 2007, Smart Start of Mecklenburg County engaged The Lee Institute to complete an assessment of the needs of children birth through five with mental health issues and their families. This study has been guided by the Infant Mental Health Group (IMH Group), an informal collaborative of clinicians, researchers and program administrators in Mecklenburg County dedicated to improving the lives of children birth through five with mental health issues and their families.

After reviewing the literature, exploring services provided outside Mecklenburg County, interviewing family members, surveying local providers, and drawing on personal and professional experience, the IMH Group, with facilitation by The Lee Institute, has confirmed that there are gaps in the supply of, demand for and coordination of services for children birth through five experiencing mental health problems.

Healthy development in a child's early years is a predictor of health in adolescence and adulthood. When parents have the supports and connections needed to physically and emotionally nurture their baby, toddler, or preschooler, later mental health issues can be prevented. Examples of mental health issues affecting young children include failure to thrive, post-traumatic stress disorder, selective mutism, depression, adjustment disorders and attachment disorders. Mental health issues are commonly misunderstood or stigmatized to the point that parents and health care providers alike may not recognize early signs of problems or may not know where to refer the family for early intervention or treatment. In spite of the best of intentions, the lack of awareness and information within families and among service providers can stall intervention, support, and treatment.

It is estimated that one out of five children ages birth through 17 has a diagnosable mental health disorder. While few studies address the prevalence of mental health issues in children birth through five specifically, the research described in this report supports the reasonableness of using this metric to estimate the number of children birth through five with mental health issues. Applying this figure to Mecklenburg County's population, this study estimates that **15,833** children birth through five have a diagnosable mental health disorder. Many studies indicate that only **one-third** of these children receive treatment. There is a multitude of environmental and physical risk factors that can lead to the development of a mental health issue for these children, including poverty, abuse, neglect, being placed in foster care, prenatal substance abuse, and low birth weight.

Mecklenburg County, like many regions across the country, lacks an adequate supply of providers trained and skilled in meeting the mental health needs of children birth through five and their families. Local service providers also indicate that there are insufficient opportunities for networking with other clinicians so that they can forge linkages with their counterparts who work with very young children. Both professionals and parents contacted in the course of this research have noted the need for assistance and support to guide families through the system. Parents who themselves are struggling with their own mental health issues can find barriers to accessing the support systems they need, as well as those they need as parents for their children.

Populations typically underserved by the healthcare system, namely the indigent and those whose first language is not English, experience financial, cultural and/or language barriers to accessing IMH services, in addition to the barriers stemming from the inadequate supply of trained and skilled providers.

With the completion of this needs assessment, and thanks to continued funding by Smart Start of Mecklenburg County, the IMH Group and The Lee Institute look forward to launching the next phase of work: designing a set of responses to the current needs of this population. Over the next several months, the IMH Group plans to develop a set of short-term initiatives and longer term strategies involving a combination of training, social marketing and service delivery. Initiatives to build the capacity of the community to meet the needs of this population will be informed by the voices of family members and providers, and model a collaborative, strengths-based approach to dovetail with efforts under way to build a system of care for children with mental health issues and their families.

Overview

Project Overview

In 2007, Smart Start of Mecklenburg County issued a request for a proposal citing the need for an interconnected network of resources in Mecklenburg County to assist families with children birth through five with mental health needs. The Lee Institute submitted a proposal to Smart Start, proposing a collaborative approach where The Lee Institute would serve as a researcher, facilitator and project manager utilizing the Infant Mental Health Working Group (IMH Group) to guide the planning and development of resources for this population. The IMH Group, a cross-organizational multidisciplinary collaborative, began meeting early in 2007 in response to shared concerns and interests in the mental health of this age group. A roster of IMH Group members and The Lee Institute staff working on this project appears in Appendix A. In October 2007, The Lee Institute received funding from Smart Start and began its work by conducting an assessment of the mental health needs and resources for children birth through five in Mecklenburg County and their families. The needs assessment provides an overview of:

- Existing national research on infant mental health, including local and national prevalence estimates for children birth through five with mental health issues;
- The direct treatment providers available in Mecklenburg County who offer therapeutic interventions for children birth through five;
- The practices of infant mental health service providers in other communities;
- Gaps between those resources available in Mecklenburg County and notable service examples elsewhere, including views expressed by providers and family members.

The primary focus of this needs assessment is on treatment services and intervention. While the IMH Group recognizes the importance of prevention on the service delivery continuum, it falls out of the scope of this needs assessment. As deemed by the IMH Group, the greatest community need at this time is meeting the needs of children birth through five with mental health issues and their families. The needs assessment will serve as the foundation for expanding mental health services and supports available to children birth through five and their families in Mecklenburg County.

Definition of Infant Mental Health

As defined by Zero to Three—a national nonprofit organization whose mission is to support the healthy development and well-being of infants, toddlers and their families—infant mental health is "the developing capacity of the child from birth to three to: experience, regulate, and express emotions; form close interpersonal relationships; and explore the environment and learn—all in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development."[1] When considering the mental health of a child, it is critical to look at the child within the context of the family.

Importance of Infant Mental Health

Virtually all parents want the best for their children and go to great lengths to meet their needs in every way they can. There are times when events occur beyond the control of families and when families need extra support. The sooner that families

receive the help they need, the better the outcomes for their children. Healthy development in a child's early years is a predictor of health in his or her adolescence and adulthood. When parents have the supports and connection needed to physically and emotionally nurture their baby, toddler, or preschooler, later mental health issues can be prevented. To promote mentally healthy children birth through five, three basic needs should be provided: 1) food and clothing, 2) a safe place to live, and 3) a nurturing environment.[2]

The emotional development of children begins at birth: "right from birth…a healthy child is an active participant in growth, exploring the environment, learning to communicate, and, in relatively short order, beginning to construct ideas and theories about how things work."[3] Often the foundations for mental health disorders are laid at very young ages. Untreated mental health issues among youth can lead to failure in school, drug abuse, family conflicts, violence, and in the most extreme cases, suicide.[4] In North Carolina, suicide was the fourth leading cause of death for youth ages 15-17 in 2004. Twenty-five percent of North Carolina youth reported extended periods of feeling sad or hopeless, and 14% had seriously considered attempting suicide.[5] In addition, children and youth with emotional and behavior disorders:

- Earn lower grades and fail more tests and courses
- Are held back and expelled more frequently
- Experience a 55% drop out rate
- Enter the juvenile justice system more often[6]
- Are more likely to become a teen parent
- Are more likely to commit suicide[7]
- Of those children who are in the juvenile justice system and in a secured residential facility, most have a mental health disorder and 50% of those have more than one diagnosis.[8]
    - Of the youth in the North Carolina Juvenile Justice System—ages 6-17—75% have mental health needs.[9]
- "Children in first grade with the combination of hyperactivity and social problem-solving deficits have been found to have a greatly increased rate of drug and alcohol use when they are between 11 and 12 years old.
- Children in first grade with conduct problems, anxiety or depression, or attention deficit–hyperactivity disorder (ADHD) have approximately twice the risk of first tobacco use during fourth through seventh grade than do children without these early emotional disorders.
- Social impairment in childhood is a critical predictor for later substance abuse disorders."[10]

In addition, it has been found that children birth to three who are exposed to violence, trauma, or have medical issues are more likely to show:

- "Abnormal patterns in the expression of emotions
- Unusual or deviant behaviors including increased motor activity
- Distractibility and inattention
- Disruptions in feeding and sleeping patterns and/or
- Developmental delays in motor and language skills"[11]

In contrast, children with positive social and emotional development and secure attachment at a young age are more likely to:

- Have positive relationships with peers as children and to form intimate relationships as adults
- Be liked by their teachers
- Perform better in school
- Be resilient when faced with problems as they grow older
- Hold a job[12]

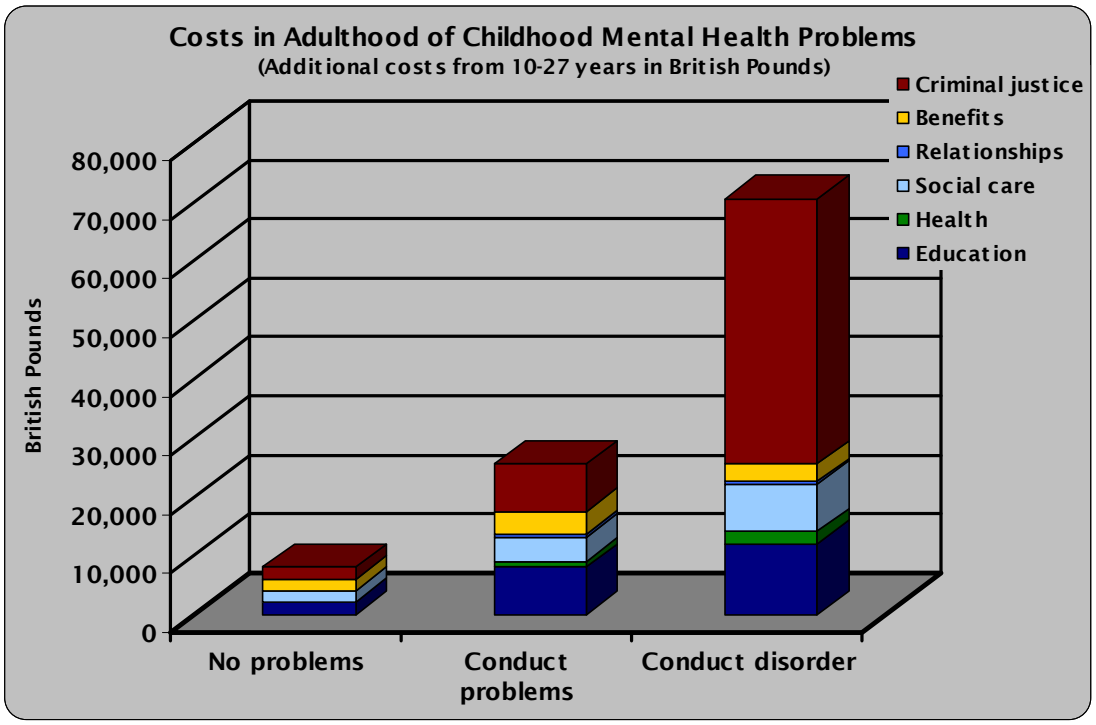
The earlier these issues are identified, the more likely it is that future mental health issues and problem behaviors will be prevented.

Cost to Society of Untreated Mental Health Disorders

More than a quarter of Americans aged 18 and older suffer from a diagnosable mental disorder in any given year.[13] A report by the World Health Organization, the World Bank, and Harvard University indicates that the burden of mental health as a disease on the United States accounts for more than 15% of the total burden of diseases, more than the burden caused by all cancers.[14] Many of these mental health illnesses can be linked to illnesses that first manifested themselves in childhood. The American Journal of Psychiatry published a study that found links between some adult-diagnosed disorders and behaviors during childhood: "Adults with PTSD [Post Traumatic Stress Disorder] had histories of extreme defiance and conduct disorders in childhood. Adults with obsessive-compulsive disorders tended to have had delusional beliefs and hallucinations as children. Phobias in adulthood tended to be linked to specific phobias that occurred during childhood."[15] Experts agree that aggression in young children if not treated at an early age often leads to acts of delinquency and violence as they grow older. If some of these mental health disorders can be identified during childhood, they will be less likely to appear, or appear in such severity, in teenage and adult years, thereby reducing the overall economic cost of mental illness, as well as lessening human suffering.

The economic impact of mental health issues on families and communities is significant, both in terms of the cost of work absenteeism and the cost of treatment: "The cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP…The average annual costs, including medical, pharmaceutical and disability costs, for employees with depression may be 4.2 times higher than those incurred by a typical beneficiary. However, the cost of treatment is often completely offset by a reduction in the number of days of absenteeism and productivity lost while at work."[16] In many developed countries, mental health problems account for 35% to 45% of absenteeism from work.[17]

The World Health Organization has calculated the costs of untreated childhood mental disorders. As this chart indicates (figures are in British Pounds), once a conduct problem reaches the level of a conduct disorder, the costs to society are significantly higher than if the issue is caught and treated earlier.



Source: Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.[18]

Identifying mental health issues at an early age promotes health in older children and adults, reduces human suffering, and eliminates significant economic costs to society.

Infant Mental Health: Diagnoses, Prevalence, and Treatment

Diagnoses in Children

The issue of diagnosis in infancy and early childhood is complicated by the fluidity of, and individual variations in, early development. Therefore, many professionals hesitate to assign specific diagnoses to a young child out of concern for labeling prematurely or inaccurately. A diagnosable mental health disorder refers to disorders that can be classified from the Diagnostic and Statistical Manual-IV (DSM-IV). The disorder causes varying levels of impairment for the child ranging from "least minimum impairment" to "extreme functional impairment."[19] Mental health disorders in children birth through five may include:

- Attention Deficient Hyperactivity Disorder (ADHD)
- Reactive Attachment Disorder
- Oppositional Defiant Disorder
- Adjustment Disorder
- Autistic Disorder
- Sleep Disorder
- Pervasive Developmental Disorder
- Anxiety Disorders
- Post Traumatic Stress Disorder
- Depression

- Feeding Disorder of Infancy or Early Childhood
- Selective Mutism
- Failure to Thrive
- Parent-Child Relational Problem

Other infant mental health issues:
- Physical or Sexual Abuse of Child
- Neglect of Child
- Delayed Social Emotional Development
- Atypical Social Emotional Development
- Temperament Issues or Mismatch of Parent/Child Temperament

Case Examples
The following case examples provide some context for what a diagnosable mental health disorder might look like on the "least minimum impairment" end of the spectrum:

> *Case Study 1*
> The household consists of a mother, father, and a 2½ year old with mild speech difficulties. The mother and father are both first-time parents in their late 30s, neither with much experience with children. The child is cognitively at his age level or above; his main struggle is with delayed speech. The child is essentially running the household with crying and tantrums, and while the parents feel sorry for him, they want to take back control of their home. The mother would like therapy to learn behavior management techniques to better handle the child's challenging behaviors.[20]
>
> *Case Study 2*
> Translating the infant mental health (IMH) approach from home visiting to a traditional outpatient mental health clinic, a therapist combines IMH theories and strategies with play therapy in time-limited treatment with two preschool-age boys and their mother. Intervention is initially focused on the three-year-old, who was expelled from his first child care center and is likely to be expelled from a second because of aggressive behavior. Gradually, the focus shifts to the family's feelings about the father's abrupt departure from the home after a conflict-filled marriage and the mother's return to more-than-full-time work. The combination of both therapies allows family members to express their concerns and begin to find resolution, although it seems likely that the family could have benefited significantly from treatment beyond the 10 sessions for which funding was available. As the case progresses, it is discovered through play therapy that both children were indirect witnesses to their father abusing their mother. Their mother has never explained why their father abruptly left or why she now has to work two jobs and is therefore not as available to them.[21]

Severe mental health disorders are distinguished from other diagnosable mental health disorders due to the severity of the level of impairment which falls along the lines of

"significant and extreme functional impairment." "Children with a serious emotional disturbance are persons from birth up to age 18, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM IV, that resulted in functional impairment which subsequently interferes with or limits the child's role or functioning in family, school or community activities."[22]

Case Study 3

The household composition consists of a mother, father, and two children—a girl age two and boy age four. The parents are highly educated, both with Master's degrees, and the father works long hours and travels frequently for work, including international travel. The four-year-old boy has a diagnosis of Autistic Disorder and attends public schools (Exceptional Children's Program) a half day, Monday through Friday. The two-year-old girl has a diagnosis of Pervasive Developmental Disorder due to her age, but is likely to receive a diagnosis of Autistic Disorder when she is older. She is receiving extensive services through a local agency. She also has a diagnosed heart defect. The mother also has health issues with a diagnosis of Rheumatoid Arthritis (RA), Fibromyalgia, and Depression. She has infusion treatments for RA once a quarter at the hospital. The mother suspects the children's father has a diagnosis of Asperger's Syndrome due to his lack of people skills and the fact that father's father has an Asperger's diagnosis. The family is in extreme financial difficulties due to excessive medical bills from both the female child and the mother. The home is filthy most of the time and is very disorganized. The mother wants therapy to deal with her own depression and grief with having two children diagnosed on the autism spectrum.[23]

Case Study 4

An isolated young mother is referred to an IMH program by a hospital social worker because it was reported that she was not following recommendations for feeding her six-month-old son, who is failing to gain weight. Of additional concern, an older child had been removed from the home for neglect. The IMH specialists, relatively new to the field, work hard to establish a working relationship with the mother that is based on non-judgmental listening and respect rather than uninvited "solutions." The mother has feelings of inadequacy and a lack of self worth. She feels blamed by the doctors and others who are supposed to be helping her and there is the ever-looming threat of removing the child from the home if he does not gain weight. She is a single mother, relatively abandoned by the father of her baby, and constantly feels as though she is not "fit" to be a mother or to be loved. These sentiments have been brought on by her own abandonment as a child by her parents, the removal of her first child from her care, and the threat of removal of the second, even though it appears to the social worker that the mother is doing all the right things.[24]

Case Study 5

This case study describes the nine-month relationship between an IMH specialist working in a child welfare intervention program and a family

that included a 25-year-old single mother, her three children under age three, and her male friend, who eventually became her live-together partner. At the time of referral, the 18-month-old middle child, identified as failing to thrive, was at high risk of removal from the home due to substantiated charges of neglect. The IMH specialist describes her process of establishing rapport, gathering information and understanding intervention needs, focusing on the parent-infant relationship, addressing feeding issues and other sources of stress in the family routine (sometimes through humor), and helping the family make the transition to longer-term IMH intervention. The 18-month-old middle child is being surpassed developmentally by her seven-month-old brother and the three children are constantly fighting for the attention of their two caregivers.[25]

Prevalence Estimates for Diagnosable Mental Health Disorders in Children Birth Through Five

Overview

There are nearly 80,000 children ages birth through five in Mecklenburg County. Of those 80,000, almost 16,000 have a diagnosable mental health disorder. Little data exist for the birth through five population, so prevalence estimates for the birth through 17 population were applied to the younger age group for purposes of this assessment. Research clearly indicates that the younger these illnesses can be detected, diagnosed, and treated, the better the chance there is to prevent them from becoming large-scale problems in adolescence and adulthood.

Methodology

After completing an analysis of research studies, interviews with national mental health experts and local child-serving agencies, and exploration of a sample of service programs nationally, the IMH Group agreed on prevalence estimates for diagnosable mental health disorders in the birth through 17 population. Multiple sources, including the U.S. Department of Health and Human Services, researchers at University of North Carolina-Charlotte, the U.S. Surgeon General's Office, Zero to Three, and mental health experts in Texas, confirmed that little data estimating the prevalence of mental health issues in children birth through five exist. While the IMH Group recognizes the potential concerns with applying prevalence estimates from an older population to a younger one, the Group feels this is the most accurate benchmark available at this time: "…prevalence figures suggest that the percentage of young children receiving some type of psychological diagnosis is relatively consistent with the numbers reported for older children."[26] The IMH Group used the most commonly quoted percentage—20%—for diagnosable mental health disorders in children birth through 17, as determined by the U.S. Surgeon General, to apply to the birth through five population in Mecklenburg County.

In analyzing prevalence data for purposes of this needs assessment, the IMH Group assumed that "children" and "children and adolescents" refers to ages birth through 17 in studies where the terms are not defined. The Group has also assumed that "severe" diagnoses are included in the overall count of diagnosable mental health disorders.

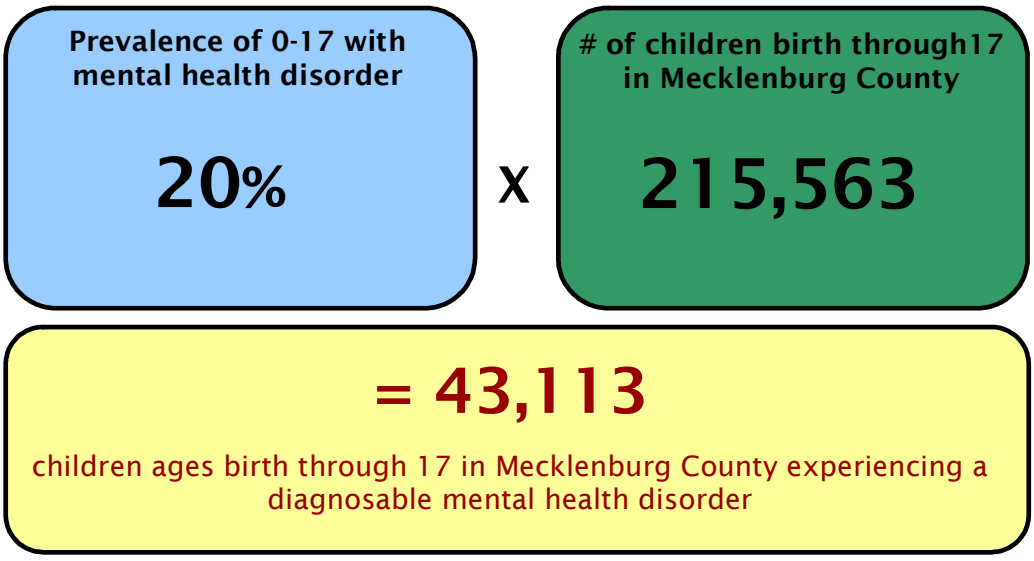
The range of estimates found for children in the United States who experience a diagnosable mental health disorder is presented below:

Metric	Ages	Sources
20-28%	Children	Center for Child and Family Policy, Duke University[27]
One in 5 (20%)	Children and Adolescents	-Substance Abuse and Mental Health Services Administration, 2003; -Journal of Zero to Three; -Surgeon General's Report on Mental Health, 1999[28, 29, 30]
13%	Preschool age children	Dr. Marian Earls, Greensboro, NC[31]
Between 10-15%	Preschool age children	Campbell, 1995[32]
15.2% - 20.8%	Ages 6-17	American Journal of Psychiatry[33]
8.5%	Ages 4-5	American Journal of Psychiatry[34]
13%	Children	Jellinek and Murphy, 1999[35]

Results

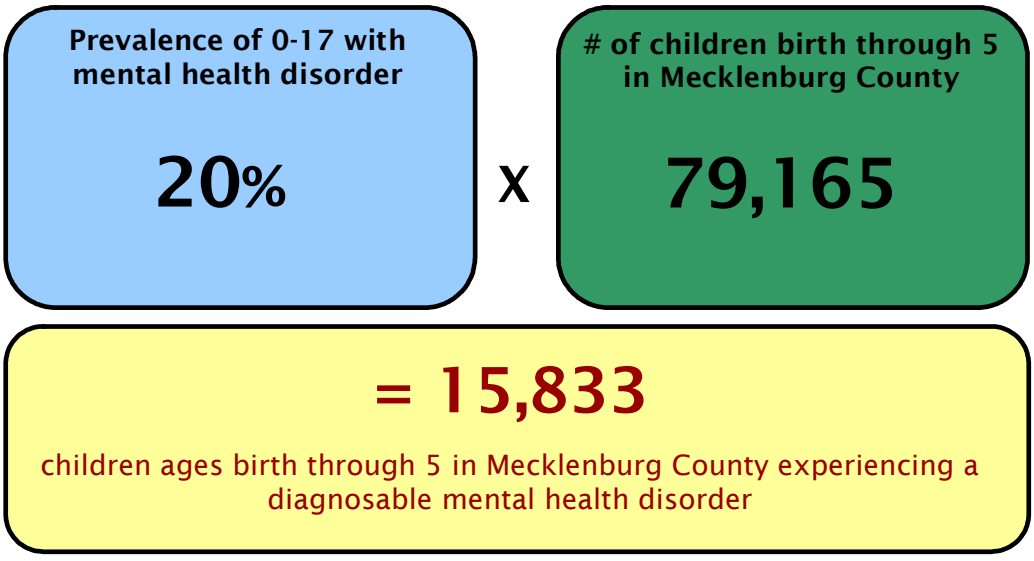
According to 2006 census data, there are **215,563** children ages birth through 17 in Mecklenburg County.[36] Utilizing the most commonly referenced study—"Mental Health: A Report of the Surgeon General, 1999"—the IMH Group estimates the prevalence of diagnosable mental health disorders for children birth through 17 in Mecklenburg County to be **20%**.[37] This is also the average of the range of national studies listed above (13% to 28%), further supporting that, given the available research and data, 20% is a reliable estimate for the prevalence of mental health disorders for children birth through 17. Applying this percentage to the birth through 17 population of Mecklenburg County indicates that approximately **43,113** (20% of 215,563) youth are experiencing a diagnosable mental health disorder. The same 2006 census data state that there are **79,165** children birth through five in Mecklenburg County. The IMH Group estimates that **15,833** (20% of 79,165) children birth through five in Mecklenburg County are experiencing a diagnosable mental health disorder.

Children *Birth Through 17* Who Are Experiencing A Diagnosable Mental Health Disorder



Sources: Surgeon General's Report on Mental Health (1999)[38] and US Census Bureau, 2006 American Community Survey.[39]

Children *Birth Through 5* Who Are Experiencing A Diagnosable Mental Health Disorder



Sources: Surgeon General's Report on Mental Health (1999)[40] and US Census Bureau, 2006 American Community Survey.[41]

Who is Receiving Treatment

Overview

Estimates for children birth through five who are receiving treatment for a diagnosable mental health disorder indicate that around **5%** are receiving the treatment they need. While a wide range of estimates was obtained, the IMH Group believes that the American Journal of Psychiatry's report provides the most accurate estimates for the birth through five population. The Group believes this age group is treated significantly less often than the older populations due to the limited number of providers treating this age group, and the approach by professionals when facing mental health issues in younger children to "wait and see" what happens as they develop.

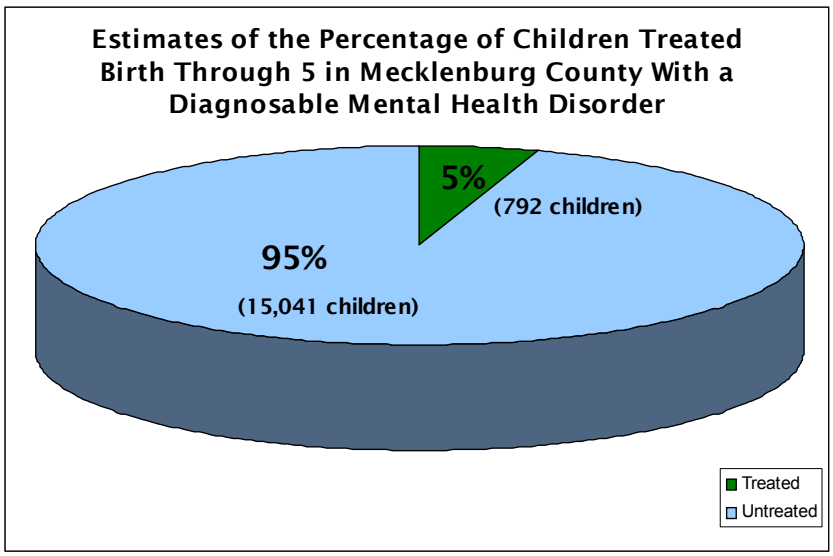
Methodology

For diagnosable disorders, the range of estimates for children who receive treatment is as follows:

Metric	Ages	Sources
30%	Children	World Health Organization[42] *(see chart in Appendix B)*
Less than 33%	Children	Caring for Children in the Community Study from The Great Smoky Mountains Study, 1998[43]
6.0% - 7.5%	Ages 3-17	American Journal of Psychiatry[44]
2% - 3%	Ages 3-5	American Journal of Psychiatry[45]

Results

Taking an average of the ranges from the American Journal of Psychiatry, the IMH Group estimates that **5%** of children birth through five in Mecklenburg County with a diagnosable mental health disorder are receiving treatment. This indicates that approximately 95% of children with a diagnosable mental health disorder are <u>not</u> receiving the treatment they need.



For additional data on treatment, see Appendix B: Treatment of Diagnosable Mental Health Disorders

Conclusions: Mental Health Needs of Children Birth Through Five in Mecklenburg County

The above estimates indicate that 20% of children birth through five in Mecklenburg County—15,833 children—are experiencing a diagnosable mental health disorder. About 95% of them—15,041—are not receiving treatment for these disorders. Identifying and treating mental health disorders in children at a young age is critical; the earlier these issues are caught, the more likely it is that future mental health issues will be prevented. In the next section, the IMH Group looks at risk factors that can lead to these diagnosable mental health disorders.

Risk Factors

The number of risk factors a child is exposed to can increase the chances of incidence of a mental health disorder: **four or more risk factors can result in a tenfold increase in emotional and behavior issues**.[46] "No group is immune to mental disorders, but the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly."[47] The risk factors that increase the chances of experiencing a mental health issue as a child birth through five fall into two main categories: environmental and physical.[48]

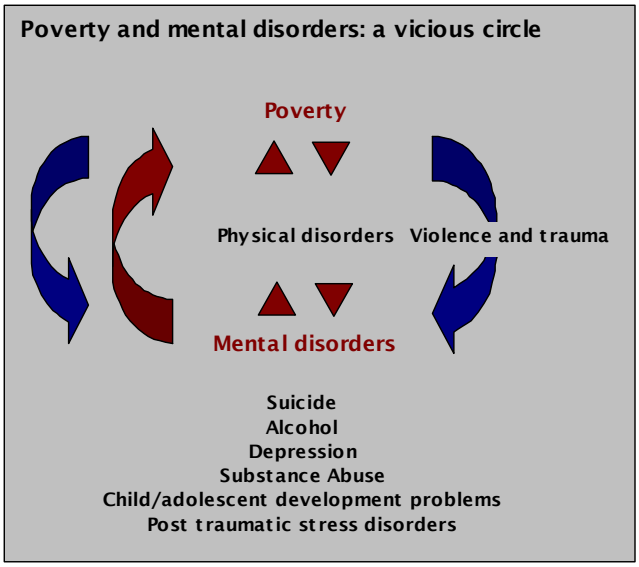
Environmental Risk Factors

Environmental risk factors are numerous, but the IMH Group has chosen to elaborate on the following:

- Poverty
- Abuse and neglect
- Parental mental illness (maternal/paternal mental illness and/or developmental disability)
- Domestic violence
- Foster care placement
- Expulsion from child care
- Adoptions (post-institutional adoptions and international adoptions)

For a more expansive snapshot of each environmental risk factor, please see Appendix C: Risk Factors.

Poverty
The link between poverty and mental illness, especially depression, is strong. As the chart below demonstrates, poverty and mental illness are cyclical and children can be caught in the cycle.



Source: Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

Nationally, 20% of children under the age of six are living in poverty; that number is higher for North Carolina at 23%, but lower for Mecklenburg County at 15.7%[49] "Low-income children, youth, and their families are disproportionately affected by mental health challenges."[50] The stress on parents and caregivers of living in poverty—the possibility of constantly moving due to an inability to pay rent, perhaps spending nights in a shelter, the inability to afford food, education, medical care, etc.—can take its toll on children; **children who are living in poverty have twice the rate of mental health problems as the overall general population of children.**[51] A lack of feeling secure and safe can affect a child's ability to develop normally and poverty can be a leading contributor to these insecurities.

Abuse and Neglect
Child abuse and neglect can leave emotional scars and lead to mental health issues in children. The effects can include:

- Low self-esteem
- Depression and anxiety
- Aggressive behavior/anger issues
- Relationship difficulties
- Alienation and withdrawal
- Personality disorders[52]

In addition:

- Abused children have greatly increased chances of being arrested as a juvenile or adult; as a juvenile the increased likelihood is 59% and as an adult, 28%.[53]

- About 36% of women in jail and 14% of men in jail say they were physically or sexually abused as children (both are double the rate among the general population).[54]
- About 33% of abused or neglected children will become an abusive parent once they have children. [55]
- According to the 2002 Children's Defense Fund study, 40% of the children who were found to be neglected or abused were younger than six and infants comprised the largest number of abuse victims.[56]
- In Mecklenburg County, 47.7 % of substantiated reports to Child Protective Services were for children from birth to age six.[57]

Parental Mental Illness

Parental depression, substance abuse, and other mental illnesses directly affect children. The effects of maternal depression on children can include reduced self-control, increased aggression, inability to make friends, and other difficulties in school—"evidence of infants experiencing symptoms of depression has been found in children as young as four months of age."[58] In North Carolina, 58% of women reported some level of post-partum depression and at least 10% of mothers of young children experience depression. It is thought that these rates may be twice as high for mothers who are living in poverty.[59, 60]

Domestic Violence

Domestic violence incidents accounted for 35,981 phone calls made to 911 in Mecklenburg County in 2004.[61] As domestic violence relates to children, national studies demonstrate that children who are exposed to domestic violence "have an increased risk for emotional and behavioral problems. The research indicates that very young children exposed to violence in their families may show excessive irritability, sleep disturbances and regressive behavior, and older children may show higher levels of anxiety, depression and decreased academic performance. The National Institute of Justice (NIJ) indicates that kids exposed to domestic violence have a 50% higher risk of drug and alcohol abuse, are more likely to commit suicide, and are 24% more likely to commit assaults."[62] With abuse, infants show increased irritability and fears of being alone.[63]

Foster Care Placement

In a snapshot taken on September 30, 2005, there were 514,000 children in foster care in the United States.[64] According to the national organization Zero to Three, 21% of all children in foster care were admitted prior to their first birthday; of all the infant placements, 45% occurred within 30 days of the child's birth. Only 36% of infants between birth and three months were reunified with their parents.[65] These attachment disruptions put the child at risk for developing mental health issues later in life. Children in foster care have higher rates than the general population of children for, among other issues, serious mental health problems.[66]

Expulsion from Child Care

Nearly 63% of children under age three spend time in non-parental care daily.[67] Being expelled from child care programs can have adverse affects on the mental health of children. A national study conducted by the Yale University Child Study Center showed that 10.4% of prekindergarten teachers had expelled at least one preschooler in the

past 12 months. It also found that the expulsion rate for prekindergarten is 3.2 times the rate for K-12 students.[68] In a study by the Illinois Study of Unmet Needs, 42% of child care programs have "expelled" infants or toddlers due to social or emotional problems.[69] Preventing the issues that lead to expulsion from child care can go a long way toward the mental stability of a child.

Adoptions
"Research shows that children who experience abuse and neglect (particularly at early ages), who stay in foster care for extended time, and who move multiple times while in care are at particular risk of mental health problems."[70] Studies indicate that the prevalence of mental health issues of adopted children from foster care ranges from 10% with a mental health illness to 33% with emotional problems and that these issues mainly stem from problems with attachment as a young child and prenatal exposure to alcohol or drugs.[71] International adoptions can be associated with mental health issues in a child - these children have usually spent some time in an institution prior to adoption and therefore may have attachment issues, a lack of self-regulatory mechanisms and behavioral problems due to an inability to express themselves in their native language.[72]

Physical Risk Factors
Physical risk factors affecting the overall mental well-being of a child can include biological causes such as genetics, chemical imbalances, low birth weight/prematurity of birth, and sensory issues or physical injuries including damage to the central nervous system, traumatic brain injury, and fetal alcohol syndrome.[73] In looking at local and state level data, the IMH Group has chosen to focus on three issues: prenatal substance abuse, low birth weight and physical disabilities.

Prenatal Substance Abuse
North Carolina's Pregnancy Risk Assessment Monitoring System (PRAMS) reported in 2005 that 4% of mothers surveyed admitted to binge drinking during the third trimester of pregnancy.[74] A study from the University of Washington reports that, of individuals with Fetal Alcohol Spectrum Disorders (FASD), 94% had mental health problems, 23% had received inpatient care for mental health disorders, and 35% had alcohol and drug problems later in life.[75]

Low Birth Weight/Prematurity of Birth
In North Carolina in 2006, 9% of infants of all races were considered low birth weight, born weighing 5 lbs., 8 ozs. (2,500 grams) or less.[76] This is identical to the 2005 numbers for both North Carolina and Mecklenburg County.[77] Researchers at the Mount Sinai School of Medicine found that children, "with both low birth weight and subsequent child abuse, relative to those with neither risk, were at a substantially elevated risk of psychological problems: ten-fold for depression; nearly nine-fold for social dysfunction."[78]

Physical Disabilities
Between 2.5% and 4% of children under the age of five years have physical disabilities. About 3% of all babies have birth defects or conditions that affect development (includes conditions that can be quickly corrected such as cleft lip/palate and longer-

term conditions such as Down Syndrome)[79] The physical disabilities of the child, and the parent, can put the child at risk for developing mental health issues.

Protective Factors

In addition to identifying the risk factors that can *contribute* to the development of mental health issues in children birth through five, it is important to look at the *protective* factors that can help prevent these same issues. For children in the birth through five age group, protective factors involve the relationships they have with a primary caregiver. In *From Neurons to Neighborhoods: The Science of Early Childhood Development* by Jack Shonkoff, the importance of these relationships is highlighted:

> "Parents and other regular caregivers in children's lives are 'active ingredients' of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationships that provide love and nurturance, security, responsive interaction, and encouragement for exploration. Without at least one such relationship, development is disrupted and the consequences can be severe and long lasting."[80]

Finding ways to strengthen protective factors within families is a very important consideration for a community addressing children's mental health issues.

Protective factors for child mental health can be categorized as follows:[81, 82, 83]

Relationships

- Help and support from family members
- A strong relationship with a healthy adult
- Friendships, positive peer relationships
- Emotional support from an alternative caregiver
- Cooperative parental coping (maintaining positive relationships with child)
- High-quality child care at an early age (for children who have insecure attachments to a primary caregiver)
- A secure attachment in infancy and early history of positive functioning
- Larger number of classroom friends
- A positive community environment, which supports families and schools, promotes economic stability, and provides resources for healthy youth development
- For children of color, cultural values can enhance resilience and protect individuals against harsh and stressful life conditions
- Group harmony and family closeness not only deter violent behavior but increase the availability of social support in general and of a caring, personally responsive adult in particular

Home Environment

- Stable, organized, and predictable home environment
- Living in a home environment that provides care, support, stability, high expectations, and opportunities to build a social network

Characteristics of the Child

- A naturally stable personality in the child
- Inner strength and good coping skills in the child
- Higher cognitive functioning of the child

- Easier temperament of the child
- Child's self-confidence
- Innate characteristics that prevent them from being aggressive, such as brain chemistry and genes for a temperate personality

Interests of the Child

- Interest in and success at school
- Healthy interests outside the home for the child
- A supportive, nonviolent school environment, which enables children to achieve, develop their talents, and be rewarded, is essential to children's resiliency

Mecklenburg County Community Provider Survey

The IMH Group has identified individuals and agencies in Mecklenburg County who indicate that they are providing therapeutic intervention treatment services for children birth through five. To obtain this information, the IMH Group conducted a survey (both mailed and emailed) of all licensed social workers, professional counselors, pastoral counselors, and licensed psychologists in Mecklenburg County asking them to identify whether they treat this young population.

Who	List obtained from	Number mailed/ emailed
Licensed psychologists (Ph.D, Psy.D, M.A., M.S., Ed.D, Ed.S, M.Ed.)	North Carolina Psychology Board	293
Licensed social workers (P-LCSW, CSW, CMSW, CSWM, LCSW)	North Carolina Social Work Certification and Licensure Board	496
Licensed Professional Counselors	Licensed Professional Counselors Association	22
Licensed Pastoral Counselors	American Association of Pastoral Counselors	20
Mixed	Charlotte AHEC	329

A total of 1,160 surveys were emailed or mailed, and 73 people responded to the survey for a response rate of 6.3%. Of the 73 respondents, 38 are currently offering therapeutic intervention services to the birth through five population in Mecklenburg County (52% of respondents). Mecklenburg Children's Developmental Services uses seven contract service providers (some within organizations)—six of whom did not respond to the survey—who have been added to the list of respondents to the provider survey for a total of 44 providers indicating that they offer therapeutic intervention services to the birth through five population in Mecklenburg County. The providers from CDS are not included in the survey analysis results, but are included on the provider list. Respondents were also asked, if they work at an agency, if there are other

members of the staff trained to provide these services. Seven respondents indicated that there is one other person on staff, three said there are three others on staff, one said there are four others on staff, and five respondents indicated that there are five others on staff. These additional providers may or may not be included in the overall count of providers depending on whether they also submitted a survey response. Other metrics of interest:

- Most of the respondents are social workers, followed by Ph.D.s. "Other" responders include Licensed Psychological Associates (7) and Registered Play Therapists. Respondents were able to indicate all degrees earned.
- Of those who responded who are not currently offering infant mental health services, 31% are interested in offering infant mental health services in the future. Some of these responders are currently offering assessments, but not services.
- The majority of services are offered in the office setting, while some providers do offer services in the child's home. "Other" respondents indicated that they sometimes offer services in the school setting.
- Behavior management services are the most frequently offered type of therapeutic intervention services, with counseling, observations, and therapy offered equally among providers. Play and family therapy and assessments are "other" services offered.
- More than three-quarters of the respondents who do offer services provide parent-child relationship therapy as part of their services.
- Thirteen of the respondents have 15+ years of experience, seven have zero to two years of experience, and the remainder have between three and 14 years of experience.
- About 68% of respondents who are offering services to children birth through five are not targeting a specific subgroup, but of those who are targeting a subgroup, the majority is focused on victims of abuse, domestic violence or separation.
- Thirty-three of the 38 survey respondents have fewer than 10 children currently on their caseloads, and 79% do not have a waiting list. For those with a waiting list, the wait ranges from one week to two months.
- Private insurance and Medicaid are accepted in equal numbers.
- The diagnoses most frequently made by providers in Mecklenburg County are: Parent/Child Relational Problem, Adjustment Disorders, ADHD, Post Traumatic Stress Disorder, Anxiety Disorders, and Physical or Sexual Abuse of Child.
- Individuals responded that they have received the following trainings specific to infant mental health:
    - Internship at Division of Disorders of Development and Learning in Chapel Hill
    - Certificate from Virginia Commonwealth University in Early Intervention Services
    - Play Therapy trainings; Theraplay; Floortime
    - Dyadic Development Psychiatry
    - Infant Mental Health Fellowship at LSU HSC
    - Training from Mecklenburg County CDSA
    - National Child Advocacy Center Training in Treatment of Sexual Abuse
    - Family Structure Therapy from the Minuchin Center for the Family
    - Brazelton

- Specialty training in child development, child assessment, and neuropsychology
- Attachment training
- Infant Mental Health: Concepts and Strategies for Early Intervention

Respondents were also asked "If you could change three things about the availability, accessibility, or quality of mental health services in Mecklenburg County for children birth through five, what would they be?" Their responses are integrated in Section VII: Service Gaps of this report.

The IMH Group acknowledges that the provider list may not be inclusive of all providers of therapeutic interventions for this age group; it includes those who are known to the IMH Group or responded to the survey. The IMH Group has heard anecdotally that more and more children are being referred to the few developmental pediatricians in surrounding counties, which may suggest that awareness of infant mental health issues is increasing in the community. The IMH Group intends to learn more about the providers who responded to the survey in the next phase of its work.

A complete analysis of the survey results, as well as copies of the survey and cover letters, appears in Appendix D: Provider Survey Cover Letters, Survey Tool and Results.

A list of those responding to the survey who indicated they provide therapeutic intervention services for children birth through five in Mecklenburg County appears in Appendix E: Provider Survey Respondents.

Notable Service Examples

The IMH Group contacted 11 programs in other counties and states and asked them a series of questions in order to be informed about practices elsewhere. A summary of their unique approaches and common themes is provided below.

Recognizing the complex nature of behavioral and mental health issues for young children, the most intriguing programs offer a **multidisciplinary, individualized, family-based** approach in **one location**. For example, one program co-locates neonatal and infant assessments, developmental evaluations, psychological testing, child psychiatric evaluations, occupational therapy evaluations, and speech and language assessments.

Another very important and common locus of care among programs surveyed is the **child's home**, where the child and family can be observed in their natural environment. In some cases, infant mental health specialists accompany other providers doing home visits; in other cases, providers, such as doulas assisting with birth and postpartum care and bonding, integrate early infant mental health into their work with young families.

Focusing on the **relationships in the family**, providing parent tips, family therapy and parent counseling and coaching are important ingredients to clinical programs. One program features parent training to promote healthy adult/child relationships and

educates parents on child development to help them understand and meet their child's needs and to strengthen the parent-child bond. As it is impossible to uncouple the young child from the family, another program reports that families are actively involved in developing the treatment program for the child. In another, parents and the clinic are described as "partners" in helping the child.

Embedding specialists such as nurse practitioners and social workers with other child-serving professionals advances the multidisciplinary approach in settings where infant mental health issues may be evident. Some notable programs locate infant mental health specialists where young children are, such as in pediatricians' offices and child care centers, in order to help providers know what to look for and to intervene effectively. One program includes infant mental health specialists in foster care visits. One program co-locates specialists to advise family court judges. This can also help alleviate the stigma associated with seeing a mental health specialist as the specialist becomes "just another doctor" who is seen during a well-child visit.

One program contacted has completed a multi-year investment in **mentoring** for the purpose of expanding the capacity of the provider community to identify and treat mental health issues in very young children. Practitioners who were mentored were all licensed providers, without prior experience with the birth through five population. Mentoring took place one-to-one and in small group settings, and included observations of and coaching for practitioners over time.

The types of issues identified and treated by programs contacted include the following:

- Attachment and separation disorders, withdrawal
- Peer relationship difficulties
- Eating/sleeping disorders
- Depression, mood regulation problems
- Aggressive and disruptive behavior, fussiness, excessive crying
- Developmental delays and learning difficulties
- Autism
- Trauma and post-traumatic stress disorder

As part of the IMH Group's investigation of programs in other communities, we asked for comments and advice drawn from their own experiences. Here are the highlights from those inquiries:

- A multidisciplinary team is essential to successful treatment outcomes
- The community must be educated about infant mental health needs as well as its practitioners
- Many organizations wish they could hire more birth through five experts, but there is a great lack of available trained clinicians
- Start small in developing the system or agency to be sure that clinical skills are developed
- Connect in the planning stages with developmental pediatricians and other infant mental health providers (OT, Speech, feeding), Head Start, Healthy Families, early intervention programs and others to gather their input so as to ensure a well-rounded system
- The stigma associated with mental health issues can be a large barrier to families seeking help

- Among some physicians, there is a lack of knowledge about infant mental health issues and a lack of familiarity with services offered in community

To read responses in their entirety from all programs contacted, please refer to Appendix F: Notable Service Examples.

Service Gaps

The IMH Group has assembled the following summary of service gaps based on their own professional and personal experience, and on the research completed as part of this needs assessment, particularly the prevalence and treatment rate estimates and the survey of service providers. In addition, the members of the IMH Group have informally interviewed 19 family members and three pediatricians to learn about their experiences and perspectives. Their perspectives have been integrated into the presentation of service gaps. The IMH Group intends to gather additional viewpoints and suggestions from family members and pediatricians when making plans in the future that respond to the service gaps.

The IMH Group has organized its findings regarding service gaps into the following categories:

- Gaps in **awareness and information** about infant mental health issues on the part of the general public, parents, and child-serving professionals
- Shortage of providers with the **knowledge and skills** to treat infant mental health issues and work with children who have mental health issues
- Lack of **system coordination and support** for both family members and infant mental health service providers
- Barriers to **system access** to existing services in the community

Awareness and Information

The field of infant mental health is not well understood by the public in general, including parents and child-serving professionals. The connection between early childhood development, including the quality of close interpersonal relationships, and mental health in adolescence and adulthood is often overlooked. What may look like a behavior or discipline issue in young children may be the antecedent to a larger set of problems. It is difficult for parents to know when to seek assistance with early developmental issues. The respondents to the provider survey frequently cited the lack of parent education as a problem when it comes to understanding the impact of early childhood emotional health on overall development, and when to seek help. Lack of knowledge can lead to inadequate focus on prevention and early intervention.

Survey respondents also indicated the need for education about mental health needs for children birth through five for all professionals who work with children, including pediatricians, social workers and child care workers. One respondent indicated that healthcare providers do not have enough knowledge to know what is normal or how to respond to “abnormal” behaviors. There is a general gap in knowledge about how child development interfaces with family systems, that is, how issues with this age group are family issues. Parents interviewed echoed this observation, noting “too much wait and see what will become of the child.” One parent remarked that her “pediatrician erred on

the side of caution about saying anything was wrong with my child. She should have pointed me in the right direction earlier and been aware of what was out there for my daughter." Sometimes parents are blamed for children's issues and wonder what they've done wrong. One parent was told by a provider that "the issues were her fault because she was an overbearing mother."

Lack of information and awareness contributes to the stigma that surrounds mental illness. Parents may resist seeking help for their young child's behavior or emotional issues for fear of the child being "labeled for life"; some pediatricians and other child-serving professionals may take the "wait and see" approach due, in part, to the stigma attached to mental health diagnoses. Reluctance of physicians to make a psychiatric diagnosis for a child under five can delay needed care.

Knowledge and Skills

In addition to lack of awareness about infant mental health issues and when to refer families for help, feedback from the survey and interviews indicates gaps in professional training and skill acquisition for treating mental health problems in this very young population. More comprehensive treatments by a broader array of providers of therapeutic interventions are needed. Reinforcing the perspectives of the IMH Group, survey respondents frequently cited the lack of educated and experienced therapists treating this age group as a problem. For some, the lack of local training and continuing education at convenient times and locations deter professionals from seeking additional training. In some cases, professionals do not take advantage of existing programs to develop their expertise due to time and financial limitations. One person commented that there is no coordinated system for developing people to treat infant mental health problems. The focus on the birth to three age group is frequently lacking in education/degree or certification programs.

While most survey respondents indicated that they do not have a waiting list, some replied that the presence of waiting lists is something they see as a problem. Further investigation is needed to determine why some providers have waiting lists and others do not, and how the skills held by those with waiting lists differ from those without waiting lists. One pediatrician surveyed said, "It takes too long to get an appointment" for infant mental health services. Another pediatrician reported, "There are never enough child psychologists available for urgent matters." Some mental health providers are simply unwilling to serve young children; others indicated they are interested in working with young children, but admittedly do not have the skill set to do so.

One parent noted lack of adequate capacity of early childhood education providers to work with young children with behavior issues. "Meeting parents where they are, instead of recommending that parents move their kids" is needed. As cited in Appendix C, the rate of expulsion nationally for pre-kindergarten is 3.2 times the rate for K-12 students.

In addition, tools for assessing and diagnosing mental health issues for this age group are needed. Most tools are geared for children ages five and up. The infant mental health field is relatively new, and tools that are available for children under five years old may not be as well-known to providers as those geared for older children. It should be noted, however, that the absence of a diagnosis does not mean that treatment is

not needed. Treatment can be designed around what the provider gleans from observation of parent and child, as long as the provider has the skills to target the treat the problem.

System Coordination and Support

For professionals, survey respondents indicated consistently that there are insufficient opportunities for networking with other clinicians so that they can forge linkages with their counterparts who work with children. Further they said they "don't know who is out there" or who to refer children to for specific services within the mental health field, such as for diagnostic assessments. They cite the lack of peer supervision and forums to support one another, mentor each other and get advice about challenging situations, and the lack of opportunities for the clinical supervision needed to obtain licensure. Parents observe that providers of IMH services don't always communicate with each other across disciplinary or agency lines. One parent reported that this resulted in "mixed messages" to her and her family. Heavy workloads can contribute to lack of time to network and coordinate adequately with other clinicians. In general, there appears to be inadequate recognition and support in the community for professionals providing therapeutic interventions to children birth through five.

On behalf of families, survey respondents frequently cited the need for more accessible, flexible services for families, such as in-home and after-hours. One respondent noted, "Services should fit the child and family needs, rather than the family and child having to fit the program's needs." One parent interviewed was fortunate enough to have been able to receive services for her son in her home and went out of her way to express her appreciation for that flexibility. Both professionals responding to the survey and parents interviewed consistently noted the need for someone to guide families through the system. One parent said, "Meeting families going through the same or similar issues would have helped me." Another stated, "Parents should always have someone with them advocating for the child and family." Finding treatment services is difficult for families; parents have suggested a directory of available resources that "everyone knows about." Parents who themselves are struggling with their own mental health issues can find barriers to accessing the support systems they need, as well as those they need as parents for their children.

System Access

Financial access is one barrier noted by both providers and family members. Insurance coverage varies across carriers. One parent noted, "[My] company mental health [policy] has limited child providers and the out-of-network benefit for this was poor." One pediatrician noted the need for "better services for those without much money." Families without insurance or children not eligible for Medicaid are limited to providers willing to offer services at no charge or on a sliding fee scale, or else they need to find a way to pay the full fee out-of-pocket. Some providers cited issues with Medicaid such as coding, the amount of services allowed in a six-month period, and "red tape" in general, perhaps representing a need for provider support and education.

The way that the public system for addressing mental health and other developmental needs of children birth through five is set up can be confusing or appear arbitrary to those seeking access. For example, the public mental health system has no defined responsibility for children under the age of three. For this age group, the designated

public service entity is the Children's Developmental Services Agency (CDSA) of Mecklenburg County located at the Carlton G. Watkins Center in Charlotte. Once a child turns three, services through the CDSA are no longer available. Charlotte Mecklenburg Schools picks up the responsibility for developmental issues including mental health for children three years old and up. One parent interviewed expressed her frustration with the need to transition out of the CDSA's programs: "Cutting off services for sake of a birthday was a shame. My child could have continued her progress." Parent feedback suggests the need for facilitated transitions from one system to another, and clear communication about those limitations where there is no flexibility. In addition, families whose first language is not English have cited confusing paperwork and difficulty figuring out the healthcare system as part of the language barrier. Only a fraction of IMH service providers speak a language besides English.

Conclusion

Gaps on both the supply and demand sides of the infant mental health field must be addressed simultaneously in order to increase the numbers of children who are identified with mental health issues and receive high-quality services that meet their needs. Research indicates that there is an insufficient number of trained professionals in this field, and that providers need opportunities to connect with each other - both within the field of infant mental health and between the field of infant mental health and other professions such as pediatrics. Parents need and want professionals who are connected with each other, work together well to coordinate the care of their children, and who have the skills to make a positive difference in their children's development.

To address these gaps effectively, the community must look at the child within the context of the family, and the family within the context of the community. In addition, the stigma associated with mental health problems and the tendency to assign blame to parents must be addressed head-on. Prevention and early intervention are key to averting more serious problems in adolescence and adulthood.

While this report concludes the needs assessment phase of its work, the IMH Group looks forward to the next phase: investigation and design of effective approaches for:

- **short-term initiatives** that can be implemented within the coming months to increase awareness, reduce stigma, and support the needs of providers to network and learn from each other, and
- **longer term strategies** focusing on the supply side, involving a combination of social marketing to increase awareness of infant mental health needs on the part of providers, training and service delivery. The IMH Group will spend the next few months learning more about the skill base and professional needs of infant mental health service providers in Mecklenburg County and designing a service pilot to increase the array of high-quality therapeutic interventions available.

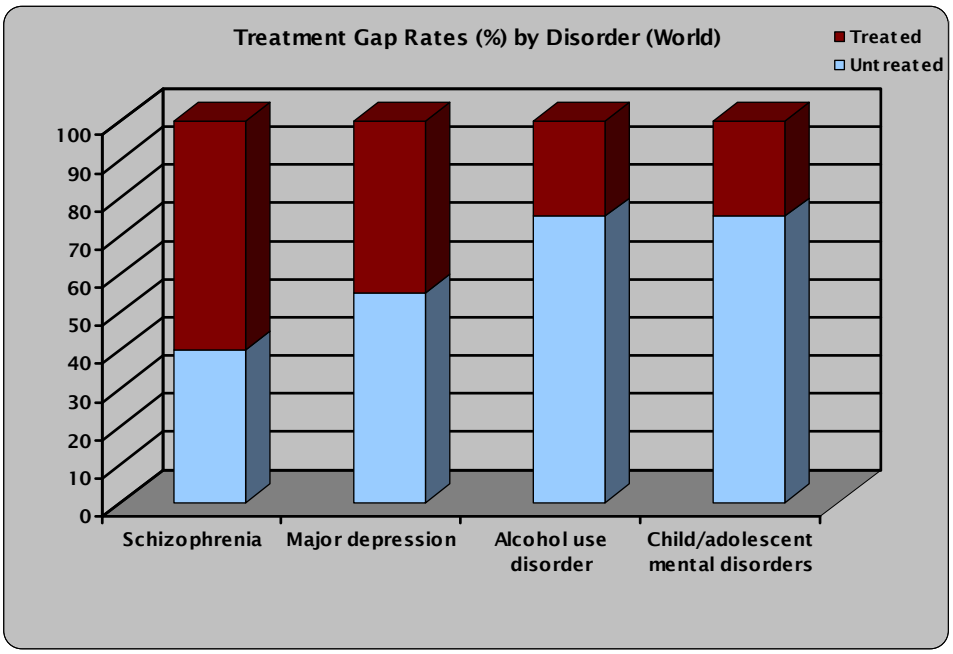
Initiatives to build the capacity of the community to meet the needs of this population will be informed by the voices of family members and providers, and model a collaborative, strengths-based approach to dovetail with efforts under way to build a system of care for children with mental health issues and their families.

Appendix A: Infant Mental Health Working Group Roster

First	Last	Organization	Title
Ariana	Shahinfar	University of North Carolina - Charlotte	Dept of Psychology
Cristina	La Paz	Mi Casa Su Casa	Executive Director
Danyelle	Bergeron-Rumfelt	Thompson Child Development Center	Director Thompson Child Development Center
Janet	Harmon	Families First	Coordinator
Jennifer	Greenwald	Smart Start of Mecklenburg County	Senior Program Manager
Jennifer	Peele	Youth Homes	QI Coordinator
John	Ellis	Mecklenburg Children's Developmental Services, Carlton G. Watkins Center	Director
Kelly	Blasky	Charlotte AHEC	Assistant Director, Mental Health & Nursing Education
KerryLynn	Resnik	Family Support Network (FSN)	Executive Board Chair for the Mecklenburg County FSN office
Kristen	Monteith	Central Piedmont Community College	Instructor of Early Childhood
Latonya	Moore	Area Mental Health MeckCARES	Clinical Supervisor
Laura	Clark	United Way of Central Carolinas	Director of Evaluation and Community Impact, Community Planning
Laura	Murphey	CCRI (Child Care Resources, Inc.)	Behavior Specialist
Laverne	Fesperman	Shoreway Family Therapeutic Services	Private Provider
Loraine	Barker-Witkowski	CCRI (Child Care Resources, Inc.)	Infant/Toddler Specialist
Meredith	Stewart	CMC Randolph/Behavioral Health Center	Manager, Child & Adolescent Outpatient Clinic
Mrna	Dibble	United Family Services	Clinical Social Worker
Niki	Goodale	Thompson Child & Family Focus	Director of Early Childhood Outreach
Pam	Freeburn	Youth and Family Services	Permanency Planning Supervisor, At-Risk Unit
Sarah	Angotti	Youth Homes	Program Coordinator/Supervisor
Sarah	Greene	AMH: CD-CP (Child Development - Community Policing)	CD-CP Program Director
Stephanie	Starr	Jewish Family Services	Executive Director
Stuart	Teplin	Carolinas Medical Center - Northeast	Developmental Pediatrician
Susan	Lemmon	Mecklenburg Children's Developmental Services, Carlton G. Watkins Center	Clinical Social Worker
Trish	Tanger	Charlotte-Mecklenburg Schools	Program Specialist, Preschool Program
The Lee Institute			
Libby	Cable	The Lee Institute	Director
Shawn	Hegele	The Lee Institute	Program Associate
Julie	Sinton	The Lee Institute	Consultant/Project Manager

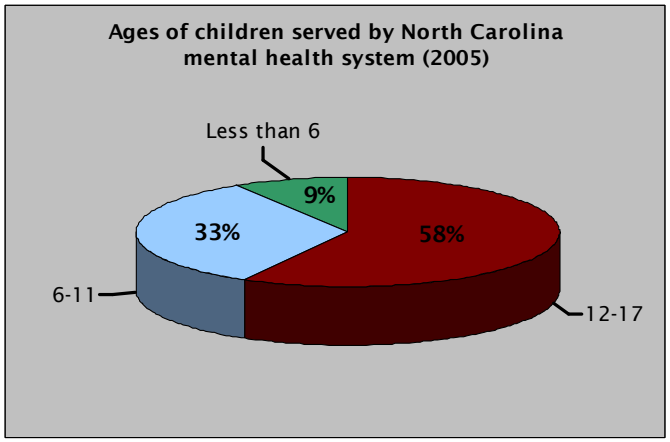
Appendix B: Treatment of Diagnosable Mental Health Disorders

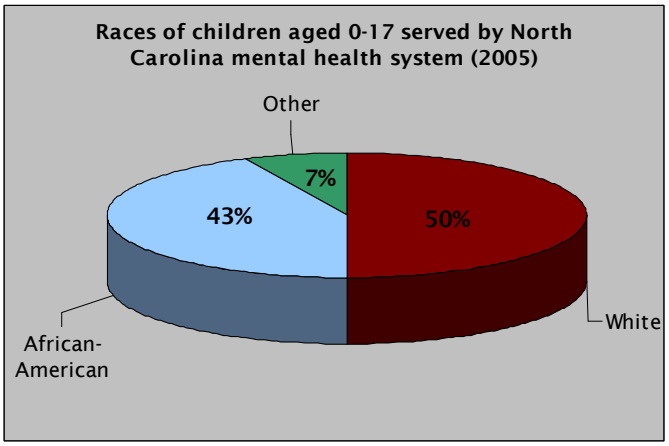
Treatment Gap Rates (%) by Disorder (World)



Source: Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

The following figures provide information as it relates to treatment received in the North Carolina public mental health system in 2005:[84]





Source: Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

Note: These charts include only children cared for through the North Carolina public mental health system.

Appendix C: Risk Factors

Poverty Data	Number
Percent of children birth through five in Mecklenburg County who live in families earning below the **poverty** threshold[85]	15.7% (12,300)
Percent of young children (birth through five) in North Carolina who are in **poverty**[86]	23%
Children (ages birth through 3) in Mecklenburg County in 2005-2006 who were enrolled in **early intervention services** to reduce the effects of a developmental delay, an emotional disturbance and/or a chronic illness[87]	4% (North Carolina also 4%)
Number of individuals on any given night in Charlotte-Mecklenburg who are **homeless**[88]	5,000
Estimated number of children who are **homeless** each night in Mecklenburg County (because they are homeless, the IMH Group assumes they are poor and since approximately 16% of those in poverty are birth through five: 5,000x16%=800), estimates are made for the number who are homeless each night	800
Severe child hunger associated with: • Increased rates of internalizing behavior problems in preschoolers and school-age children. • Increased rates of anxiety and depression at school age. (U Mass Med study 2002)[89]	

Abuse and Neglect Data	Number
Percent <u>increased</u> likelihood of arrest due to being abused or neglected as a child[90]	
Arrest as a juvenile	59%
Arrest as an adult	28%
For a violent crime	30%
Number of reports of maltreatment investigated in FY 2005-2006 by Mecklenburg County Child Protective Services[91]	2,500
Number of cases of abuse found	140
Number of cases of neglect found	564
Number of cases of both abuse and neglect found	34
Most common types of maltreatment found[92]	
Injurious environment	29.7%
Improper supervision	13.4%
Improper discipline with no physical injury	12.1%
Percent of substantiated reports to Child Protective Services that were for children aged 0-6[93]	47.7%
Percent of surveyed mothers who reported experiencing abuse while they were pregnant[94]	4.6%

Parental Mental Illness Data	Number
In North Carolina in 2000, percent of women who reported a low, moderate, or high level of post-partum depression[95]	58%
Percent of mothers of young children who experience depression; it may be twice as high in mothers living in poverty.[96]	10%
New mothers who reported they did not have social supports in the following areas[97]:	
Someone to borrow $50 from	17.5%
Someone to help if they are sick in bed	10.6%
Someone to talk about their problems with	10.8%
Someone to take care of the baby	12.8%
Someone to help if they are tired and frustrated	13.8%
Maternal Depression effects: As early as 2 months of age: • Look at mother less often • Engage with objects less • Lower activity levels • Poor state regulation • Increased physiologic reactivity[98] Infant at 1 year may show: • Decreased performance on Bayley Scales of Infant Development • Insecure attachment, which is associated with later conduct disorders and behavior problems[99]	

Domestic Violence Data	Number
Domestic Violence Related Statistics in Mecklenburg County For 2004[100]	
Number of DV-related deaths	9
Number of DV-related 911 cases* **Note: CMPD uses a broader definition of domestic violence when reporting on DV calls and cases. These calls and cases extend beyond intimate partners by including domestic disturbance and abuse in a variety of family and other relationships within a household. An estimated 83% of all cases involve spouses, ex-spouses, common law spouses, boyfriend/girlfriend or ex-boyfriend/girlfriend.*	35,981
Number of DV cases investigated by CMPD*	7,672
Number of protective orders issued for the Sheriff's Office to serve	2,140
Number of adult female victims staying at the Shelter for Battered Women Number of children of mothers staying at the Shelter for Battered Women	299 298
Number of children who witness domestic violence every year in the United States according to several national studies.[101]	Between 3.3 and 10 million

Foster Care Placement Data	Number
Number of children in FY 2005-2006 in Mecklenburg County in state custody.[102]	546
Percent placed in a foster home	51%
Percent placed with a relative	21%
Percent placed in their own home, group home, hospital, or another placement	28%
Percent of children placed in custody who remained in custody after 90 days[103]	91%
Percent who spent time in 2 or more placements (24% 2 placements; 20% 3 placements; 25% 4+ placements)	69%
Percent of all children in foster care who were admitted prior to their first birthday[104]	21%
Percent of all infant placements that occurred within 30 days of the child's birth[105]	45%
Percent of infants between birth and 3 months of life who are reunified with their parents[106]	36%
Children in foster care have higher rates than the general population of children for: • Acute and chronic illness • Growth and development problems • Serious mental health problems • Difficulty accessing health services[107]	

Child Care Data	Number
Number of children in Regulated Child Care Ages 0-5 (2005) in North Carolina	184,500
Percent of Children (0-5) Enrolled in Regulated Child Care (2005) in North Carolina[108]	
North Carolina	26%
Mecklenburg County	25%
Number of children in Regulated Child Care Receiving Subsidies Ages 0-5 (2005) in North Carolina[109]	65,540
Percent of Children (0-5) Enrolled in Regulated Child Care Receiving Subsidies (2005)[110]	
North Carolina	36%
Mecklenburg County	29%
Number of United States children under five years old who receive care outside their home for a portion of the day[111]	More than 17 million (3/4 of 23 million under age five)
Percent of prekindergarten teachers who had expelled at least one preschooler in the past 12 months. [112]	10.4%
Rate of expulsion rate for prekindergarten is 3.2 times the rate for K-12 students.[113]	
Percent of children under age 3 who spend time in non-parental care daily.[114]	63%

Percent of child care programs who have "expelled" infants or toddlers due to social or emotional problems[115]	42%

Adoptions Data	Number
Percent of adopted children from foster care who have a mental health illness[116]	10%
Percent of adopted children from foster care who have emotional problems[117]	33%
Percent of adopted children from foster care who have behavioral problems[118]	40%

Appendix D: Provider Survey Cover Letters, Survey Tool and Results

1. Emailed Cover Letter
2. Mailed Cover Letter
3. Survey Tool
4. Survey Results

1. Emailed Cover Letter

February 5, 2008

Dear Service Provider:

Are you interested in the mental health of young children? Are you currently offering infant mental health services? Are you interested in offering these services in the future?

The Infant Mental Health Working Group—nearly thirty individuals from child-serving organizations across Mecklenburg County—is collaborating with The Lee Institute, Smart Start, and AHEC to conduct a brief survey to identify providers in our community who currently offer therapeutic interventions for children birth through five with mental health needs.
Your response to this survey is critical to our efforts to build capacity and integrate services in Mecklenburg County for children birth through five with mental health issues. As a thank you for helping us in this important endeavor, we will enter the names of all survey respondents into a drawing for one of three $50 gift cards to Starbucks. Your responses will be used to create a provider resource list that we will send to respondents when completed. In order to be eligible for the drawing and to be included in the resource list, please complete this survey by February 14, 2008.

To start the survey, please click on the link below:
http://www.surveymonkey.com/s.aspx?sm=tOsOZW8ArzIavqamlw7Zvg_3d_3d

We thank you for your time and greatly appreciate your response. Should you have any questions, please do not hesitate to contact either of us.

Sincerely,

John Ellis, Ph.D.
Chair, Infant Mental Health Working Group
Director, Mecklenburg County Children's Developmental Services
John.Ellis@mecklenburgcountync.gov

Jennifer Greenwald
Senior Program Manager
Smart Start of Mecklenburg County
jgreenwald@smartstartofmeck.org

Kelly Blasky, MPH
Charlotte, AHEC
Assistant Director, Mental Health and Pharmacy Education
kelly.blasky@carolinashealthcare.org
www.charlotteahec,org

2. *Mailed Cover Letter*

February 8, 2008
Dear Service Provider:

Are you interested in the mental health of young children? Are you currently offering infant mental health services? Are you interested in offering these services in the future?

The Infant Mental Health Working Group—nearly thirty individuals from child-serving organizations across Mecklenburg County—is collaborating with The Lee Institute, Smart Start, and Charlotte AHEC to conduct a brief survey to identify providers in our community who currently offer therapeutic interventions for children birth through five with mental health needs.

Your response to this survey is critical to our efforts to build capacity and integrate services in Mecklenburg County for children birth through five with mental health issues. As a thank you for helping us in this important endeavor, we will enter the names of all survey respondents into a drawing for one of three **$50 gift cards to Starbucks**. Your responses will be used to create a provider resource list that we will send to respondents when completed. In order to be eligible for the drawing and to be included in the resource list, please return your completed survey in the enclosed pre-paid envelope postmarked no later than February 19, 2008.
We thank you for your time and greatly appreciate your response. Should you have any questions, please do not hesitate to contact any of us.

Sincerely,

John Ellis, Ph.D.
Chair, Infant Mental Health Working Group
Director, Mecklenburg County Children's Developmental Services
John.Ellis@mecklenburgcountync.gov

Jennifer Greenwald
Senior Program Manager
Smart Start of Mecklenburg County
jgreenwald@smartstartofmeck.org

Kelly Blasky, MPH
Charlotte, AHEC
Assistant Director, Mental Health and Pharmacy Education
kelly.blasky@carolinashealthcare.org
www.charlotteahec.org

3. Survey Tool

Infant Mental Health Community Survey

Contact Information

***1. Please enter your contact information.**

Your name:	
Title:	
Organization (if applicable):	
Work Address:	
Website:	
Email:	
Phone:	
Fax:	

***2. What degrees/licensures do you hold (please check all that apply)?**

- ☐ MSW
- ☐ LCSW
- ☐ LMFT
- ☐ LPC
- ☐ PhD
- ☐ PsyD
- ☐ MA
- ☐ MS

Other (please specify):

***3. Do you offer therapeutic interventions (e.g., counseling, observations, behavior management, therapy) to treat mental health issues in children ages birth through 5 in Mecklenburg County?**

- ☐ **Yes** (please proceed to Question #5)
- ☐ **No** (please proceed to Question #4)

Interests

***4. Are you interested in offering therapeutic intervention services to children birth through 5 in the future?**

☐ **Yes** (please proceed to Question #18)

☐ **No** (please proceed to Question #18)

Other (please specify):

About Your Services

The following set of questions pertains ONLY to services for children birth through 5.

***5. What therapeutic interventions do you provide for children birth through 5 (please check all that apply)?**

☐ Counseling ☐ Behavior Management

☐ Observations ☐ Therapy

Other (please specify):

***6. Do you provide parent-child relationship therapy in the therapeutic interventions you offer for children birth through 5?**

☐ **Yes**

☐ **No**

If yes, please describe the parent-child relationship therapy you provide:

7. How else do you involve family members in the therapeutic interventions you provide for children birth through 5?

***8. In which settings do you offer therapeutic interventions to children birth through 5 (please check all that apply)?**

☐ Child's home ☐ Pediatrician's office ☐ Child care centers ☐ My office

Other (please specify):

***9. How many children ages birth through 5 are currently on your personal caseload for therapeutic interventions?**

☐ 0-5 ☐ 6-9 ☐ 10-14 ☐ 15+

***10. Do you have a waiting list for your therapeutic intervention services for children birth through 5?**

☐ Yes ☐ No ☐ I don't know

If yes, how many days/weeks long is the waiting list?

***11. Is there a specific subgroup within the birth through 5 population that you are serving or trying to serve with therapeutic interventions?**

☐ Yes ☐ No ☐ I don't know

If yes, what is that subgroup?

***12. What are some of the diagnoses you are making in children birth through 5 (please check all that apply)?**

☐ Adjustment Disorders
☐ Anxiety Disorders
☐ Attention Deficient Hyperactivity Disorder (ADHD)
☐ Attention Deficit Disorder (ADD)
☐ Autistic Disorder
☐ Depression
☐ Failure to Thrive
☐ Feeding Disorder of Infancy or Early Childhood
☐ Neglect of Child
☐ Oppositional Defiant Disorder
☐ Physical or Sexual Abuse of Child
☐ Parent-Child Relational Problem
☐ Pervasive Developmental Disorder
☐ Post Traumatic Stress Disorder
☐ Reactive Attachment Disorder
☐ Selective Mutism
☐ Sleep Disorder
☐ I don't know

Other (please specify):

***13. What types of insurance do you accept (please check all that apply)?**

☐ Medicaid

☐ Private insurance

Other (please specify):

***14. Do you speak a language other than English as part of your services?**

☐ **Yes**

☐ **No**

If yes, please specify languages spoken:

15. Please list any specialty training you have received in infant (birth through 5) mental health therapeutic intervention services:

***16. How many years of experience do you have in providing therapeutic interventions to children birth through 5?**

☐ 0-2 ☐ 3-5 ☐ 6-9 ☐ 10-14 ☐ 15+

17. If you offer services as a staff member of a child-serving agency, how many other full-time equivalent clinicians on the staff (not counting yourself) provide therapeutic interventions for children birth through 5 with mental health needs?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐ I don't know

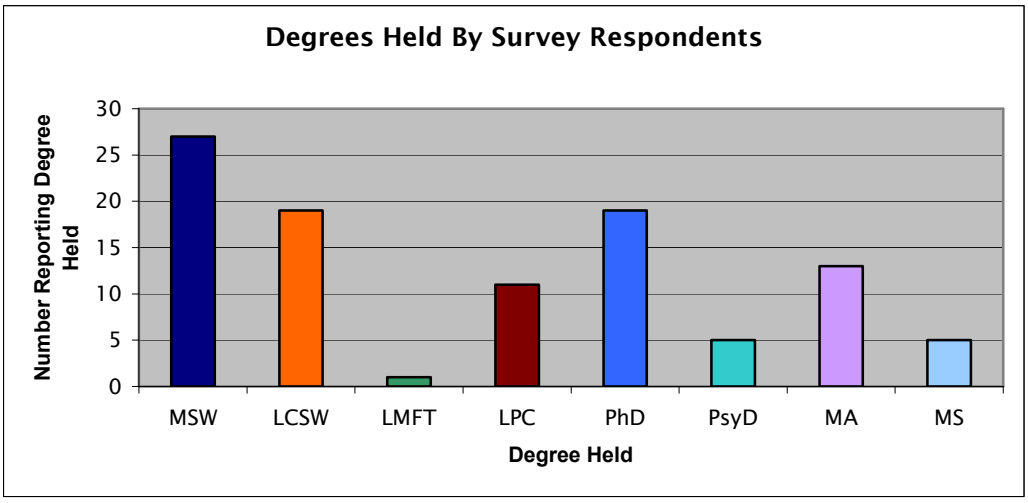
Comments

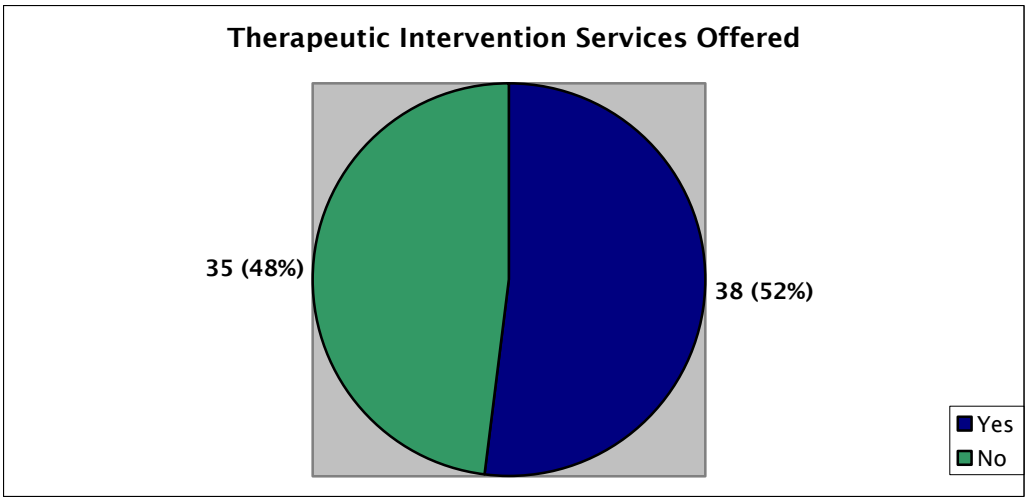
18. If you could change 3 things about the availability, accessibility, or quality of mental health services in Mecklenburg County for children birth through 5, what would they be?

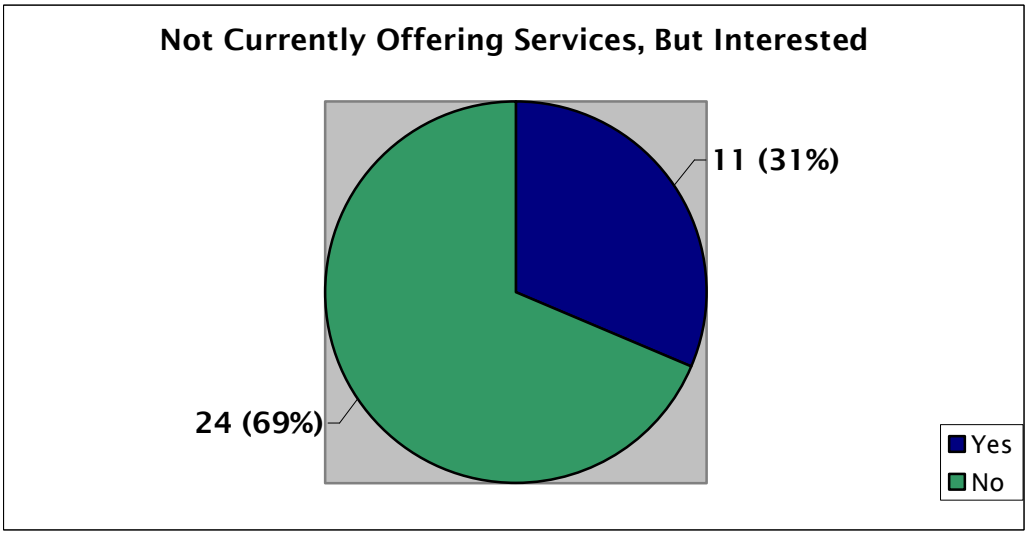
THANK YOU!

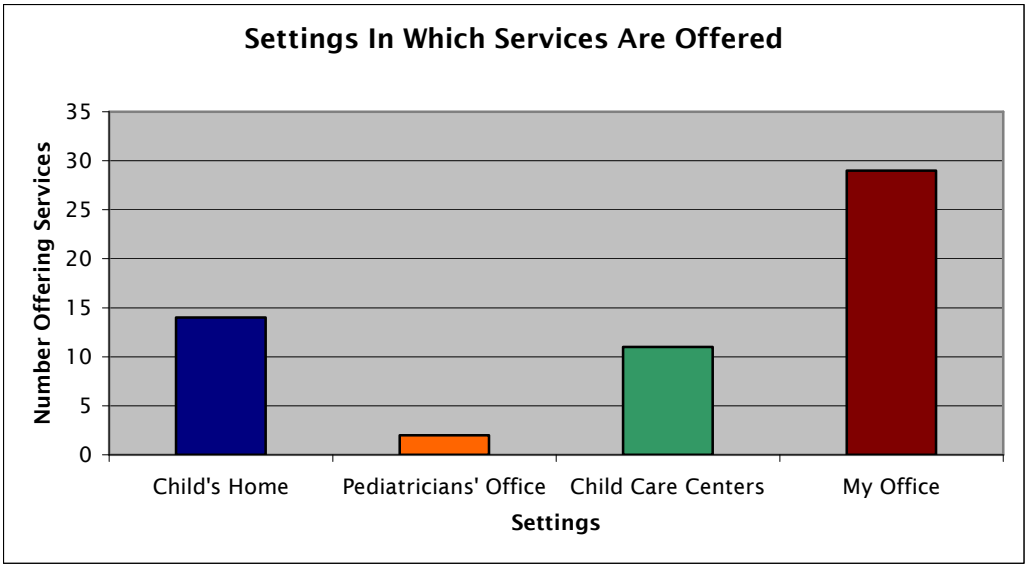
The Infant Mental Health Working Group—nearly thirty individuals from child-serving organizations across Mecklenburg County—thanks you for completing this survey!

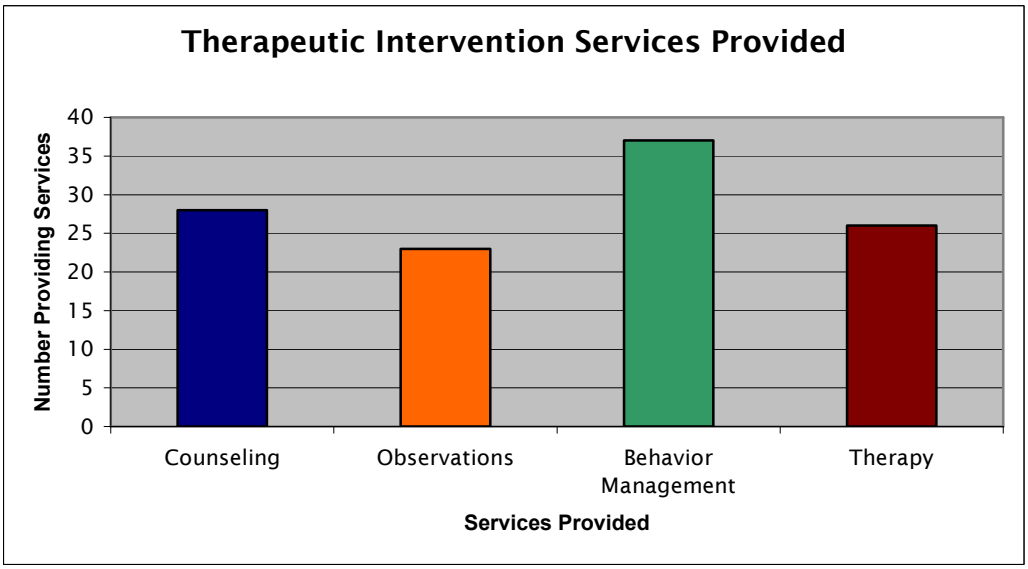
4. Survey Results

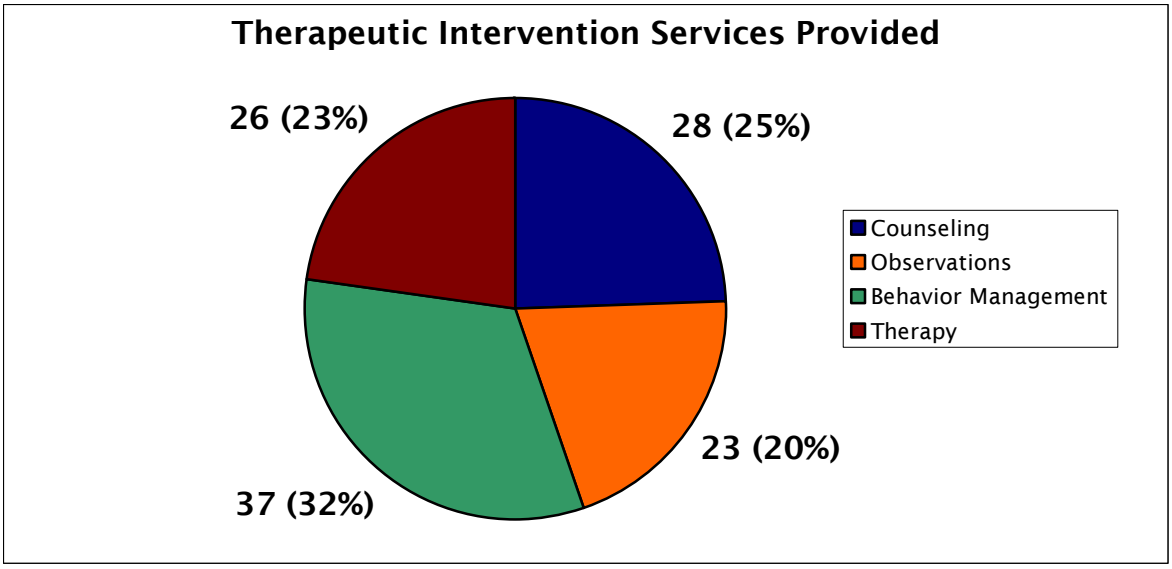


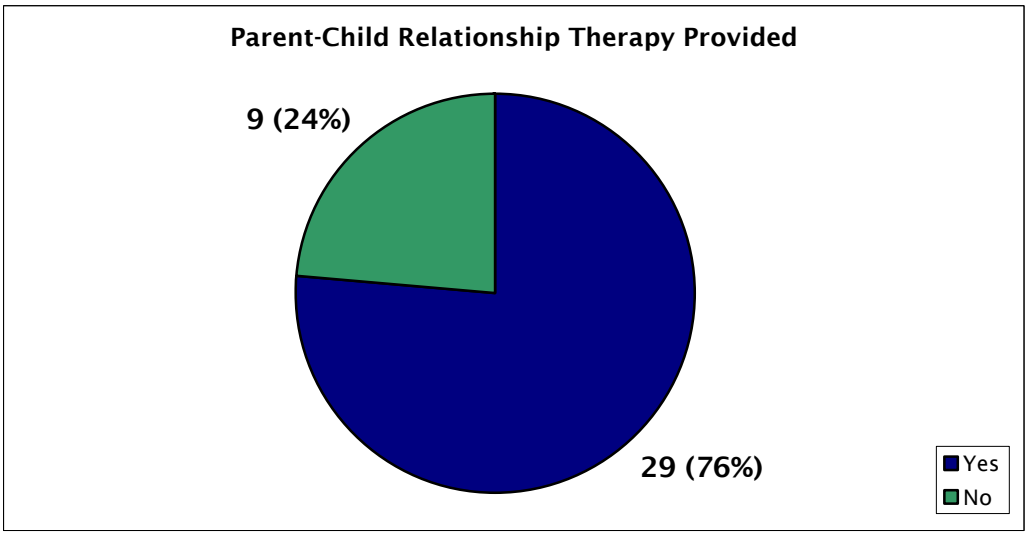


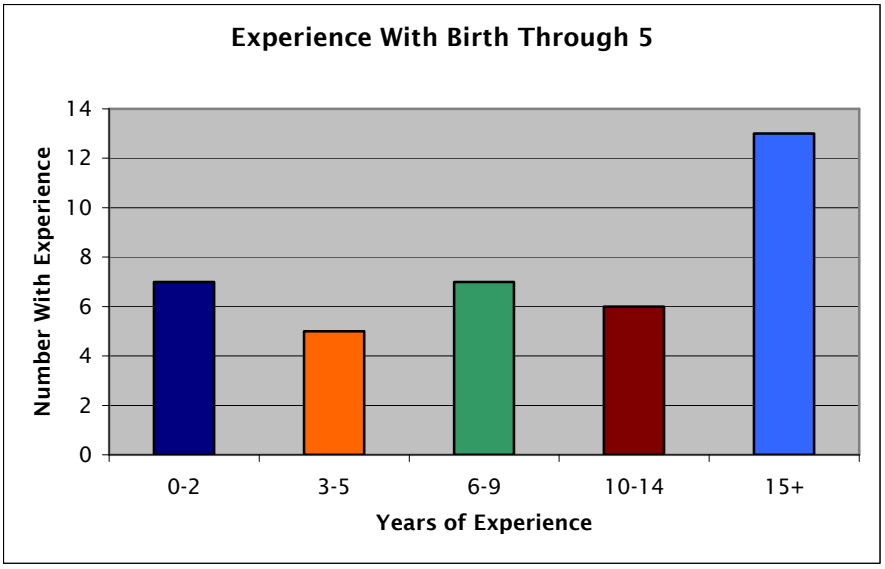


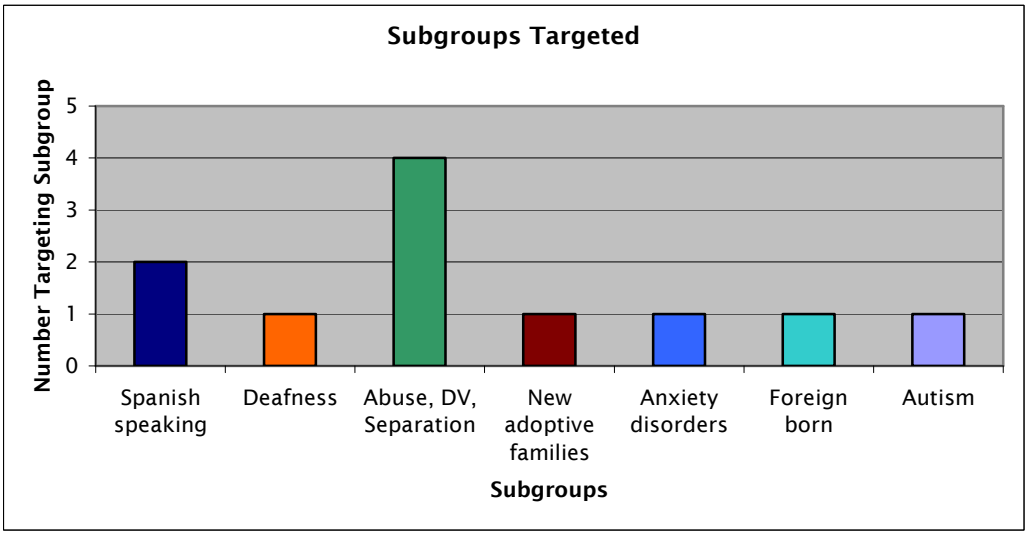

Settings In Which Services Are Offered
Number Offering Services
35
30
25
20
15
10
5
0
Child's Home
Pediatricians' Office
Child Care Centers
My Office
Settings

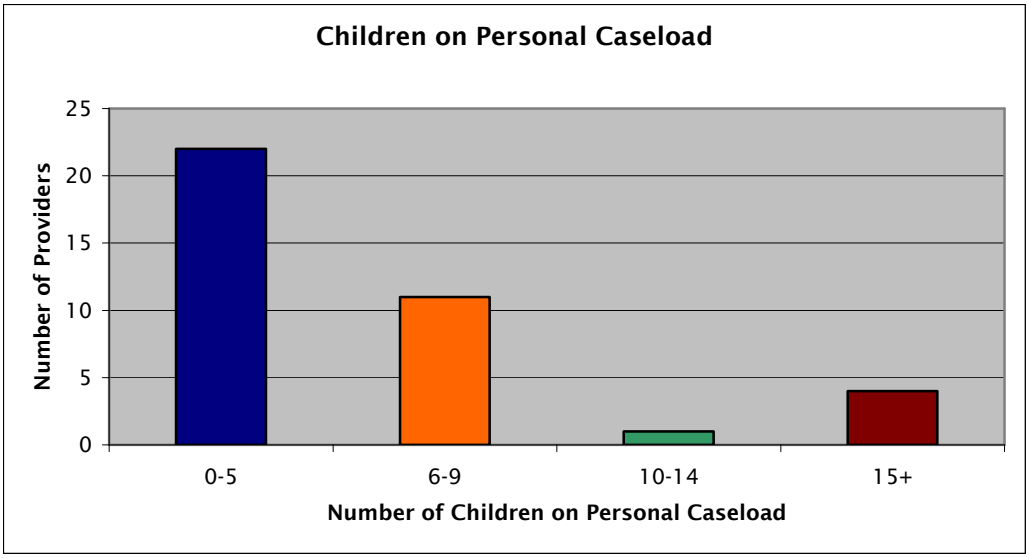

Therapeutic Intervention Services Provided
Number Providing Services
40
35
30
25
20
15
10
5
0
Counseling
Observations
Behavior Management
Therapy
Services Provided

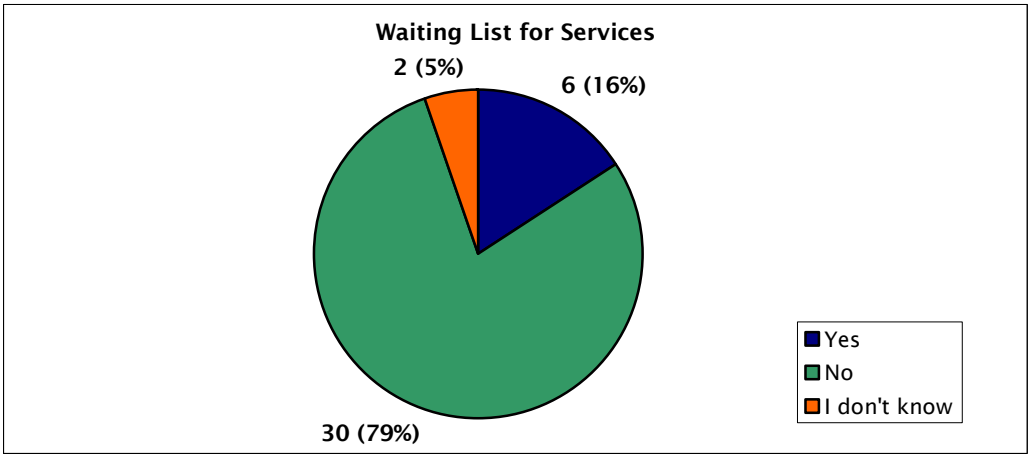

Therapeutic Intervention Services Provided
26 (23%)
28 (25%)
23 (20%)
37 (32%)
Counseling
Observations
Behavior Management
Therapy

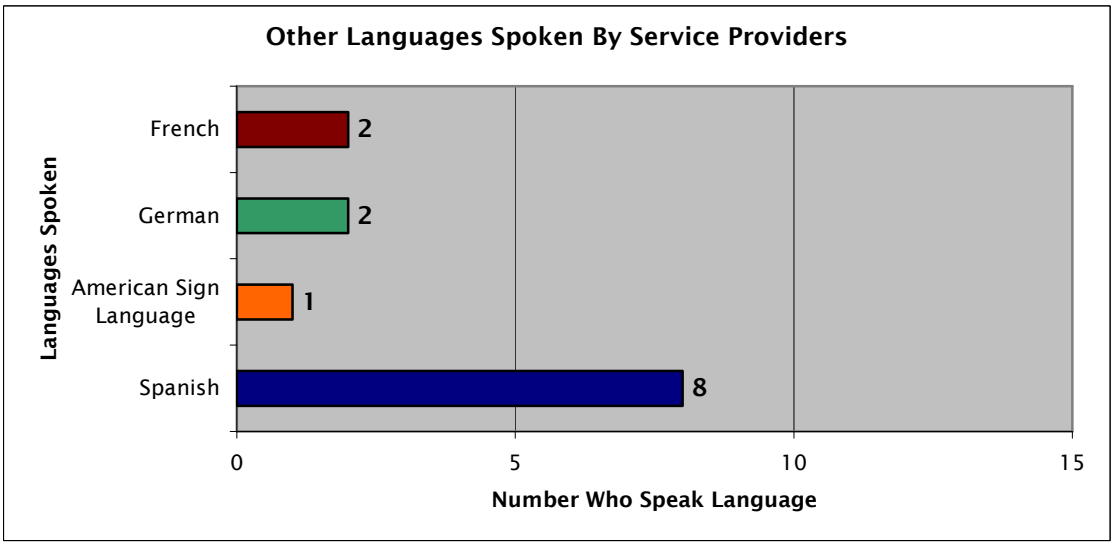

Parent-Child Relationship Therapy Provided
9 (24%)
29 (76%)
Yes
No

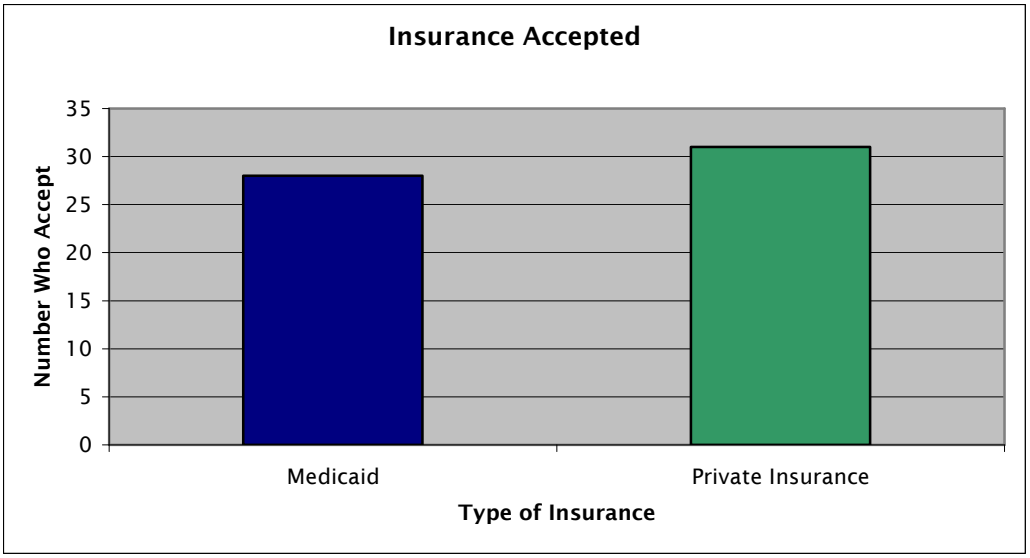

Experience With Birth Through 5
Number With Experience
14
12
10
8
6
4
2
0
0-2
3-5
6-9
10-14
15+
Years of Experience

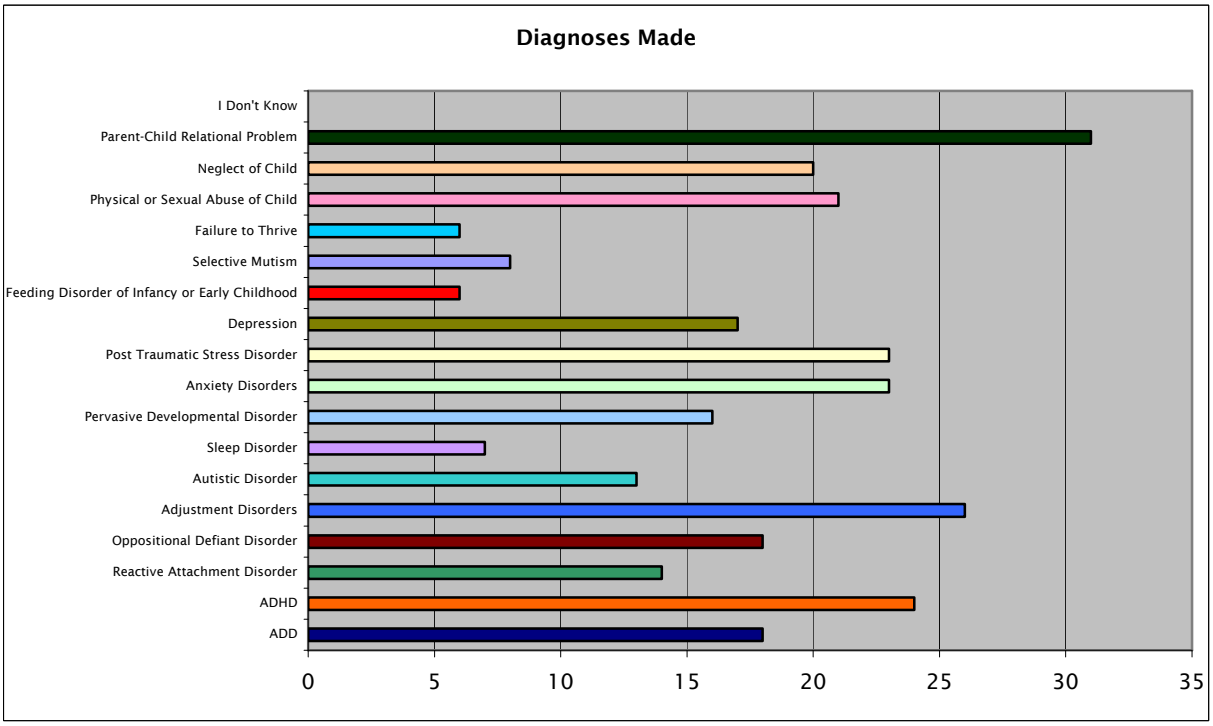

Subgroups Targeted
Number Targeting Subgroup
5
4
3
2
1
0
Spanish speaking
Deafness
Abuse, DV, Separation
New adoptive families
Anxiety disorders
Foreign born
Autism
Subgroups


Children on Personal Caseload
Number of Providers
25
20
15
10
5
0
0-5
6-9
10-14
15+
Number of Children on Personal Caseload


Waiting List for Services
2 (5%)
6 (16%)
30 (79%)
Yes
No
I don't know


Other Languages Spoken By Service Providers
Languages Spoken
French
German
American Sign Language
Spanish
2
2
1
8
0
5
10
15
Number Who Speak Language


Insurance Accepted
Number Who Accept
35
30
25
20
15
10
5
0
Medicaid
Private Insurance
Type of Insurance


Diagnoses Made
I Don't Know
Parent-Child Relational Problem
Neglect of Child
Physical or Sexual Abuse of Child
Failure to Thrive
Selective Mutism
Feeding Disorder of Infancy or Early Childhood
Depression
Post Traumatic Stress Disorder
Anxiety Disorders
Pervasive Developmental Disorder
Sleep Disorder
Autistic Disorder
Adjustment Disorders
Oppositional Defiant Disorder
Reactive Attachment Disorder
ADHD
ADD
0
5
10
15
20
25
30
35

Appendix E: Provider Survey Respondents

A condensed list of survey respondents indicating they offer therapeutic intervention services to children birth through five in Mecklenburg County appears below:

Infant Mental Health Survey Respondents Indicating they Provide Therapeutic Intervention Services for Children Birth Through Five in Mecklenburg County

Name:	Henry D. Beckwith
Title:	Doctor
Organization:	Kids Central of the Carolinas
Work Address:	1717 Sharon Rd W., Charlotte, NC 28210
Website:	
Email:	henry.beckwith@ kids-central.net
Phone:	704-369-2501
Fax:	
Degrees/ Licensures Held:	Psy.D.
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Karen Butler
Title:	Licensed Psychological Associate
Organization:	Dreamweavers Unlimited
Work Address:	P.O. Box 6035, Gastonia, NC 28056
Website:	
Email:	dwukaren@ bellsouth.net
Phone:	704.868.8551 ext. 105
Fax:	704.868.8552
Degrees/ Licensures Held:	LPA
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Jennifer Coggins
Title:	Clinical Social Worker
Organization:	Carolinas Healthcare System
Work Address:	Myers Park Pediatrics, 1350 S. Kings Blvd. Charlotte NC 28207
Website:	www. carolinashealthcare.org
Email:	jennifer.coggins@ carolinashealthcare.org
Phone:	704-446-1433
Fax:	704-446-1582
Degrees/ Licensures Held:	MSW
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Observations, Behavior Management
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Stuart M. Cohen
Title:	Licensed Psychologist
Organization:	
Work Address:	8318 Pineville-Matthews Rd., Suite 281 G, Charlotte, NC 28226
Website:	
Email:	scohen2414@aol.com
Phone:	(704) 541-1700
Fax:	(704) 845-1885
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Misty Collier
Title:	
Organization:	University Psychological Associates
Work Address:	10001 Old Concord Rd Charlotte NC 28213
Website:	www.upapa.bizland. com/
Email:	
Phone:	704-547-1483
Fax:	704-547-0052
Degrees/ Licensures Held:	MA, Licensed Psychological Associate
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Maria Curran
Title:	Licensed Professional Counselor/President
Organization:	Center for Creativity and Healing, PC
Work Address:	4728-C Park Road, Charlotte, NC
Website:	www.thecenterfor creativityandhealing. com
Email:	tcch@earthlink.net
Phone:	704-523-5567
Fax:	704-529-2668
Degrees/ Licensures Held:	LPC, Ph.D., M.Ed. in Counseling
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	Staff member speaks German
Insurance Accepted	Medicaid, Private Insurance

Name:	Donna Dillon-Stout
Title	Psychologist/Owner of private practice
Organization	Behavioral Pediatrics & Anxiety Disorders
Work Address	309 S. Sharon Amity Rd, Charlotte, NC 28211
Website	
Email	
Phone	704-442-0083
Fax	704-442-8103
Degrees/ Licensures Held	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Observations, Behavior Management, Therapy
Other Languages Spoken	A little French
Insurance Accepted	Private Insurance

Name:	Amy Dotson
Title	Therapist
Organization	Dotson Consulting and Counseling, Inc
Work Address	21300 Catawaba Ave Cornelius, NC 28031
Website	
Email	amysw0124@ yahoo.com
Phone	704-516-1168
Fax	704-892-0366
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Ann Dodd
Title:	
Organization:	
Work Address:	2014 Park Drive, Charlotte, NC 28204
Website:	
Email:	adlcsw@aol.com
Phone:	704-293-8087
Fax:	704-844-0432
Degrees/ Licensures Held:	MSW, LCSW, ACSW, BCD
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Hontah Epps
Title	Child and Family Counselor
Organization	United Family Services
Work Address	PO Box 220312 Charlotte NC 28222
Website	
Email	tenea4@hotmail.com
Phone	704.904.8312
Fax	
Degrees/ Licensures Held	MSW, PLCSW
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	Spanish
Insurance Accepted	Private Insurance

Name:	The Family Center
Title	
Organization	The Family Center
Work Address	2200 East 7th Street Charlotte, NC 28204
Website	NOT TAKING REFERRALS AT THIS TIME
Email	
Phone	
Fax	
Degrees/ Licensures Held	
Years of Experience Providing Therapeutic Interventions to 0-5	
Intervention Services Offered	
Other Languages Spoken	
Insurance Accepted	

Name:	G. Laverne Fesperman
Title:	Licensed Clinical Social Worker
Organization:	Shoreway Family Therapy Services, PC
Work Address:	9606 Bailey Rd., Suite 250, Cornelius, NC 28031
Website:	www. lknpediatrictherapy. com
Email:	Laverne1015@ bellsouth.net
Phone:	704 589-4197
Fax:	704 896-7975
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Justin D. Feasel
Title:	Licensed Clinical Social Worker
Organization:	New Beginnings Carolina LLC
Work Address:	132 Laurelwood Drive W. Jefferson NC 28694
Website:	
Email:	newbeginningscarolina @gmail.com
Phone:	704-302-7798
Fax:	1-888-743-5437
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Counseling, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Donna Adair Garrison
Title:	Owner/therapist
Organization:	Garrison Counseling Services PLLC
Work Address:	10225 Hickorywood Hill Avenue, Suite A, Huntersville, NC
Website:	
Email:	dagarrison@ bellsouth.net
Phone:	704/591-2466
Fax:	704/947-8996
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Sarah Greene
Title	CD-CP Program Director
Organization	Area Mental Health, PSO, Child Development-Community Policing
Work Address	3430 Wheatley Ave Charlotte NC 28205
Website	
Email	Sarah.Greene@mecklenburgcountync.gov
Phone	704-336-2944
Fax	704-432-1030
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling (Trauma intervention for children exposed to violence.)
Other Languages Spoken	2 staff members speak Spanish
Insurance Accepted	Free

Name:	Cathy Harris
Title:	LCSW
Organization:	Private Practice
Work Address:	7523 Carrington Forrest Lane, Mathews NC 28105
Website:	cathleenrharris.googlepages.com
Email:	cathleenrharris@yahoo.com
Phone:	704-957-5803
Fax:	704-246-6168
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Patricia Holbrook
Title	Licensed Professional Counselor
Organization	Holbrook Enterprises
Work Address	1814 Lombardy Circle, Charlotte, NC 28203
Website	www.patriciaholbrook.com
Email	tricia@patriciaholbrook.com
Phone	704-344-0040
Fax	704-444-2760
Degrees/ Licensures Held	LPC, MA, RPTS
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Terry Hudson Huntley
Title	Licensed Psychological Associate
Organization	
Work Address	Myers Park Center 1037-B Providence Road, Charlotte, NC 28207
Website	
Email	terry@terryhuntley.com
Phone	704-551-9477 (voicemail); 704-408-5667 (cell)
Fax	
Degrees/ Licensures Held	MA
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management
Other Languages Spoken	
Insurance Accepted	None

Name:	Asha Jones
Title	Clinical Director
Organization	Superior Healthcare Services, Inc.
Work Address	3139 Amity Court, Suite 200, Charlotte, NC 28215
Website	www.superiorhealthcareservices.com
Email	ajones@superiorhealthcareservices.com
Phone	704-363-4256
Fax	704-563-6210
Degrees/ Licensures Held	LPC
Years of Experience Providing Therapeutic Interventions to 0-5	3-5
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Kathy Lancashire
Title	Child/Family Therapist
Organization	Rosedale Family & Play Therapy, P-LLC
Work Address	10225 Hickorywood Hill Avenue, Suite A, Huntersville, NC 28078
Website	
Email	KathyLancashire@aol.com
Phone	704-947-8480
Fax	704-947-8996
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Jeffrey LaForge
Title	Director
Organization	Insight Psychotherapy & Counseling Services
Work Address	608 Matthews-MintHill Rd, Suite 102, Matthews, NC 28105
Website	
Email	Insightcounselingservices@yahoo.com
Phone	704-674-4898
Fax	866-204-5219
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	3-5
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	David Litman
Title	Program specialist: Children/adolescents
Organization	Journey to Wellness
Work Address	3500 Ellington Street
Website	www.journeymh.com
Email	dlitman@journeymh.com
Phone	888-707-6594
Fax	704-927-0482
Degrees/ Licensures Held	MSW, PLCSW
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Counseling, Observations, Behavior Management
Other Languages Spoken	American Sign Language
Insurance Accepted	Medicaid

Name:	Jennifer O. Loiseau
Title	ESL Program Psychologist
Organization	Charlotte-Mecklenburg Schools
Work Address	1810 Oaklawn Ave, Charlotte, NC 28216
Website	
Email	j.loiseau@cms.k12.nc.us
Phone	704-581-3108
Fax	
Degrees/ Licensures Held	MA, Licensed Psychological Associate
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management
Other Languages Spoken	French, Spanish
Insurance Accepted	Private Insurance

Name:	Dr. T. Shontelle MacQueen
Title:	Licensed Psychologist
Organization:	
Work Address:	6733B Fairview Rd. Charlotte, NC 28210
Website:	
Email:	shonmacqueen@usa.net
Phone:	704-560-0023
Fax:	
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Observations, Behaviors Management, Therapy, Testing, Diagnostic Assessment
Other Languages Spoken	
Insurance Accepted	Private Insurance, Medicaid

Name:	Michelle Marvel
Title	Pre-K Social Worker
Organization	Charlotte Mecklenburg Schools
Work Address	700 Marsh Road Charlotte, NC 28208
Website	www.cms.k12.nc.us
Email	michelle.marvel@cms.k12.nc.us
Phone	
Fax	
Degrees/ Licensures Held	MSW, P-LCSW, applied for School Social Work License
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Observations, Behavior Management
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Sol Maria Matias
Title	Therapeutic Social Worker
Organization	Youth Homes
Work Address	601 East 5th Street
Website	www.youthhomesinc.org
Email	smmatias@youthhomesinc.org
Phone	704-943-9692
Fax	704-334-9955
Degrees/ Licensures Held	MS
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Counseling, Behavior Management
Other Languages Spoken	Spanish
Insurance Accepted	Free

Name:	Laura McFern
Title:	Chief Court Counselor
Organization:	Dept. of Juvenile Justice & Delinquency Prevention
Work Address:	720 E. 4th St. Suit 400 Charlotte NC 28202
Website:	
Email:	laura.mcfern@ncmail.net
Phone:	704 330-4338
Fax:	
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Behavior Management
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Crystal McNiel
Title	Licensed Clinical Social Worker
Organization	McNiel Family Counseling & Services, LLC
Work Address	PO Box 680427 Charlotte, NC 28216
Website	
Email	mcnielfamilycounseling@ltdkate.com
Phone	704-641-4515
Fax	1-866-586-7685
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Rebecca McKeever
Title	Licensed Clinical Social Worker
Organization	Lake Norman Pediatric Therapy
Work Address	9606 Bailey Rd., Suite 250
Website	lknpediatrictherapy.com
Email	rebeccamckvr@yahoo.com
Phone	704-896-8688x202
Fax	704-896-7975
Degrees/ Licensures Held	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Counseling, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Dana Muret
Title:	Medical Social Worker
Organization:	Carolinas Medical Center
Work Address:	1000 Blythe Blvd Charlotte, NC 28232
Website:	
Email:	danamuret@windstream.net
Phone:	704-814-8928
Fax:	704-355-4205
Degrees/ Licensures Held:	MA
Years of Experience Providing Therapeutic Interventions to 0-5	3-5
Intervention Services Offered	Observations, Behavior Management
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Glenda Nnaji
Title:	Licensed Professional Counselor
Organization:	Dreamweavers Unlimited
Work Address:	P.O. Box 6035, Gastonia, NC 28056
Website:	
Email:	
Phone:	704.868.8551
Fax:	704.868.8552
Degrees/ Licensures Held:	LPC
Years of Experience Providing Therapeutic Interventions to 0-5	
Intervention Services Offered	
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Jane G. Robinson
Title:	Owner
Organization:	The Family Tree Counseling Services
Work Address:	1819 Charlotte Drive, Charlotte, NC
Website:	
Email:	
Phone:	704-372-4009
Fax:	704-372-3603
Degrees/ Licensures Held:	LPC, Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Carrie Reinecke
Title:	LCSW
Organization:	Carolina Parenting Solutions
Work Address:	2329 Wedgewood Drive Matthews, NC 28104
Website:	www.carolinaparenting solutions.com
Email:	carrie@carolina parentingsolutions.com
Phone:	704.718.8657 cell
Fax:	704.821.4831
Degrees/ Licensures Held:	MSW, LCSW
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	
Other Languages Spoken	
Insurance Accepted	Medicaid

Name:	Malisha Ross
Title:	Clinical Director Community Support
Organization:	Special K Enrichment, INC
Work Address:	2211-G Executive St. Charlotte, NC 28208
Website:	www.skeinc.org
Email:	crystal@skeinc.org
Phone:	704-395-9387
Fax:	704-395-9436
Degrees/ Licensures Held:	MA
Years of Experience Providing Therapeutic Interventions to 0-5	0-2
Intervention Services Offered	Counseling, Behavior Management
Other Languages Spoken	Staff member to assist in Spanish
Insurance Accepted	Medicaid, Private Insurance

Name:	Deedee Russell
Title:	Psychologist
Organization:	
Work Address:	8211 Village Harbor, Cornelius, NC 28031
Website:	
Email:	drdeedeerussell@aol.com
Phone:	704-455-2014
Fax:	704-896-7836
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Lisa Seropian
Title:	Licensed Psychologist
Organization:	
Work Address:	1510 Orchard Lake Dr., Suite C.
Website:	www.drseropian.com
Email:	
Phone:	704-348-1579
Fax:	704-708-4112
Degrees/ Licensures Held:	Psy.D.
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Counseling, Psychotherapy
Other Languages Spoken	
Insurance Accepted	Private Insurance

Name:	Shideh Sarmadi
Title:	Licensed Professional Counselor
Organization:	Dreamweavers Unlimited
Work Address:	P.O. Box 6035, Gastonia, NC 28056
Website:	
Email:	
Phone:	704.868.8551
Fax:	704.868.8552
Degrees/ Licensures Held:	LPC
Years of Experience Providing Therapeutic Interventions to 0-5	
Intervention Services Offered	
Other Languages Spoken	Persian
Insurance Accepted	Medicaid

Name:	Beatrice Tauber
Title:	Clinical Psychologist
Organization	Mecklenburg County Children's Developmental Services (CDS)
Work Address:	12105 Verhoeff Dr., Huntersville, NC 28078
Website:	
Email:	beatrice.tauber@mecklenburgcountync.gov
Phone:	704-432-4270
Fax:	704-432-0748
Degrees/ Licensures Held:	Psy.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Observations, Behavior Management
Other Languages Spoken	German
Insurance Accepted	Medicaid, Private Insurance

Name:	Diana Torres
Title:	
Organization:	Carolina Parenting Solutions
Work Address:	2329 Wedgewood Drive Matthews, NC 28104
Website:	www.carolinaparenting solutions.com
Email:	
Phone:	704.718.8657 cell
Fax:	
Degrees/ Licensures Held:	
Years of Experience Providing Therapeutic Interventions to 0-5	6-9
Intervention Services Offered	
Other Languages Spoken	
Insurance Accepted	

Name:	Marcie Whitley
Title:	Community Support Director
Organization:	Quality Family Services
Work Address:	5103 Monroe Road
Website:	www.qfsmail.com
Email:	marcielovelace@ qfsmail.com
Phone:	704-536-0005
Fax:	1-866-228-3276
Degrees/ Licensures Held:	MSW, Provisional LCSW (will qualify for LCSW in July 2008)
Years of Experience Providing Therapeutic Interventions to 0-5	3-5
Intervention Services Offered	Counseling, Behavior Management
Other Languages Spoken	Spanish
Insurance Accepted	Medicaid

Name:	Madalyn E. Tyson
Title:	Licensed Psychologist
Organization:	Blue Ridge Behavior Systems (private practice name)
Work Address:	10720 Carmel Commons Blvd, Suite 3204, Charlotte, NC 28226
Website:	
Email:	metyson@carolina.rr. com
Phone:	(704) 540-4291 ext 1
Fax:	(704) 541-0319
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Counseling, Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Wade D. Williams
Title:	Psychologist
Organization:	Charlotte Behavioral Health Associates
Work Address:	517 S Sharon Amity Rd. Suite 105, Charlotte, NC 28211
Website:	
Email:	swilliams2225@ carolina.rr.com
Phone:	704-362-1555
Fax:	704-362-0023
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	15+
Intervention Services Offered	Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Name:	Traci Withrow
Title:	CDCP Clinician
Organization:	Area Mental Health
Work Address:	3430 Wheatley Ave
Website:	
Email:	traci.withrow@mecklenburgcountync.gov
Phone:	704-591-0098
Fax:	704-432-1030
Degrees/ Licensures Held:	MSW
Years of Experience Providing Therapeutic Interventions to 0-5	10-14
Intervention Services Offered	Counseling, Observations, Behavior Management, Therapy
Other Languages Spoken	Spanish
Insurance Accepted	Medicaid

Name:	Molly Murphy Wittig
Title:	Licensed Psychologist
Organization:	Southeast Psychological Services
Work Address:	6115 Park South Drive, Ste 130, Charlotte, NC 28210
Website:	www.southeastpsych.com
Email:	drmollywittig@gmail.com
Phone:	704-552-0116
Fax:	704-552-7550
Degrees/ Licensures Held:	Ph.D.
Years of Experience Providing Therapeutic Interventions to 0-5	3-5
Intervention Services Offered	Behavior Management, Therapy
Other Languages Spoken	
Insurance Accepted	Medicaid, Private Insurance

Appendix F: Notable Service Examples

1. **Reginald Lourie Center**, Baltimore, MD
2. **Hincks-Dellcrest**, Toronto, Ontario, Canada
3. **Hope Center**, Salisbury, NC
4. **Dreamweavers**, Gastonia, NC
5. **Good Fit Center**, Phoenix, AZ
6. **Yale Child Study Center**, New Haven, CT
7. **Center for Child & Family Health**, Durham, NC
8. **Wake County Young Child Mental Health Training Series**, Raleigh, NC
9. **Ounce of Prevention Fund**, Chicago, IL
10. **The Children's Hospital at Montefiore**, Bronx, NY
11. **Jewish Board of Family and Children's Services**, New York, NY

Complete list of questions asked:

Program Name
Location
Website
Contact Information
What age range do you serve?
What services do you provide?
What does your service delivery system look like?
In what settings are services offered?
How do you involve families in the services you provide?
What type of employee do you look for to work with mentally ill children?
What kind of training do you provide?
Is there a specific demographic you are serving or trying to serve?
What are some of the diagnoses you are making?
Do you have an estimate for the prevalence of each diagnosis?
What is your estimation of the prevalence of mental health problems in children 0-5?
How many of these children are going undiagnosed and/or untreated??
What percentage are utilizing the system?
What data sharing, referral system and professes do you utilize in service delivery?
Are there categories for services?
What outcomes, if any, have you seen resulting from the child and family receiving services?
What are areas for improvement in your system?
If you were launching a system of delivery from scratch, what might that system look like?
What advice would you give to a community that is considering setting up a service like this?

1. Name:	Reginald Lourie Center
Location	Baltimore, MD
Website	www.louriecenter.org
Contact Information	www.louriecenter.org/beta/lc/contact.html
What age range do you serve?	Birth through age 6 (through age 8 an option)
What services do you provide?	Parent-Child Clinical Services Program - outpatient mental health clinic: assessment, treatment, consultation, training (neonatal and infant assessments, developmental evaluations, psychological testing, child psychiatric evaluations, occupational therapy evaluations, speech and language assessments)
What does your service delivery system look like?	Family-centered, outpatient clinic. Individualized treatment plans (may include: family therapy including parent-child therapy; parent guidance and family counseling; individual psychotherapy including play therapy; group therapy including social skills groups and multi-family groups; occupational therapy; speech/language therapy; coordination with schools, day care centers and other providers
How do you involve families in the services you provide?	Family-centered
What type of employee do you look for to work with mentally ill children?	Staff are certified and licensed specialists in: • child psychiatry • child psychology • clinical social work • speech and language therapy • occupational therapy
Is there a specific demographic you are serving or trying to serve?	All geographic and background areas.
What are some of the diagnoses you are making?	• Difficulties in peer relationships • Attachment and separation problems • Excessive shyness or fearfulness • Difficulty with transitions from one activity to another • Trouble with eating or sleeping • Difficulty accepting limits and structure from parents or other adults • Depression and other mood regulation problems • Aggressive or disruptive behavior • Perceptual and sensory integration problems • Developmental delays in language or motor skills • Learning difficulties
Are there categories for services?	Assessment, treatment, consultation, training

What advice would you give to a community that is considering setting up a service like this?	"Because the lines of development in the very young child are highly interrelated, a multidisciplinary staff is essential to successful treatment outcomes"
What age range do you serve?	Ages 3 and 4
What services do you provide?	Therapeutic Nursery Program - specialized preschool for children with emotional/behavioral problems
What does your service delivery system look like?	Year-round therapeutic preschool, family therapy, play therapy, parent education and support group, consultation to child care providers as needed, assistance in transition to preschool or kindergarten
How do you involve families in the services you provide?	Family-focused services to address their needs
What type of employee do you look for to work with mentally ill children?	Mental health professions and early childhood educators (senior teacher, asst teacher, clinical social worker, child psychiatrist and psychologist - all have expertise in working with young children with emotional and behavioral problems and their families)
What are some of the diagnoses you are making?	Attachment problems, excessive fears, frequent tantrums, impulsivity, withdrawal, inability to get along with peers and adults, hyperactivity, frequent aggression, short attention span, oppositional behavior, separation anxiety, depression
What age range do you serve?	Up to 4 years of age
What services do you provide?	Families Foremost Center - many services to promote health family functioning and child development (parent education and support, infant/toddler care, parent-child activity groups, health care education, adult education, employment readiness, home visiting) (Collaboration between Lourie Center, MHA of Mont Co, Mont Co Dept of Health and Human Services)
What age range do you serve?	Prenatal to 3
What services do you provide?	Early Head Start - year-round child and family development services to low-income families with children (activities to foster child's development, increase family literacy, promote healthy parent-child relationships, provide parenting support and education, assist expectant families in preparing for baby)

What does your service delivery system look like?	Weekly home visits, parent-toddler activity groups (families are linked to community resources including mental health counseling) (year-round weekly intensive services, home visits, center-based child care, parent-child activity groups, maternal and child health, parent involvement and governance)
What type of employee do you look for to work with mentally ill children?	Social workers, early childhood specialists, counselors, pediatric nurse practitioner (some are bilingual) - staff have intensive training in Head Start and infant mental health approach)
What kind of training do you provide?	Frequent supervision, ongoing training, assistance with case management
Is there a specific demographic you are serving or trying to serve?	For Early Head Start, eligibility requirements

2. Name:	Hincks-Dellcrest
Location	Toronto, Ontario, Canada
Website	www.hincksdellcrest.org/treatment-centre/index.html
Contact Information	(416) 924-1164 or (416) 633-0515
What age range do you serve?	Infants, children and youth
What services do you provide?	Counseling - educational approach, provides advice Mental health treatment - planned interventions with possibility of medication Learning Through Play - Birth to Three and Three to Six Years

3. Name:	Hope Center
Location	Salisbury, NC
Contact Information	(704) 630-4673 Doctors: Urinithan and Elliott
What age range do you serve?	Start at 18 months of age through 18 years of age
What services do you provide?	Private therapy practice. Primary goal is to strengthen parent-child bond by promoting nurturing relationships. Behavior modification is a key focus of their work.
What does your service delivery system look like?	Primarily do a lot of filial therapy, work on parent-child interactions using a variety of modalities including observation, coaching, etc.
How do you involve families in the services you provide?	Family dyad involved in every aspect of service, especially for children under 6 (will only work with parent and child together)
What type of employee do you look for to work with mentally ill children?	Small practice with 2 employees both with 25-30 years experience working with young children and families. Extensive experience in abuse issues (especially sexual), as well as ADHD, psychological evaluations, and attachment

Is there a specific demographic you are serving or trying to serve?	Any child between 18 months and 18 years old and their families, including siblings.
What are some of the diagnoses you are making?	Common diagnoses with young children: reactive attachment disorder, autism. Most kids come with behavioral presentations and have been misdiagnosed and put on medication. They do intensive work with the families to come up with correct diagnosis and to try behavior modification without drugs (pro-active non-medicating approach).
What is your estimation of the prevalence of mental health problems in children 0-5?	Estimate that 30-40% of children under five have some exacerbating mental health related stressors. For every child they see, they estimate there are 2 more who need help and aren't getting it. A high percentage of children are initially misdiagnosed—maybe somewhere close to 50%. Biggest problem is children are not getting help in a timely fashion—obviously exacerbates condition.
What data sharing, referral system and professes do you utilize in service delivery?	Try to involve all key stakeholders in work: families, community supports, primary physicians, etc.
What outcomes, if any, have you seen resulting from the child and family receiving services?	Early intervention has best results. Children who present at an older age require more intensive therapy and often medication.
What advice would you give to a community that is considering setting up a service like this?	Since 2006, they have noted a trend of over-medicating really young children.

4. Name:	**Dreamweavers**
Location	Gastonia, NC
Contact Information	Karen Butler, (704) 868-8551
What age range do you serve?	Birth to adulthood
What services do you provide?	Services for ages 0-3 are "Infant Mental Health" services; services after age 3 are "Outpatient Therapy." Clients 3 and older must have Medicaid. Serve ages 0-3 through insurance, Medicaid, or through CDSA contract.
In what settings are services offered?	Most services occur in the home; a few occur in the child care setting.
How do you involve families in the services you provide?	Family members are present for all appointments unless the child's needs are child care related. In child care without the parent present, a therapist may do an observation, consult with the teacher, or work with the child directly (to improve peer interaction, for example).
What type of employee do you look for to work with mentally	Dreamweavers employs three therapists with master's degrees and licenses (two licensed counselors and one

ill children?	licensed psychologist).
Is there a specific demographic you are serving or trying to serve?	Dreamweavers is currently seeking additional referrals to do Floor Time therapy with children on the PDD/Autism spectrum. (They continue to serve other children with a variety of presenting problems as well.)
What are some of the diagnoses you are making?	They don't typically diagnose. Children they serve usually come with diagnoses from the CDSA or from a neurologist.
Do you have an estimate for the prevalence of each diagnosis?	Many infants and toddlers who need IMH services are likely overlooked unless they are referred first to the CDSA. Also, the stigma that all mental health services still carry continues to be a barrier.
What data sharing, referral system and professes do you utilize in service delivery?	Dreamweavers does treatment only. They receive referrals from CDSA and some from other referral sources as well. They send monthly progress notes to the CDSA.
What outcomes, if any, have you seen resulting from the child and family receiving services?	Parents learn what is age-appropriate behavior, which decreases their frustration and helps them become more competent in meeting the child's needs. It helps the parent see their child's strengths and not just their weaknesses.
What are areas for improvement in your system?	Physicians may not realize that there are IMH services available in the community, so may not refer for them.
If you were launching a system of delivery from scratch, what might that system look like?	More education about the needs of children birth to three would be available in the community. An IMH community network would be in place that would meet and share resources.
What advice would you give to a community that is considering setting up a service like this?	There is a need for more professionals who are experienced in working with children as young as birth to five. Dreamweavers would employ more providers if they could find them.

5. Name:	**Good Fit Center**
Location	Phoenix, AZ
Website	http://www.swhd.org/child_health_and_welfare/good_fit.php
Contact Information	Douglas Albrecht, Ph.D. Clinical Director - Good Fit Center Southwest Human Development Phone: 602-200-0434 ext. 4065
What age range do you serve?	Our psychologists and therapists work exclusively with infants, toddlers, preschoolers and their families.
What services do you provide?	Services are typically provided in home (natural environments) as much as possible or our offices when clinically necessitated. Areas of intervention and relationship based therapy cover questions and challenges in a wide range of areas including: trauma,

	sleeping, eating, tantrums, aggression, fussiness or excessive crying, withdrawn or sad behavior and bonding and attachment.
What does your service delivery system look like?	The cause of these concerns may be unclear, or the result of a past event such as pre-maturity, illness, divorce and separation, developmental delay, loss of a loved one or trauma. Our services are structured to support and educate, with a focus on parent-child interaction/relationships and children's behaviors. These services include but are not limited to assessments, teaching, and therapy in a safe environment by qualified professionals. Whatever the cause, the Good Fit Center works in partnership with families to determine the best option for helping each child as a unique individual.
In what settings are services offered?	At home as much as possible
How do you involve families in the services you provide?	Good Fit clinicians help children and families thrive and grow by focusing on the relationships in the family. We strive to assess what issues reside within the caregiver, the child and the transaction between them. We use a variety of assessments and treatment interventions focusing on the caregiver's history, perception of the child, the child's development and temperament, and the relationship between the caretaker and child. Together we explore ways to look at behavior in a new light that might teach us something about the needs of the child.
What type of employee do you look for to work with mentally ill children?	We employee master's level clinicians with a background in early childhood development (whenever possible). Professionals at the Center all have advanced training in the highly-specialized field of infant and early childhood behavioral health. These include: Infant-toddler Psychologists and Therapists, Psychiatrists, Registered nurses, Nutritionists, Speech, Occupational and Physical Therapists. Additionally, we ask that all of our clinicians attend the Harris Infant and Early Childhood Mental Health Training Institute and complete the Infant/Family Clinical Practice Certificate Program. This certificate program is a two-year training program designed for mental health professionals who wish to develop expertise in assessment, diagnosis, and treatment of very young children and their families. It aims to increase knowledge about normative and atypical infancy and early childhood emotional development, to enhance therapeutic skills and effectiveness, and to develop leadership skills in the field of infant/family clinical practice. There are reading and written

	assignments throughout both years of study and requirements for formal case presentations.
Is there a specific demographic you are serving or trying to serve?	Children ages birth to five are our main demographic, but to tease it out a bit, 85% of our clients are Medicaid, Title 19 and Title 21 funded children. Many of these children reside in foster care or who have some involvement with our State Child Welfare Agency.
What are some of the diagnoses you are making?	DC-03 diagnoses' include, but are not limited to: PTSD, regulatory disorder, various disorders of affect. DSM IV (required for Medicaid billing) diagnoses' include, but are not limited to, Disorders of Infancy, Childhood & Adolescence NOS, PTSD, Adjustment Disorders, Mood Disorders, parent/child relationship problems, and diagnoses focused upon victim of trauma (neglect, physical abuse, or sexual abuse).
What is your estimation of the prevalence of mental health problems in children 0-5?	55% have secure attachments, 35% could probably use some help and approximately 10% have problems that reach the level of significant risk factors for developing subsequent mental health diagnosis, or are currently diagnosable. Far fewer actually receive services.
What data sharing, referral system and professes do you utilize in service delivery?	We are part of a provider network (consortium) which provides many referrals. Also referrals come from early intervention and developmental disability programs. We provide initial screenings to triages cases, looking at all of the child's needs (mental health, developmental, etc.) then move on to complete the assessment over time, across settings and caregivers to best determine point of entry for services. Many of the interventions are derivatives of relationship based work (e.g. Parent-Child Psychotherapy, Watch, Wait and Wonder, Interactional Guidance, couple of psychologist trained in Parent Child Interaction Therapy and Circles of Security).
What outcomes, if any, have you seen resulting from the child and family receiving services?	Infant and parent relationships resulting in an increased in nurturing behaviors and an increase in more "secure attachments". An increase in social emotional development and an increase in the amount of positive experiences parents have actually parenting their child. We see an increased capacity for parents "mind the child" and demonstrate increased reflective capacities (for both self and child).
What are areas for improvement in your system?	Increased accessibility for all within the system and better trained clinicians in the area of zero to three. Additionally, an increase in collaboration and better communication among agencies (E.G. CPS, DDD, etc.) would definitely make a positive impact on outcomes for children.
What advice would you give to a community that is	Start small in developing your system/agency and ensure clinical skills are developed. Connect with

considering setting up a service like this?	developmental pediatricians and other infant mental health providers (OT, Speech, feeding) Head Start, Healthy Families, Early Intervention Programs and gather their input in ensuring a well rounded system.

6. Name:	**Yale Child Study Center**
Location	New Haven, CT
Website	http://childstudycenter.yale.edu/
Contact Information	203-785-2513
What age range do you serve?	0-18
What services do you provide?	**Outpatient Clinic:** in-depth diagnostic and treatment services for children with psychiatric and developmental disorders; services include specialized developmental evaluations for children age 0-5, and psychological and psychiatric evaluations for children 6-18. Individualized treatment plans using therapeutic interventions following evaluation include: individual psychotherapy, group therapy, family therapy, psycho-pharmacological treatment, parent counseling, consultation, and/or service planning. 24 hour service and walk-ins allowed.
What services do you provide?	**Developmental Disabilities Clinic:** provides a range of services for children with pervasive developmental disorders; Comprehensive evaluations are provided by a multidisciplinary team of highly experienced clinicians. These evaluations take place at the Child Study Center over a two-day period, and focus on issues of diagnosis and educational programming/intervention. Each evaluation has three components: psychological testing, speech-language testing, and a psychiatric assessment. The assessment team works together to provide a single (usually 25-30 page) report which is typically provided ten to twelve weeks after the assessment. A significant portion of the report is devoted to recommendations for intervention and educational planning. Depending on the needs in a specific case, referrals to other professionals, e.g., pediatric neurologists or geneticists, can be provided. The Yale Child Study Center does not offer ongoing treatment for pervasive developmental disorders at this time.
What services do you provide?	**Our Toddler Clinic** also provides specialized diagnostic services for children age one to three years suspected of having Autism Spectrum Disorders. The YCSC founded the Child Development-Community Policing program as the National Center for Children Exposed to Violence and is part of the National Child Traumatic Stress Network. A child trauma clinic offers

	Trauma Focused Cognitive Behavioral Therapy.
How do you involve families in the services you provide?	The YCSC philosophy is to encourage a high level of family involvement. Parent tips and training are available through the Parenting Center and Child Conduct Clinic.
What type of employee do you look for to work with mentally ill children?	Given that YCSC is part of a world renowned academic institution, many personnel are experts, most are PhD's, and fellowships are available.
What are some of the diagnoses you are making?	Though information about prevalence is not available, specialty clinics including research exist for Autism Spectrum Disorders, as well as Obsessive Compulsive Disorder, Tourette Syndrome, and Trichotillomania (compulsive hair pulling).
What data sharing, referral system and professes do you utilize in service delivery?	The YCSC system is comprehensive, including psychological evaluations, outpatient services, and inpatient services.

7. Name:	**Center for Child & Family Health**
Location	Durham, NC
Website	http://www.ccfhnc.org/
Contact Information	411 West Chapel Hill Street, Suite 908 Durham NC 27701 (919) 419-3474
What age range do you serve?	0-18
What services do you provide?	The Center for Child & Family Health is composed of four core branches of programming: medical evaluation, mental health, prevention and early childhood, and legal programs. This programming consists of services and support for children and families who have been exposed to violence and other traumatic events. We extend our mission through statewide, national, and global research and training to prevent and alleviate symptoms of trauma in children. The Center represents a collaboration of expertise from Duke University, North Carolina Central University, The University of North Carolina at Chapel Hill, and the non-profit Child and Parent Support Services (CAPSS). Mental Health services encompass much of the treatment delivery and research being conducted at the Center. These services include a comprehensive assessment of the child and family to determine what type of evidence-based trauma treatment and/or medication might be needed. Clinic, community, and home-based trauma treatment services are offered to children and families where trauma has been identified. A multi-disciplinary team of child

	psychiatrists, psychologists, clinical social workers, counselors, and therapists provides evaluation, treatment, and links to community based support services.
In what settings are services offered?	Clinic, community and home-based
How do you involve families in the services you provide?	Educating families, involving them in treatment plans for children
What kind of training do you provide?	With a four-year grant from the National Child Traumatic Stress Network, CCFH has been able to train our clinical staff in cutting edge, evidence-based trauma treatment for children and families. With this aggressive training, CCFH has been given the opportunity to disseminate this knowledge to train local, state and national colleagues involved in trauma treatment.

8. Name:	**Wake County Young Child Mental Health Training Series**
Location	Raleigh, NC
Contact Information	Sarah Sabornie, Triangle United Way, 919-469-9686
What age range do you serve?	0-5
What services do you provide?	**Mentor/Mentee program** for people serving 0-5 population - mentors help those who are licensed, but don't have experience with 0-5 population. Coach them through cases of their own and offer some trainings
What does your service delivery system look like?	Mentoring program: 6-7 local professionals with history of clinical work with this age group were selected as mentors and were paid up to $125 per hour for mentoring time. Mentors were selected for collective broad base of expertise, e.g., Brazelton's Touchpoints theory, attachment, brain development, etc. Mentoring occurred one-to-one, in small groups, and in large meeting every couple of months, and used case presentation method. There were about 25 "mentees".
In what settings are services offered?	Community settings.
What type of employee do you look for to work with mentally ill children?	Must be licensed
What kind of training do you provide?	Weekly, monthly, annual meetings - case discussions, trainings (CPEs)
What outcomes, if any, have you seen resulting from the child and family receiving services?	Referrals to CDSA are now more cogent. It is much easier for CDSA to follow-up.

What services do you provide?	**Pediatric Development Surveillance Program** - four staff, including nurse practitioner and social worker, circulated through many pediatric offices to help practices recognize problems, and to train staff on what to look for. Also provided consultations for parents. Ensuring screenings are happening.
What does your service delivery system look like?	Saturated pediatric offices, initiated systemic processes so when kids visit their local pediatric office it's a given that screening & referral practices are in place. Helped families figure out next steps within their medical home. Focused on training those who are providing services to do secondary level screenings.
In what settings are services offered?	Pediatric offices.
How do you involve families in the services you provide?	Provided family consultations to help determine next steps.

9. Name:	Ounce of Prevention Fund
Location	Chicago, IL
Website	http://www.ounceofprevention.org/
Contact Information	Nancy Sinclair or Nick Wechsler
What age range do you serve?	Infants, toddlers, preschoolers, and their families
What services do you provide?	Home visiting doulas (prenatal visits, birthing support, postnatal visits)
What does your service delivery system look like?	In-home visits using doulas who advise soon-to-be parents to help with issues of attachment and relationship forming. Move teen mothers from "me" to "we."

10. Name:	The Children's Hospital at Montefiore
Location	Bronx, NY
Website	http://www.montekids.org/, http://www.montekids.org/programs/cpc/
Contact Information	Rahil Briggs, Psy.D. (718) 430-4100 or (718) 405-8040 ext 2532. rabriggs@montefiore.org
What services do you provide?	Advocate for co-location of mental health services in the following settings: • **Pediatric offices** (education of pediatric providers re: early childhood development & mental health; comprehensive provision and management of adequate screening tools; linkages with community providers for referrals and treatment) • **Child care and preschool programs** (case-based and program-based consultations, parent education programs) • **Family court judges** (seminars for judges at Bronx Family Court; regularly scheduled in-

	person case consultations at court; continuous availability for case consultations) • **Infant-family therapist into family foster care visits** (discuss children's needs in therapist's pre-visit meeting with parent; coach positive parenting behaviors during visit; post-visit meeting with parent to review and plan for next visit) • **Adult mental health services in a children's therapy center** (provide adult mental health services, including individual psychotherapy and judicious use of medication; collaboration between adult and child-family clinicians)

11. Name:	**Jewish Board of Family and Children's Services**
Location	New York, NY
Website	http://www.jbfcs.org/
Contact Information	**Early Childhood Consultation Program** 120 West 57th Street New York, NY 10019 Director: Fern Fisher, MA, MS, LCSW Phone: (212) 632-4504
What services do you provide?	**Early Childhood Consultation Program** Specialists in child and family development and early childhood education provide ongoing, on-site consultation at private and public preschool programs throughout New York City. Consultants observe in classrooms and meet with directors, teachers and parents as needed. Early Childhood Consultation Services also offers the Elaine Kramer Child Development Workshops for educators, and on-site consultation workshops and staff development days for community schools.
Contact Information	**Learning Resource Network (LRN)** 120 West 57th Street New York, NY 10019 Directors: Marsha Winokur, Ph.D.; Leslie Epstein Pearson, LCSW Phone: (212) 632-4499
What services do you provide?	**Learning Resource Network (LRN)** Consultation services to parents and professionals on questions about learning and child development. While we are here to answer all questions about learning and developmental issues, we are also available to address specific concerns about children with autistic spectrum disorders, learning disabilities, and problems with

	attention and behavior. We are also available to present workshops and training for both lay and professional groups.
Contact Information	**Child Development Center** 120 West 57th Street, 11th floor New York, NY 10019 Director: Marian Davidson-Amodeo, LCSW Phone: (212) 632-4733
What services do you provide?	**Child Development Center** The Child Development Center offers an outpatient clinic, a therapeutic nursery school, early intervention services, early childhood consultation to community based settings, and a special education itinerant teacher program for children ages 2-6 with a range of developmental, neurological and/or emotional and behavioral problems. Children in our services have specific language and learning challenges, pervasive developmental disorder, autistic spectrum disorder, as well as behavioral and emotional difficulties. Individual and group services for families and caregivers are also provided. *Early Childhood Consultation Program* - Specialists in child development and family dynamics provide on-site early childhood consultation to the directors, staff and families at nursery schools, yeshivas, day schools, and day-care centers. *Early Childhood Group Therapy* - ECGT is a community-based small group therapy service for preschool children at participating daycare and nursery programs where CDC has a satellite license from the State Office of Mental Health. (see Citywide Listing for The Martha K. Selig Educational Institute/ Institute for Infants Children and Families) *Early Intervention* - Services provided for children 18 months to 3 years of age and their families with an interdisciplinary team. Services include evaluation, special education instruction, related service therapies, parent-child work, and parent support work, all through individual and small group interventions. Delivery of these services can take place at our facility and in the home. *Outpatient Clinic* - Services include evaluation and treatment planning for children, play therapy for children and treatment with families. Special Education Itinerant Teaching and Related Service Provision - Services for children who are able to manage in their mainstream setting. A special educator or related service provider may go to that program to provide

	therapy or children may come to our facility to receive the service. Work also includes consultation with teachers, other service providers and family. *Therapeutic Nursery* - Services provided for children 3 to 5 years of age, including evaluation and three center-based special education classrooms with a developmentally based interdisciplinary team approach. Small group and individualized services are provided to children, as well as their parents/ family.
Contact Information	**Manhattan Learning Center** 120 West 57th Street New York, NY 10019 Director: Barbara Gochberg, Ph.D. Phone: (212) 632-4681
What services do you provide?	**Manhattan Learning Center** Helps children with learning difficulties focus on understanding their unique strengths and challenges and how those characteristics interact with their family and school environments. Comprehensive assessments of children and adolescents address the complexity of the developmental learning process. Specialized attention given to academic skill development and achievement, neuropsychological processing, patterns of cognitive function and issues of emotional style; parental guidance provided.

References

[1] Zero to Three Infant Mental Health Task Force Steering Committee, 2001

[2] The Florida State University Center for Prevention and Early Intervention Policy, "Florida's Strategic Plan for Infant Mental Health," 2001. 12 November 2007. <http://www.cpeip.fsu.edu/faimh/IMHPlan.pdf>

[3] Bowman, Barbara T., M. Suzanne Donovan, and M.Susan Burns, eds. Eager to Learn: Educating our Preschoolers. Washington, D.C.: National Academy of Sciences, National Academy Press, 2001. 4 January 2008. <http://www.nap.edu/openbook.php?record_id=9745&page=R1>

[4] United States Department of Health and Human Services – Substance Abuse and Mental Health Services Administration. "Child and Adolescent Mental Health." SAMHSA's National Mental Health Information Center: Center for Mental Health Services. 12 November 2007. <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

[5] Action for Children. "2006 North Carolina Children's Index." 15 November 2007. <http://www.ncchild.org/images/stories/Index/nc_childrens_index_a1_2006.pdf>

[6] Keenan, Sandra. "Creating a System of Care by Integrating School Based Initiatives and Mental Health." *Technical Assistance Partnership for Child and Family Mental Health/CMHS/SAMSHA*. PowerPoint. 13 April 2006.

[7] Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

[8] Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

[9] Action for Children. "2006 North Carolina Children's Index." 15 November 2007. <http://www.ncchild.org/images/stories/Index/nc_childrens_index_a3_2006.pdf>

[10] Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. "Promotion and Prevention in Mental Health: Strengthening Parenting and Enhancing Child Resilience." DHHS Publication No.CMHS-SVP-0175. Rockville, MD (June 2007).

[11] Zenah, P. B. Stafford, G. Nagle, T. Rice. "Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems." Building State Early Childhood Comprehensive Systems Series, No. 12. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy (January 2005).

[12] Onunaku, Ngozi, M. A. "Improving Maternal and Infant Mental Health: Focus on Maternal Depression." July 2005.

[13] National Institute of Mental Health. "Statistics." *National Institute of Mental Health.* 19 December 2007. <http://www.nimh.nih.gov/health/statistics/index.shtml>.

[14] National Institute of Mental Health. "Statistics." *National Institute of Mental Health.* 19 December 2007. <http://www.nimh.nih.gov/health/statistics/index.shtml>.

[15] Gregory, A. M., A. Caspi, T.E. Moffitt, K. Koenen, T.C. Eley, R. Poulton. "Juvenile Mental Health Histories of Adults With Anxiety Disorders." *American Journal of Psychiatry* 164 (February 2007):1-8. 2 January 2008. <http://www.nimh.nih.gov/science-news/2007/half-of-adults-with-anxiety-disorders-had-psychiatric-diagnoses-in-youth.shtml>

[16] Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

[17] Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003

[18] Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

[19] U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General—Chapter 3." Rockville, MD: U.S. Department of Health and Human Services,

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[20] Fesperman, Laverne. "Case examples." Email to Julie Sinton. 10 January 2008.

[21] Shirilla, Joan J. & Deborah J. Weatherston, Eds. Case Studies in Infant Mental Health: Risks, Resiliency, and Relationships. Washington, DC: Zero to Three, 2002.

[22] North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. "Child Mental Health Plan." September 2003 (updated March 2004).

[23] Fesperman, Laverne. "Case examples." Email to Julie Sinton. 10 January 2008.

[24] Shirilla, Joan J. & Deborah J. Weatherston, Eds. Case Studies in Infant Mental Health: Risks, Resiliency, and Relationships. Washington, DC: Zero to Three, 2002.

[25] Shirilla, Joan J. & Deborah J. Weatherston, Eds. Case Studies in Infant Mental Health: Risks, Resiliency, and Relationships. Washington, DC: Zero to Three, 2002.

[26] Bricker, Diane, Ph.D., Maura Schoen Davis, Ph.D., Jane Squires, Ph.D. "Mental Health Screening in Young Children." Infants and Young Children, Vol. 17, No. 2 (2004): 129-144.

[27] Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

[28] Substance Abuse & Mental Health Services Administration (SAMHSA). "Child and Adolescent Mental Health." *SAMHSA National Mental Health Information Center: Center for Mental Health Services.* November 2003. 12 November 2007 <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

[29] Lyman, Russell D., Ph.D., Wanjiku F.M. Njoroge, M.D., David W. Willis, M.D. "Early Childhood Psychosocial Screening in Culturally Diverse Populations: A Survey of Clinical Experience with the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)." *Journal of Zero to Three* Volume 27. No 5 (May 2007): 47.

[30] U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General—Executive Summary." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[31] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[32] Bricker, Diane, Ph.D., Maura Schoen Davis, PhD, Jane Squires, PhD. "Mental Health Screening in Young Children." Infants and Young Children, Vol. 17, No. 2 (2004): 129-144.

[33] Kataoka, Sheryl H, M.D., M.S.H.S, Lily Zhang, M.S., Kenneth B. Wells, M.D., M.P.H. "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status." *American Journal of Psychiatry.* September 2002. 8 February 2008.

[34] Kataoka, Sheryl H, M.D., M.S.H.S, Lily Zhang, M.S., Kenneth B. Wells, M.D., M.P.H. "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status." *American Journal of Psychiatry.* September 2002. 8 February 2008.

[35] Jellinik, Michael, M.D. and J. Michael Murphy, Ed.D. "Psychosocial Problems, Screening, and the Pediatric Symptom Checklist." American Academy of Pediatrics: Developmental and Behavioral News. Vol 8., No. 1 (Fall 1999). 12 December 2007. <http://www.dbpeds.org/section/fall_1999/jellinek.html>

[36] U.S. Census Bureau. "2006 American Community Survey." 4 December 2007. <www.factfinder.census.gov>

[37] U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General—Executive Summary." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[38] U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General—Executive Summary." Rockville, MD: U.S. Department of Health and Human

Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[39] U.S. Census Bureau. "2006 American Community Survey." 4 December 2007. <www.factfinder.census.gov>

[40] U.S. Department of Health and Human Services. "Mental Health: A Report of the Surgeon General—Executive Summary." Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

[41] U.S. Census Bureau. "2006 American Community Survey." 4 December 2007. <www.factfinder.census.gov>

[42] Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

[43] Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

[44] Kataoka, Sheryl H., M.D., M.S.H.S, Lily Zhang, M.S., Kenneth B. Wells, M.D., M.P.H. "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status." *American Journal of Psychiatry.* September 2002. 8 February 2008.

[45] Kataoka, Sheryl H, M.D., M.S.H.S, Lily Zhang, M.S., Kenneth B. Wells, M.D., M.P.H. "Unmet Need for Mental Health Care Among U.S. Children: Variation by Ethnicity and Insurance Status." *American Journal of Psychiatry.* September 2002. 8 February 2008.

[46] Zenah P., B. Stafford, G. Nagle, T. Rice. "Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems." Building State Early Childhood Comprehensive Systems Series, No. 12. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy (January 2005).

[47] Department of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health. "Investing in Mental Health." World Health Organization, Geneva. 2003.

[48] Substance Abuse & Mental Health Services Administration (SAMHSA). "Child and Adolescent Mental Health." *SAMHSA National Mental Health Information Center: Center for Mental Health Services.* November 2003. 12 November 2007. <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

[49] Fass, Sarah and Nancy K. Cauthen. "Who Are America's Poor Children? The Official Story." *National Center for Children in Poverty*. November 2007. 3 January 2008. <http://www.nccp.org/publications/pub_787.html> **AND** Action for Children. "2007 Data Snapshot of North Carolina's Children." 3 January 2008. <http://www.ncchild.org/images/stories/2007_Data_Snapshot_Card.pdf>

[50] Masi, Rachel and Janice Cooper. "Children's Mental Health: Facts for Policymakers." *National Center for Children in Poverty.* November 2006. 4 January 2008. <http://www.nccp.org/publications/pub_687.html>

[51] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[52] HelpGuide.org. "Child Abuse and Neglect: Types, Signs, Symptoms, Causes and Getting Help" *HelpGuide.org*. October 2007. 3 January 2008. <http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm>

[53] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007. <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[54] The New York Times. "36 Percent of Women in Jail Say They Were Abused as Children." 12 April 1999. 7 January 2008. <http://query.nytimes.com/gst/fullpage.html?res=9B06E5D81138F931A25757C0A96F958260>

[55] HelpGuide.org. "Child Abuse and Neglect: Types, Signs, Symptoms, Causes and Getting Help" *HelpGuide.org*. October 2007. 3 January 2008. <http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm>

[56] Bricker, Diane, Ph.D., Maura Schoen Davis, Ph.D., Jane Squires, Ph.D. "Mental Health Screening in Young Children." Infants and Young Children, Vol. 17, No. 2 (2004): 129-144.

[57] North Carolina Department of Health and Human Services, Division of Social Services. "Child Protective Services Assessment Findings For Children: State Fiscal Year 2005-2006. 25 October 2007. <(http://www.dhhs.state.nc.us/dss/stats/docs/subsinv0506/mecklenburg.xls>

[58] Onunaku, Ngozi, M.A. "Improving Maternal and Infant Mental Health: Focus on Maternal Depression." July 2005.

[59] Center for Disease Control and Prevention. "Pregnancy Risk Assessment Monitoring System: (PRAMS) and Postpartum Depression." 25 October 2007. <http://www.cdc.gov/PRAMS/PDFs/PRAMS%20PPD%20Factsheet_Final.pdf>

[60] Oser, Cindy. "Infant/Early Childhood Mental Health: A Concern for All." *Zero to Three.* 3 December 2007. <http://www.zerotothree.org/site/DocServer/Infant_and_Early_Childhood_Mental_Health-_A_Concern_for_.pdf?docID=2082&AddInterest=1144>

[61] Morris, Carol. "Domestic Violence in Charlotte-Mecklenburg: An Overview and Assessment of our Community Response." January 2006. <http://www.unitedfamilyservices.com/customers/103100109352580/filemanager/press room/FINAL_DV_Full_Revised_Report_1_20_06.pdf>

[62] Morris, Carol. "Domestic Violence in Charlotte-Mecklenburg: An Overview and Assessment of our Community Response." January 2006. <http://www.unitedfamilyservices.com/customers/103100109352580/filemanager/press room/FINAL_DV_Full_Revised_Report_1_20_06.pdf>

[63] American Academy of Pediatrics. "Some Things You Should Know About the Effects of Violence on Children." American Academy of Pediatrics, 2003.

[64] U.S. Department of Health and Human Services, Administration for Children and Families. "Trends in Foster Care and Adoption—FY2000 – FY2005." January 2007. <http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends.htm>

[65] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007. <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[66] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[67] Onunaku, Ngozi. "Linking Infant Mental Health and Part C Early Intervention." *Issues in Early Childhood Mental Health Forum*. PowerPoint. 3 May 2005.

[68] Gilliam, Walter S. Ph.D. "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems." *Yale University Child Study Center.* May 2005.

[69] Onunaku, Ngozi. "Linking Infant Mental Health and Part C Early Intervention." *Issues in Early Childhood Mental Health Forum*. PowerPoint. 3 May 2005.

[70] North American Council on Adoptable Children. "Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care." July 2007. 10 January 2008. <http://www.nacac.org/adoptalk/postadoptpaper.pdf>

[71] North American Council on Adoptable Children. "Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care." July 2007. 10 January 2008. <http://www.nacac.org/adoptalk/postadoptpaper.pdf>

[72] Alvarez, Manny. "International Adoption: Ask the Right Questions About Child's Health." *Fox News.com* 9 January 2007. 10 January 2008. <http://www.foxnews.com/story/0,2933,242679,00.html>

[73] Substance Abuse & Mental Health Services Administration (SAMHSA). "Child and Adolescent Mental Health." *SAMHSA National Mental Health Information Center: Center for Mental*

Health Services. November 2003. 12 November 2007. <http://mentalhealth.samhsa.gov/publications/allpubs/CA-0004/default.asp>

[74] North Carolina State Center for Health Statistics. "2005 North Carolina Pregnancy Risk Assessment Monitoring Systems Survey Results." 25 October 2007. <http://www.schs.state.nc.us/SCHS/prams/2005/DRKBNG_L.html>

[75] Substance Abuse & Mental Health Services Administration (SAMHSA). "Fetal Alcohol Spectrum Disorders by the Numbers." 2007. 6 November 2007. <http://www.fasdcenter.samhsa.gov/documents/WYNK_Numbers.pdf>

[76] Action for Children. "2007 North Carolina Child Health Report Card." 19 November 2007. <http://www.ncchild.org/images/stories/2007_Health_Report_Card.pdf>

[77] CLIKS: Community-Level Information on Kids. "Raw Data for North Carolina." *The Annie E. Casey Foundation.* 16 November 2007. <http://www.kidscount.org/cgi-bin/cliks.cgi?action=rawdata_results&subset=NC>

[78] Science Daily. "Low Birth Weight And Childhood Abuse Linked To Psychological Problems Later In Life." 6 February 2007. 4 January 2008. <http://www.sciencedaily.com/releases/2007/02/070206095805.htm>

[79] Onunaku, Ngozi. "Linking Infant Mental Health and Part C Early Intervention." *Issues in Early Childhood Mental Health Forum*. PowerPoint. 3 May 2005.

[80] Shonkoff, Jack P. and Deborah A. Phillips, eds. *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2000.

[81] American Academy of Child & Adolescent Psychiatry. "Children of Parents with Mental Illness." *American Academy of Child & Adolescent Psychiatry.* July 2004. 19 December 2007. <http://www.aacap.org/cs/root/facts_for_families/children_of_parents_with_mental_illness>

[82] Peth-Pierce, Robin. "A Good Beginning: Sending America's Children to School With the Social and Emotional Competence They Need to Succeed." *The Child Mental Health Foundations and Agencies Network.* 2000. 24 October 2007. <http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/16/86/74.pdf>

[83] Schwartz, Wendy. "Developing Social Competence in Children." *Parents Association.com.* 14 November 2007. <http://www.parentsassociation.com/education/social_competence.html>

[84] Center for Child and Family Policy, Duke University. "Children's Mental Health: Strategies for Providing High Quality and Cost-Effective Care." North Carolina Family Impact Seminar, 2006.

[85] U.S. Census Bureau. "2006 American Community Survey." 4 December 2007 <www.factfinder.census.gov>

[86] Action for Children. "2007 Data Snapshot of North Carolina's Children." 3 January 2008. <http://www.ncchild.org/images/stories/2007_Data_Snapshot_Card.pdf>

[87] Action for Children. "2007 North Carolina Child Health Report Card." 19 November 2007. http://www.ncchild.org/images/stories/2007_Health_Report_Card.pdf **AND** CLIKS: Community-Level Information on Kids. "Raw Data for North Carolina." The Annie E. Casey Foundation. 16 November 2007. <http://www.kidscount.org/cgi-bin/cliks.cgi?action=rawdata_results&subset=NC>

[88] National Alliance to End Homelessness. "More Than Shelter!: Charlotte-Mecklenburg's Ten-Year Implementation Plan to End and Prevent Homelessness—One Person/One Family at a Time." October 2006. 29 October 2007. <http://www.naeh.org/content/article/detail/1565>

[89] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[90] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007. <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[91] North Carolina Department of Health and Human Services, Division of Social Services. "Child Protective Services Assessment Findings For Children: State Fiscal Year 2005-2006. 25 October 2007. <http://www.dhhs.state.nc.us/dss/stats/docs/subsinv0506/mecklenburg.xls>

[92] North Carolina Department of Health and Human Services, Division of Social Services. "Child Protective Services Assessment Findings For Children: State Fiscal Year 2005-2006. 25 October 2007. <(http://www.dhhs.state.nc.us/dss/stats/docs/subsinv0506/mecklenburg.xls

[93] North Carolina Department of Health and Human Services, Division of Social Services. "Child Protective Services Assessment Findings For Children: State Fiscal Year 2005-2006. 25 October 2007. <(http://www.dhhs.state.nc.us/dss/stats/docs/subsinv0506/mecklenburg.xls

[94] North Carolina State Center for Health Statistics. "2005 North Carolina Pregnancy Risk Assessment Monitoring Systems Survey Results." 25 October 2007. http://www.schs.state.nc.us/SCHS/prams/2005/PAPG.html

[95] Center for Disease Control and Prevention. "Pregnancy Risk Assessment Monitoring System: (PRAMS) and Postpartum Depression." 25 October 2007. <http://www.cdc.gov/PRAMS/PDFs/PRAMS%20PPD%20Factsheet_Final.pdf>

[96] Oser, Cindy. "Infant/Early Childhood Mental Health: A Concern for All." *Zero to Three.* 3 December 2007. <http://www.zerotothree.org/site/DocServer/Infant_and_Early_Childhood_Mental_Health-_A_Concern_for_.pdf?docID=2082&AddInterest=1144>

[97] North Carolina State Center for Health Statistics. "2005 North Carolina Pregnancy Risk Assessment Monitoring Systems Survey Results." 25 October 2007. <http://www.schs.state.nc.us/SCHS/prams/2005/#30>

[98] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[99] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.

[100] Morris, Carol. "Domestic Violence in Charlotte-Mecklenburg: An Overview and Assessment of our Community Response." January 2006. 4 January 2008. <http://www.unitedfamilyservices.com/customers/103100109352580/filemanager/pressroom/FINAL_DV_Full_Revised_Report_1_20_06.pdf>

[101] Morris, Carol. "Domestic Violence in Charlotte-Mecklenburg: An Overview and Assessment of our Community Response." January 2006. 4 January 2008. <http://www.unitedfamilyservices.com/customers/103100109352580/filemanager/pressroom/FINAL_DV_Full_Revised_Report_1_20_06.pdf>

[102] Duncan, D.F., H.C. Kum, K.A. Flair, C.J. Stewart, E.C. Weigensberg, and P.J. Lanier, III, (2007). "NC Child Welfare Program." University of North Carolina at Chapel Hill Jordan Institute for Families. 2007. 16 November 2007 <http://ssw.unc.edu/cw/>

[103] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007 <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[104] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007 <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[105] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007 <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[106] Zero to Three Policy Center. "Infants, Toddlers and Child Welfare." July 2004 Fact Sheet. 14 November 2007 <http://www.zerotothree.org/site/DocServer/childwelfarestate.pdf?docID=682>

[107] Earls, Marian, M.D. "Developmental & Behavioral Screening: Working Together to Identify Mental Health Issues of Children in Child Care Settings." PowerPoint.
[108] CLIKS: Community-Level Information on Kids. "Raw Data for North Carolina." The Annie E. Casey Foundation. 16 November 2007. <http://www.kidscount.org/cgi-bin/cliks.cgi?action=rawdata_results&subset=NC>
[109] Action for Children. "2006 North Carolina Children's Index." 15 November 2007 <http://www.ncchild.org/images/stories/Index/nc_childrens_index_a2_2006.pdf>
[110] CLIKS: Community-Level Information on Kids. "Raw Data for North Carolina." The Annie E. Casey Foundation. 16 November 2007. <http://www.kidscount.org/cgi-bin/cliks.cgi?action=rawdata_results&subset=NC>C
[111] Pascoe, John M., M.D., M.P.H., FAAP; Paula Duncan, M.D., FAAP; Peter Gorski, M.D., M.P.A., FAAP; Robert Greenberg, M.D., FAAP; Ruchi Gupta, M.D.; Linda H. Southward, Ph.D.; Michael Weitzman, M.D., FAAP. "Mental Health Concerns of Child Care Directors: A Multistate Study."
[112] Gilliam, Walter S. Ph.D. "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems." *Yale University Child Study Center.* May 2005.
[113] Gilliam, Walter S. Ph.D. "Prekindergarteners Left Behind: Expulsion Rates in State Prekindergarten Systems." *Yale University Child Study Center.* May 2005.
[114] Onunaku, Ngozi. "Linking Infant Mental Health and Part C Early Intervention." *Issues in Early Childhood Mental Health Forum*. PowerPoint. 3 May 2005.
[115] Onunaku, Ngozi. "Linking Infant Mental Health and Part C Early Intervention." *Issues in Early Childhood Mental Health Forum*. PowerPoint. 3 May 2005.
[116] North American Council on Adoptable Children. "Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care." July 2007. 10 January 2008. <http://www.nacac.org/adoptalk/postadoptpaper.pdf>
[117] North American Council on Adoptable Children. "Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care." July 2007. 10 January 2008. <http://www.nacac.org/adoptalk/postadoptpaper.pdf>
[118] North American Council on Adoptable Children. "Post-Adoption Services: Meeting the Mental Health Needs of Children Adopted from Foster Care." July 2007. 10 January 2008. <http://www.nacac.org/adoptalk/postadoptpaper.pdf>