

FLORIDA'S STRATEGIC PLAN
FOR
INFANT MENTAL HEALTH



Establishing a System of Mental Health Services
for Young Children and their Families in Florida



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Florida's Strategic Plan for Infant Mental Health
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for Young Children and their Families in Florida

Prepared by

The Florida State University Center for Prevention and Early Intervention Policy

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*Florida's Strategic Plan for Infant Mental Health
is dedicated to Dr. Sandra Adams
whose vision, inspiration and persistence
spurred the development of Infant Mental Health programs in Florida;
and to the hundreds of extraordinary individuals
who have worked tirelessly
to improve the lives of Florida's youngest children.*



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THE VISION

The vision is that one day all children will be emotionally healthy, equipped to learn, and nurtured to develop their full potential.

The purpose of this plan is to implement this vision by defining the need, investigating what interventions are most effective, translating these research findings into public policy, integrating infant mental health services into current programs throughout the state, building a cadre of infant mental health specialists, establishing training opportunities, securing adequate, on-going funding, and continuing to evaluate the long-term impacts in the community. A brighter future for Florida's children can be achieved with a greater investment and collective commitment to prevention and early intervention.

The Definition of

INFANT MENTAL HEALTH

INFANT MENTAL HEALTH is the ability of children from birth to age five to grow, develop and learn in a way that enhances their social and emotional health, both as an individual and in relationships with others.

Infant Mental Health is promoted by:

- Providing families/caregivers with the necessary skills and tools to support healthy social and emotional development.
- Supporting family/caregiver strengths and cultural values and beliefs.
- Identifying early signs of emotional and behavioral concerns.
- Promoting successful partnerships among families/caregivers and community support systems.



WHAT THE RESEARCH TELLS US

An ever-expanding research and practice base highlights the urgency of implementing infant mental health initiatives for Florida's children and families. While even a brief review is beyond the scope of this document, several key areas are particularly noteworthy.

Research on the powerful impact of early experience on brain development has also increased our knowledge about the vulnerability and remarkable resilience seen in the early years of life.

We now know a great deal about how common stressors and traumatic events affect brain and behavioral development, and the crucial role relationships play in reducing the impact of negative life experiences. Advances in the development and availability of statistical techniques for longitudinal studies have led to a much more detailed picture of the interplay of factors that set children on a path for optimal social-emotional development from infancy to young adulthood. This knowledge base must be used to inform all our efforts to support young children by optimizing their experiences, relationships, and environments.

Research has shown that social emotional development is just as important to school readiness as are literacy and cognitive development. School readiness initially focused on literacy and numeracy. Research has shown that sensitive caregiving—not Mozart, Baby Einstein or educational toys—provides the essential catalyst for healthy development. Social emotional development is gaining increasing prominence as science reveals how the architecture of the brain is affected by relationships and emotional experiences.

Research has provided data on evidence-based practices in work with young children and families.

Numerous studies have provided evidence for the value of home visiting programs, quality child care programs, and comprehensive programs such as Early Head Start and Head Start. There is also a small but growing literature on the positive effects of parent-child relationship-focused therapies and intervention with vulnerable children, such as those in the child welfare system. The present challenge is to continue implementing these evidence-based approaches within typical practice settings.

We now know about the economic benefits of investing in young children. Measuring the economic value of supporting children and families enables discussions that include both the developmental and financial benefits of investing in early childhood programs, especially those promoting healthy social emotional development. Economists have documented that the later in life we attempt to repair early deficits the costlier the remediation. In this era of tight budgets, investment in early intervention makes sound economic sense.

This diverse range of information can intensify our focus and bring new experts to our efforts. Some of the changes in the plan reflect both our expanding knowledge and the new professional and programmatic relationships essential to moving the Infant Mental Health field forward.

ACCOMPLISHMENTS, CHANGES AND CHALLENGES

Much has changed in Florida since the original Infant Mental Health Strategic Plan was developed in 2000. State and county agencies, children's boards, and service providers have embraced infant mental health principles and practices. Between 2000 and 2008, numerous infant mental health initiatives have been completed such as: a successful pilot providing parent/infant/child therapy for families in the child welfare system; a series of infant mental health trainings for frontline staff from early childhood programs and social service agencies; provision of infant mental health therapy and consultation in healthcare, child welfare, and child care settings; infant mental health training for more than a hundred licensed therapists; social policy improvements in education and social service agencies and a myriad of local activities to improve access to infant mental health services. This impressive work has been done through the efforts of hundreds of people working in the education, health and human service systems throughout the state.



The implementation of the Infant Mental Health Strategic Plan was expedited when the Department of Health received an Early Childhood Comprehensive System grant. Since social and emotional development and early childhood mental health are components of the grant, the Department of Health used this opportunity to fund several infant mental health projects. These projects included the update of this strategic plan, local strategic planning in several parts of the state, and training on early childhood mental health to hundreds of recipients. Grant funds also supported training to medical professionals on developmental screening and were used to promote the use of depression screens for pregnant women and new mothers. Coordination of the revision and implementation of the Infant Mental Health Strategic Plan with the ECCS activities will continue to improve the integration of early childhood, physical health and mental health programs.

Florida has experienced many systemic changes and challenges since the completion of the original strategic plan. Shrinking revenues have forced all involved in early childhood and social services to try to do more with less. Great demands have been placed on providers and state agencies, but children and families carry the burden exacerbated by the lack of supports and services. Concurrently, state level reorganizations and systemic management changes have directly impacted service delivery. Examples of some of these changes are:

- Since the completion of the original strategic plan, governance of the early childhood programs have shifted from the School Readiness Board to other state funded entities. With the passage of the Voluntary Pre-Kindergarten programs, the legislature revised the management and operational structure of early childhood education and child care programs and created Offices of Early Learning in the Agency for Workforce Innovation (AWI) and in the Department of Education. AWI's responsibilities include the operation of the state's Child Care Resource and Referral, School Readiness, and Voluntary Prekindergarten (VPK) programs. The Department of Education's Office of Early Learning works with AWI to develop policies for the program. AWI contracts with 31 local Early Learning Coalitions to administer the program. Advisory boards are in place at both the local and state levels. The Early Learning program is one of the key partners in the implementation of the strategic plan. Therefore, the plan has been revised to reflect these managerial changes and to redirect implementation of relevant sections of the strategic plan to the local level with the Early Learning Coalitions.

- Historically in Florida, government agencies directly operated the child protection system including child abuse investigations, the foster care program and adoptions. However, in the late 1990s the legislature mandated that the Department of Children and Families privatize portions of the system by contracting with Community Based Care (CBC) lead agencies. At the time of the original strategic plan, transition to contracted lead agencies had occurred in only a few geographical locations. Now, the entire child welfare system (with the exception of child protection investigations) is operated through contracts with local not-for-profit entities. Child abuse investigations are provided either by the local sheriff's office or state personnel. The CBCs sub-contract with local providers to address the needs of children and families in their communities. The majority of the funding for child abuse and neglect services, including prevention programs, flows through the CBCs. The strategic plan has been revised to reflect these important changes.
- Since 2000, the Early Steps (Part C) program shifted its focus from a clinic based model to one that supports services in natural environments, including in the home and child care settings. A new position, the Infant and Toddler Developmental Specialist, provides many of the in-home services and is often responsible for addressing social and emotional issues with the children and their families. The strategic plan has been modified to capture this new orientation and to capitalize on infant mental health training opportunities with Early Steps' staff.
- Medicaid has made significant modifications in how they procure services since 2000. The program originally provided services through a fee-for-service mechanism in which providers rendered the service and then billed Medicaid for reimbursement. As in most states, Florida has gradually converted the majority of the Medicaid program to managed care in which Health Maintenance Organizations (HMOs), Provider Service Networks (PSNs) and specialty pre-paid programs approve and reimburse providers for the services. The managed care programs are generally paid a fixed amount each month for each of their enrollees. Although bound by contractual obligations to provide all the services in the contract, the companies determine who is eligible for a particular service and at what frequency, duration and scope.

The shift from centralized and state operated service delivery to local systems of care brings both opportunities and challenges. Decentralized decision making regarding services and supports reflects the communities' needs and priorities. Local communities are keenly interested in the well-being of their children and families and are knowledgeable about the needed supports and services. Some communities have funds that can be used to supplement state funds and increase prevention, early intervention and therapeutic programs in their areas. Local management of educational and human services can result in more cost effective delivery of services and improved responsiveness to the needs of children and families. In fact, families are now invited to participate in planning the components of the local and statewide systems of care. The need for consumer choice and directed care is recognized in most of the early childhood programs. It is imperative that system change initiatives operate on at least four levels: state, local, provider, and family. This four prong approach is reflected in the revisions to the strategic plan.

The Medicaid shift from fee-for-service payment to managed care now requires that families, providers and agencies must work with numerous entities to obtain services for children and their families. Navigating this system is a challenge for both experienced professionals and families. Since these entities are responsible for meeting the needs of their enrollees, efforts to improve the access and quality of infant mental health services for Medicaid recipients must be coordinated with the managed care programs. Work with these companies should include promotion of infant mental health services, training for

personnel, and advocacy to ensure that services are appropriately provided to infants, children and families eligible for the services.

A continued partnership with the state agencies providing services for young children and their families, local communities, providers, and family organizations forms the basis for the future implementation of this plan. The ongoing actions of the Florida Association of Infant Mental Health (FAIMH) and its Chapters also provide an opportunity for working with local agencies, providers and families to achieve the goals outlined in this plan.

The Florida Association of Infant Mental Health

The Florida Association of Infant Mental Health (FAIMH) was formed upon completion of the original Strategic Plan for Infant Mental Health in September of 2000. FAIMH thrived and grew under the dedicated leadership of Dr. Wil Blechman—now having 19 local chapters. FAIMH adopted the plan as their strategic guide with the local chapters implementing portions of the plan with their community members. These grassroot organizations are mostly volunteers who are implementing the plan, often with limited resources but with grit, gusto, and determination. These committed champions have created pockets of excellence that extend from the Panhandle through the Magic Kingdom down to South Florida. FAIMH’s annual conference continues to provide a forum for sharing promising practices and challenges, navigating ever-changing funding and policies, and realistically translating theory to practice.

The purpose of FAIMH is as follows:

- *To define* infant mental health and to envision a climate to support healthy emotional development for all children;
- *To promote* increased understanding by professionals, parents, and caregivers of the importance of infant mental health;
- *To work* with communities, businesses, and public policy makers to understand how early childhood experiences contribute to poor school performance, problems in adulthood, and violence;
- *To determine* ways to integrate infant mental health practices throughout current health, education, judicial, and social service systems of care for young children;
- *To determine* financing strategies for education, training and services;
- *To recommend* guidelines for screening, assessment and intervention regarding emotional health and development;
- *To identify* ways and means to provide therapeutic services for young children when emotional disruptions are evident or at high risk;
- *To identify* educational programs, training, and certifications appropriate for professionals and agencies providing infant mental health services; and
- *To support* programs and their staff in providing opportunities for professional development, reflective practice, networking and pursuit of best practices and continued learning.



EXECUTIVE SUMMARY

In 2000, key stakeholders from throughout the state actively participated in a strategic planning process to create a system of infant mental health services in Florida. A plan was developed to realize the vision that all children will be emotionally healthy, equipped to learn, and nurtured to develop to their full potential. The plan provides a blueprint for building a system of mental health services for children birth to age 5 and their families in Florida through increasing public awareness, building workforce capacity, integrating infant mental health services into current programs, utilizing evidence-based interventions, securing funding for training and services, and advocating for policy changes needed to support the system of infant mental health services.

In 2007, Florida State University Center for Prevention and Early Intervention Policy, through a contract with the Department of Health, completed a status report and held a summit to update the strategic plan. The status report showed considerable progress on each of the goals, however, it also illustrated that progress is often sporadic, geographically based and not always linked to local systems of care. The stakeholders determined that the original strategic plan substantially reflected the current strategic direction to build the envisioned system of care and wanted to retain much of its original content. However, they did recommend strengthening the strategies associated with child welfare services for young children, interventions in primary care settings and funding opportunities. These changes have been integrated into this plan.

Because infant mental health spans the spectrum from supporting emotional well-being to providing individual therapy to the infant and parent, this plan is based upon a framework that envisions three basic levels of emphasis. Level 1 applies to strengthening social-emotional development in all children. Families and front-line caregivers all need to be able to provide a supportive climate for emotional development. Level 2 includes developmental, relationship-focused early intervention for children with delays, disabilities, abuse or multiple risk factors. It should be noted that as the work has progressed over the last several years, it has become obvious that there is considerable overlap between Level 1 and Level 2 because many professionals regularly encounter children and families whose needs are reflected in both groups. Level 3 focuses on children diagnosed with emotional or mental health problems necessitating professional treatment for both the parent/infant/child dyad and the young child. This framework has provided a critically broad perspective which has allowed the engagement of multiple stakeholders in infant mental health. The three level schema shows that there is “a role for everybody” in promoting infant mental health and demonstrates that efforts are not limited to traditional mental health providers.

Using this framework of prevention, intervention and treatment, the plan focuses on key areas needed to build an infant mental health system. These include system of care development, best practices and evidence based practices at all three levels of the system, training, funding, public awareness and policy. These areas are reflected in the eight goals of the plan.

Goal 1 suggests ways that emotional well-being for all children could be strengthened. This Level 1 goal addresses the need to develop a system to prevent emotional and behavioral disorders, including local and statewide prevention campaigns to intensify the focus on mental health principles for all who touch the lives of children birth to age 5. Actions should be coordinated with parents, faith-based organizations, schools, law enforcement, the judicial system, substance abuse, mental health and domestic violence programs, early care and education, healthcare providers, and local school readiness coalitions.

Goal 2 suggests the actions necessary to implement Level 2 through the improvement and expansion of mental health services for children birth to age 5 with risks, delays or disabilities. Implementation includes increasing and improving the identification of the social, emotional and behavioral needs of children within the Early Steps (Part C) service system, the Department of Education Part B service system, and Department of Children and Families child protection system.

Goal 3 outlines the actions necessary to develop a coordinated system to identify early mental health needs for children birth to age 5. Needed to implement this system are effective screening and assessment instruments; protocols, and diagnostic classifications appropriate for young children; and development of a simple referral and follow-up mechanism in every community.

Goal 4 addresses the need for evidence-based mental health treatments for children birth to age 5 and their families in every community. Implementation requires knowledge about evidence based and emerging best practices, creating ways to reduce the time that occurs from research to practice and making services easily available throughout the state.

Goal 5 outlines necessary actions to build a training infrastructure for infant mental health for all three levels. At Level 1, training is provided for frontline caregivers including early care and education providers and home visitors, schools, faith-based organizations, law enforcement and the judicial systems. At Level 2, the training needs for families and professionals caring for children in Individuals with Disabilities Education Act (IDEA) Part B and Early Steps (Part C) programs and the child protection system are addressed. At Level 3, the focus is on expanding education and training in infant mental health for licensed mental health therapists.

Goal 6 examines the options for funding infant mental health training and services. Strategies for implementation include expanding access to infant mental health services in Medicaid, children's mental health, Early Steps (Part C), special education programs, health, other early intervention programs and other programs whose clients have young children. Additionally this goal outlines steps to obtain additional funding from the legislature, federal grants, private foundations, partnerships with business, children service councils, county governments, and other community agencies.

Goal 7 includes the steps required to raise public awareness of the early mental health needs of young children and the consequences of poor social and emotional development through social marketing campaigns. The marketing campaigns should target the general public, families, legislators, policy makers, and professionals who work in mental health, health care, early childhood programs, schools, human services, judicial system, and law enforcement.

Goal 8 addresses the public policy changes needed to support infant mental health services. Key agencies, families, and stakeholders must decide the legislative, policy or funding issues needed to achieve desired goals and implement the plan.



FLORIDA'S STRATEGIC PLAN FOR *INFANT MENTAL HEALTH*

Establishing a Florida System of Mental Health Services for Infants and Young Children and their Families

Overarching Goal: Develop a comprehensive system to effectively prevent, identify and treat emotional and behavioral disorders in children birth to age 5. The system will include appropriate training, screening and assessment, intervention, funding, public awareness and policies.

GOALS AT A GLANCE

- GOAL 1. Develop a system to prevent children birth to age 5 from developing emotional and behavioral disorders.
- GOAL 2. Improve and expand mental health services for children under age 5 with risks, delays or disabilities.
- GOAL 3. Develop a coordinated system to screen and assess mental health needs for children birth to age 5.
- GOAL 4. Develop and implement evidence-based mental health treatment and intervention for children birth to age 5.
- GOAL 5. Build a training infrastructure for infant mental health in Florida including Level 1 front-line caregivers, Level 2 early interventionists, and Level 3 infant mental health therapists.
- GOAL 6. Secure funding for training and mental health services for children birth to age 5 and their families.
- GOAL 7. Develop social marketing campaigns to raise the public awareness of the mental health needs of children birth to age 5 and the consequences of poor social-emotional development.
- GOAL 8. Develop public policies that support prevention and treatment of mental health disorders for children birth to age 5.

GOAL 1.

Develop a system to prevent children birth to age 5 from developing emotional and behavioral disorders.



Strategy A: Involve the major agencies and interested stakeholders in creating the Level 1 system of prevention for infant mental health.

Implementation Tasks

A1: Meet with leadership of key organizations in Florida to determine legislative, policy, and funding issues needed to create and implement the system including:

- Agency for Health Care Administration
- Association of Healthy Start Coalitions
- Children's Forum
- Children's Services Councils
- Early Head Start/Head Start
- Florida Agency for Workforce Innovation/Office of Early Learning
- Florida Department of Children and Families
- Florida Department of Corrections
- Florida Department of Education
- Florida Department of Health, Office of Infant, Maternal & Reproductive Health
- Florida Department of Juvenile Justice
- Florida Developmental Disabilities Council
- Ounce of Prevention Fund of Florida
- United Way
- Other stakeholders interested in prevention

Strategy B: Develop prevention campaigns to educate and engage communities about the importance of early social/emotional development and ways to foster development and prevent problems.

Implementation Tasks

B1: Incorporate the subject of social and emotional development and healthy relationships into guidance, life management and other high school curricula.

B2: Develop information packets and brochures illustrating ways to promote early emotional, social and behavioral development and disseminate them in doctors' offices, stores, schools, faith-based organizations, libraries, and other community groups.

B3: Ensure that expectant and current parents, grandparents, foster parents, and other caregivers receive information and training in every community about ways to promote early social and emotional development.

B4: Develop family-friendly business practices to promote strong parent-child relationships such as on-site childcare, time for breastfeeding, and providing family leave.

Strategy C: Integrate infant mental health principles and practices into all programs serving children birth to age 5 including: Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, subsidized and other early child care and education programs, Pre-Kindergarten, Early Steps (Part C), teen parent programs and other school programs.

Implementation Tasks

- C1: Develop best practice guidelines to help ensure that social, emotional and behavioral development is promoted throughout daily care, practices, screenings, assessments, parent training, and interventions.
- C2: Review program practices and policies; develop ways to infuse good infant mental health practices throughout the respective programs.
- C3: Determine ways to increase awareness of the needs of children birth to age 5 and provide training to all levels of staff in these programs.
- C4: Provide curriculum support and other teaching materials to assist staff.
- C5: Provide on-going consultation on infant mental health and, if needed, submit legislative budget requests to add infant mental health specialist or consultant services for the programs.
- C6: Identify model programs and encourage site visits, networking and replication.

Strategy D: Work with the Office of Early Learning in both the Florida Department of Education (DOE) and the Florida Agency for Workforce Innovation (AWI) and the local Early Learning Coalitions to intensify the focus on social, emotional, and behavioral development in Florida's early child care and education programs for children birth to age 5.

Implementation Tasks

- ★ D1: Coordinate with the Offices of Early Learning and the local Early Learning Coalitions regarding the promotion of emotional and social development in children birth to age 5.
- D2: Initiate and support plans to improve early child care and education programs based on infant mental health principles, including but not limited to: reduction in required child to worker ratios, defining maximum group sizes, initiating continuity of care with caregivers and young children staying together over time, and retaining qualified employees by increasing salaries and providing benefits.
- D3: Review the local Coalition's plans regarding the emphasis on emotional and social development as a foundation for school readiness.
- D4: Include information about good social and emotional development in early child care and education in the mandatory training.
- ★ D5: Develop a system to provide technical assistance, consultation, and mentoring in early child care and education settings to promote social and emotional development.

Strategy E: Improve the ability of law enforcement, the judicial system, substance abuse, mental health and domestic violence programs to identify and provide mental health and behavioral services for children birth to age 5.

Implementation Tasks

- E1: Obtain or develop protocols for how social, emotional and behavioral problems can be prevented or identified in the children of their clients.

GOAL 1, continued

- E2: Work with law enforcement, judicial, substance abuse, mental health and domestic violence programs in each community to implement good mental health practices for the children of the clients they serve.
- E3: Encourage cooperative agreements between adult programs and programs serving children birth to age 5 to facilitate mental health screening, assessment, and services for the whole family.
- E4: Work with substance abuse programs, correctional facilities, and other institutions that provide residential care to ensure that their programs recognize the importance of healthy emotional and social development for children birth to age 5 and that their programs encourage relationship-based principles and good parenting skills.
- E5: Encourage residential programs (juvenile justice or substance abuse) to allow mothers to keep their infants in residence with them.
- E6: Include information about good early social and emotional development in the mandatory training for each program.

★ *Strategy F:* Primary care settings should be knowledgeable about the need to identify social, emotional, and behavioral issues in young children (birth to 5) and their families and should be prepared to make referrals for services.

Implementation Tasks

- F1: Create and disseminate best practice guidelines for implementing good infant mental health practices in healthcare.
- F2: Include infant mental health in continuing education and mandatory training for healthcare professionals.
- F3: Emphasize to professional healthcare associations and organizations the lifetime impact of early emotional and social development and the benefits of relationship based care.
- ★ F4: Assist primary health care settings to use appropriate screenings, assessments and make appropriate referrals for young children and or family members in need of mental health services.
- ★ F5: Establish clear linkages with primary care providers, local early childhood mental health services and mental health services for other family members.

GOAL 2.

Improve and expand mental health services for children under age 5 with risks, delays or disabilities.



Strategy A: **Improve mental health services provided for children birth to age 3 with developmental disabilities, severe attachment disorders, developmental delays and established conditions served by the Department of Health Children’s Medical Services (CMS) Early Steps (Part C) service system.**

Implementation Tasks

- A1:* Work with CMS to strengthen policies, and practices to encourage infant mental health practices and relationship-based interventions throughout the Early Steps (Part C) program.
- A2:* Increase awareness of how social emotional functioning impacts other areas of functioning and ensure that this area is addressed in evaluation and treatment.
- A3:* Focus therapies and treatment on fostering developmental gains through strengthening the parent/child dyad and the other relationships that the child has with caregivers.
- A4:* Identify and disseminate best practices and model programs that infuse infant mental health into services for children with delays or disabilities.
- A5:* Provide continuing education and other infant mental health training opportunities for practicing therapists and early interventionists in the Early Steps (Part C) system.

Strategy B: **Improve mental health services provided for children age 3 to 5 in the Department of Education Part B service system.**

Implementation Tasks

- B1:* Develop strategies for improving early identification, referral, and treatment of social, emotional, and behavioral development in children in the Part B program.
- B2:* Infuse good mental health practices and relationship-based interventions throughout the Part B program.
- B3:* Encourage the provision of mental health consultation to special education teachers working with young children with disabilities and the provision of mental health services to children with disabilities who are experiencing emotional/behavioral problems in the classroom.
- B4:* Provide continuing education and other early childhood mental health training opportunities for practicing therapists, teachers, and early interventionists in the Part B system.

- ★ *Strategy C:* Encourage that the policies and practices in Florida's child welfare system for children birth to age 5 and their families reflect infant and early childhood mental health principles and practices and relationship-based interventions.

Implementation Tasks

- C1:* Work with the Department of Children and Families to strengthen policies, and practices for children birth to age 5, including strategies for infusing infant mental health practices and relationship-based interventions throughout their programs. These programs should promote early childhood mental health and well-being. The work should address policies and practices in the Family Safety Program, the Community Based Care Lead Agencies, Child Protection Teams and Guardian Ad Litem.
- ★ *C2:* Work with the Department of Children and Families to ensure that the child abuse prevention programs targeted for children birth to age 5 reflect early childhood mental health principles and practices and promote relationship-based interventions.
- ★ *C3:* Identify the interventions available in each local community to assist dependency case managers to identify children in need of early childhood mental health services and provide the appropriate services including completing the required referrals to the Early Steps (Part C) program.
- C4:* Include content regarding emotional, behavioral, and social development in the mandatory training required by the department.
- C5:* Create and disseminate best practice guidelines for implementing infant mental health practices in the child protection system targeted at all levels of personnel and programs including office personnel, case workers, therapists, foster placements, family preservation and reunification programs.
- C6:* Conduct pilot projects to evaluate the effectiveness of various models for preventing emotional and social problems, as well as identifying and intervening with children birth to age 5 and their families in the child welfare program.
- ★ *C7:* Encourage the Community Based Care Lead Agencies and the department to incorporate requirements addressing the emotional and social development needs of children birth to age 5 into their day to day practices.

GOAL 3.

Develop a coordinated system to screen and assess mental health needs for children birth to age 5.



★ *Strategy A:* Encourage each local area to have a coordinated system for developmental screenings, assessments and linkages to appropriate services.

Implementation Tasks

- ★ *A1:* Each local area should coordinate the type and use of developmental screens and assure that staff are trained in their use.
- ★ *A2:* Eligibility requirements and referral procedures for each of the early childhood mental health programs should be understood by community practitioners and stakeholders.
- ★ *A3:* Formal provider agreements should be in place to assure that referrals are received and responded to in a timely fashion.
- ★ *A4:* Pregnant women and mothers should be routinely screened for mental health and substance abuse issues and a system should be in place to refer them to services.
- ★ *A5:* There should be a mechanism in every local area to identify where quality services are provided and how to access them.

Strategy B: Recommend screening and assessment instruments and protocols that are designed to identify emotional, behavioral and social development issues in children birth to age 5.

Implementation Tasks

- B1:* Encourage the Early Learning Coalitions to recommend effective instruments, methods and protocols for identifying emotional and social development in children birth to age 5 based on current research and best practices and train personnel in their use.
- B2:* Disseminate recommendations to programs serving children birth to age 5 through multiple means (web site, conferences, and publications).

Strategy C: Encourage all programs, professionals, and agencies who diagnose mental health conditions in young children to adopt Zero to Three's *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC:0-3R)*, and the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* for 4 and 5 year olds as their basis for defining medical necessity for infant mental health services.

Implementation Tasks

- C1:* Encourage Medicaid staff at the Agency for Health Care Administration and with Children's Mental Health in the Department of Children and Families to continue to promote the use of the *DC:0-3R* and *DSM-IV*
- C2:* Ensure that the crosswalk between the *DC:0-3R* diagnostic categories and the Medicaid billing codes in the *ICD-9* are current.
- C3:* Sponsor training and information on both the *DC:0-3R* and *DSM-IV*

★ Denotes new or significantly revised Strategies and Implementation Tasks

Strategy D: Ensure that emotional, behavioral and social development domains are included in screening/assessment tools used by Medicaid providers, Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, schools, and other early care and education programs.

Implementation Tasks

- D1:* Review and improve screening/assessment instruments and evaluation procedures regarding social, emotional and behavioral development used in the following areas: Early Head Start, Head Start, IDEA Part B & Early Steps (Part C), Healthy Families, Healthy Start, Child Protection Teams, subsidized childcare, Pre-Kindergarten Early Intervention, Medicaid Early Periodic Screening Diagnostic and Treatment (EPSDT) screenings, Florida Diagnostic and Learning Resources System (FDLRS), teen parent programs, First Start, Even Start and other school readiness programs.
- D2:* Disseminate information at the local level as to how this screening/assessment information can be used to determine eligibility for infant mental health services for children in the Early Steps (Part C) and Part B programs.
- D3:* Recommend that screening for emotional problems and cognitive and social delays are included in the Medicaid fee-for-service and Medicaid managed care requirements for health care check ups for children birth to age 5 (EPSDT).
- ★ *D4:* Work with Medicaid to determine how many young children are identified on the EPSDT screen as needing mental health interventions and how many referrals are made to those services.
- D5:* Meet with the domestic violence personnel, police officers, school student services staff, child abuse investigators, Guardian Ad Litem, and other program leadership to determine the best means for identifying children for infant mental health screenings within the populations that they serve.
- D6:* Work with pediatric health care practitioners to improve their ability to identify emotional, behavioral, and social issues in well-child visits and other encounters with the child and family.

★ Denotes new or significantly revised Strategies and Implementation Tasks

GOAL 4.

Develop and implement evidence-based mental health treatment and intervention for children birth to age 5.



Strategy A: Determine evidence-based and best practices for effective treatment and intervention.

Implementation Tasks

A1: Review and disseminate current research to encourage best practices.

A2: Identify model programs and encourage replication.

Strategy B: Make relationship-based mental health treatment and services available in each community that include:

- Psychotherapy which addresses the parent-infant/child dyad and attachment
- Individual and/or group therapy for family members and/or primary caregivers
- In-home interventions
- Treatment approaches for children who have witnessed violence, or who have been abused and neglected, or children of caregivers with substance abuse or psychiatric disorders
- Early childhood mental health consultation that supports programs, providers, families and children

Implementation Tasks

B1: Encourage the local Early Learning Coalitions, the Department of Children and Families, and other agencies to determine the availability of infant mental health services in each district.

B2: Encourage communities to determine what additional services need to be available, and which providers need to strengthen their infant mental health services.

★ B3: Encourage communities to develop a plan for the expansion of infant mental health treatments including ways for existing mental health and/or substance abuse agencies to increase their infant mental health services.

★ B4: Include family members in the planning and evaluation of the infant mental health services to ensure the system is meeting the needs of their children.

B5: Develop and implement a protocol for providing both individual and program consultation on mental health services for children birth to age 5 for early care and education programs, Part B and Early Steps (Part C) programs, child protection staff, home-visiting programs, and other community programs and encourage the expansion of these services.

★ Denotes new or significantly revised Strategies and Implementation Tasks

Strategy C: Build the research base pertaining to children’s mental health to ensure the most effective interventions and continuous quality improvement.

Implementation Tasks

- C1: Work with universities and other research institutes to demonstrate the effectiveness of infant mental health programs:
- Evaluate infant mental health pilot projects
 - Review efficacy research
 - Summarize components of quality outcomes
 - Project cost savings and recommendations based upon the data
 - Review studies of age of onset of problems for children and adults
 - Examine information from related areas such as special health care programs, domestic violence, child abuse, and primary health care
 - Review data on the scope and prevalence of problems
- C2: Work with agencies and service providers to develop measures that examine the outcome of services across the family unit.
- C3: Develop measures that reflect the integrative nature of this work.
- C4: Work with funding entities to establish performance measures for contracted services and methods to collect and present this data.

GOAL 5.

Build a training infrastructure for infant mental health in Florida including Level 1 front-line caregivers, Level 2 early interventionists, and Level 3 infant mental health therapists.



Strategy A: For Level 1 frontline caregivers, infuse training on the emotional, behavioral, and social development of children birth to age 5 and relationship-based practices into all programs serving children birth to age 5 including but not limited to Healthy Start, Healthy Families, Early Head Start/Head Start, teen parent programs, home visiting programs, health care providers, subsidized and other early care and education providers, Pre-Kindergarten and other programs.

Implementation Tasks

- A1: Work with the local Early Learning Coalitions and other agencies to determine which entities are responsible for training in each local area.
- A2: Meet with professional associations to determine the best means of providing in-service and continuing education training.
- A3: Modify current mandated trainings, Child Development Associate (CDA) coursework, and college curricula to incorporate infant mental health concepts and best practices.
- A4: Identify speakers on infant mental health for guest lectures, conferences, and in-services aimed at persons working with children birth to age 5.
- A5: Partner with higher education institutions to develop, conduct, evaluate course work and utilize distance learning technology to offer college level courses in infant mental health.

Strategy B: Provide in-service training on infant mental health issues to people involved in law enforcement and the judicial systems.

Implementation Tasks

- B1: Meet with the law enforcement training academy representatives to incorporate knowledge of infant mental health and the impact of violence on children birth to age 5 into their training programs.
- B2: Ensure that training for law enforcement officers includes information on eligibility for the Child Victim Rapid Response Team services with reference to children involved in domestic violence incidents.
- B3: Present information on infant mental health principles and services at law enforcement conferences, meetings, and on web sites.
- B4: Meet with the Juvenile and Family Court Judges and Dependency Court Judges in each circuit to discuss the social importance of infant mental health principles and possible roles the judicial system could play in insuring positive emotional and psychological development in children birth to age 5.
- B5: Establish infant mental health training opportunities for the Dependency Court Improvement Projects.

- B6: Work with the Department of Juvenile Justice and the Department of Corrections on the importance of emotional and social development in children birth to age 5 and provide information on the importance of screening young children for emotional problems, supporting young mothers and families in which parents are incarcerated, and making referrals for assistance where warranted.
- B7: Develop and continue collaboration between the National Council of Juvenile and Family Court Judges and Zero to Three to facilitate an exchange of ideas on infant mental health topics.

Strategy C: Train staff, including IDEA Part B and Early Steps (Part C) therapists, interventionists, pediatricians, nurses, teachers, and other professionals to incorporate relationship based principles into services provided to children birth to age 5 years and their families.

Implementation Tasks

- C1: Contact the professional associations (physical therapy, occupational therapy, speech therapy, nursing, medical associations) to arrange workshops with CEUs that address how infant mental health principles should be incorporated in their practice.
- C2: Work with Children's Medical Services to train Early Steps (Part C) staff and practitioners statewide.
- C3: Work with Department of Education on training for FDLRS and Part B teams statewide.
- C4: Continue working with the Florida Developmental Disabilities Council to continue to support mental health services for young children who have developmental disabilities and to implement training programs for providers who work with this population.
- C5: Train providers who work with children with developmental disabilities in the following:
- Understanding the importance of social-emotional development as the foundation for learning and development in all areas of functioning
 - Identification of initial signs of emotional and social problems in children with special needs
 - Understanding the importance of attachment for children with special needs
 - Making appropriate referrals for mental health assessments
 - Understanding the importance of relationship-based interventions and treatments to promote progress in all areas of development
 - Incorporating mental health treatment into the IEP (Individual Education Plan) used in Part B or the IFSP (Individual Family Support Plan) used in Early Steps (Part C) when those services are needed

Strategy D: Develop a training infrastructure that provides training in all areas of Child Welfare services to include: prevention, investigations, case management (mandatory and continuing education), services for the offices of the Guardian Ad Litem, judges and attorneys.

Implementation Tasks

- D1: Meet with the staff from the Department of Children and Families, Family Safety Program responsible for the professional training of child protection workers to develop specific training components on infant mental health and the risks associated with abuse and neglect.

D2: Work with department staff and the local Community Based Lead Agencies to provide training including:

- Identification of initial signs of emotional and social problems
- Understanding the need for continuity of care and appropriate bonding
- Referral procedures for appropriate assessments
- Understanding the importance of appropriate interventions and treatments
- Understanding potential arenas for staff intervention
- Referral mechanisms for treatment
- Incorporating the need for treatment into the case plan
- Integrating the child's and parents' treatment approaches when appropriate
- Monitoring progress in treatment

Strategy E: Provide adequate and appropriate education and training to build a cadre of Level 3 infant mental health therapists.

Implementation Tasks

E1: Recruit professionals with clinical skills to develop expertise in infant mental health psychotherapy.

E2: Partner with universities in the state to create an interdisciplinary graduate program in infant mental health to prepare professionals in the fields of education, nursing, social work, psychiatry and psychology for specialized intervention and clinical practice in infant mental health. The program would include academic coursework, clinical practicum and continuing education.

E3: Create a clinical practicum or internship for observational study of infants and their families, clinical assessment and intervention experiences, and reflective individual and group supervision.

E4: Working in collaboration with universities and other national training sites, encourage the development and use of a curriculum for infant mental health professionals to include:

- Attachment theory and current knowledge of infant social and emotional development as the basis for recognizing the importance of the parent-infant/child relationship to later health and developmental outcomes
- Social and cultural contexts of parenting including risk and protective factors which affect the parent-infant/child relationship
- Understanding psychopathology in infancy and early childhood
- Diagnostic systems and categories
- Issues related to use of psychotropic medications in early childhood
- Skills in systematically assessing the parent-infant/child relationship
- Strengthening current skills and building a repertoire of preventive and specialized interventions to support the infant-caregiver relationship

E5: Create opportunities for continuing education through ongoing local and statewide seminars and intensive training series for students, paraprofessionals, faculty and community professionals.

E6: Explore educational innovations such as distance learning as a means of providing training.

E7: Establish a partnership with the Florida Council for Community Mental Health and the Florida Alcohol and Drug Abuse Association to develop a training agenda and a training plan for their members.

GOAL 5, continued

- ★ *Strategy F*: Train teams of providers in each local area to conduct training (in-service and continuing education) across programs at level one and level two of service provision.

Implementation Tasks:

- ★ *F1*: Identify providers and other entities within the community that have the expertise to provide training on infant mental health services for front line workers and personnel in early intervention sites.
- ★ *F2*: Obtain train-the-trainer instruction, adopt curricula or develop local training programs to address the unique needs of the community.
- ★ *F3*: Develop a local training plan and provide training to practitioners in child care and early education programs, Early Steps (Part C), FDLRS, Pre-Kindergarten, settings providing services to children with developmental disabilities, and special education programs for young children.

GOAL 6.

Secure funding for training and mental health services for children birth to age 5 and their families.



Strategy A: Work with the Department of Education to improve the funding for mental health services in the Part B and early intervention programs that provide services to children birth to age 5.

Implementation Tasks

- A1:* Work with Department of Education to review eligibility requirements and determine ways that the program could be strengthened or expanded to better serve children with emotional, behavioral and social development delays or disorders.
- ★ *A2:* Encourage school systems to use the Medicaid Certification of the Match program for Behavioral Health Services that allows states to use local and state school funds as match for Medicaid federal financial participation.
- ★ *A3:* Work with the Department to determine the available funding sources for early childhood mental health consultation in the child care centers and early education environments as well as how their funds could be used to provide treatment services for children and families in these settings.

Strategy B: Work with Medicaid to ensure that the interpretation of medical necessity criteria for mental health services to children birth to age 5 continues to entitle treatment for infants and young children and their parents.

Implementation Tasks

- ★ *B1:* Work with Medicaid to continually monitor the provision of behavioral health services to young children through the managed care entities and ensure that these services are being provided.
- B2:* Work with Medicaid to encourage that the Individual Therapy procedure code is used to provide Family Therapy and that therapy includes parent-infant/child psychotherapeutic approaches when appropriate.
- B3:* Work with Medicaid to encourage providers and managed care plans to provide therapeutic assistance to parents with mental health and/or addiction disorders and to coordinate therapeutic approaches with parenting support and services for their young children.

Strategy C: Work with the Children’s Medical Services (CMS) Early Steps (Part C) program to more clearly define their eligibility requirements for severe attachment disorders; to increase mental health services and relationship based practices available to children with developmental delays, established conditions and their caregiver; and to expand services for children birth to age 3 with mental health needs.

Implementation Tasks

- C1: Work with the Department of Health, CMS to clarify when a severe attachment disorder is considered an established condition and what type of clinical information should accompany a referral.
- C2: Work with CMS to help families and other practitioners understand the eligibility criteria and ensure that communities, families and providers understand how these criteria are applied.
- C3: Work with CMS to improve how the emotional, behavioral, and social needs of children and their families currently being served by Early Steps (Part C) programs are addressed.
- C4: Work with Medicaid, Early Steps (Part C), Prepaid Mental Health Plans and providers to develop mechanisms that allow young children served by Early Steps (Part C) to access infant and toddler mental health services through the state plan programs.

★ Strategy D: Encourage the Department of Children and Families and the Agency for Health Care Administration to expand funding for and improve access to mental health services for children birth to age 5 and their families.

Implementation Tasks

- ★ D1: Work with the department to expand funding for children determined to be “at risk” and determine how funds could be used to serve children birth to age 5 in this category.
- ★ D2: Work with the department and Agency for Health Care Administration to determine funding mechanisms for early childhood mental health consultation in child care centers and educational programs.
- ★ D3: Work with the department to expand funds for treatment for very young children diagnosed with emotional disorders.
- ★ D4: Work with the department to determine if parent-infant/child psychotherapy could be provided through Adult Mental Health or Substance Abuse when the parent is diagnosed with a mental health or substance abuse disorder and there is a high risk of attachment disturbances in the young child.
- ★ D5: Work with the department to determine how Temporary Assistance for Needy Families (TANF) funds could be used to provide early childhood mental health consultation as well as intervention and treatment services to young children and their families; and ensure that the department staff in the local areas understand these funding possibilities.
- ★ D6: Work with the department to determine how children birth to age 5 in child protective supervision or in diversion programs and who are not Medicaid eligible are receiving services; and work with the department to seek additional resources and develop a system of care for these children if necessary.
- ★ D7: Work with the department to determine how Title IV E funds under the federal Waiver can be used to fund early childhood mental health services to children and families and how these services can be used to reduce the number of children removed from their homes; and support reunification efforts.

- ★ *D8*: Work with the department to determine the level of access to mental health and substance abuse services for parents who have come into contact with the child protection system and determine what additional resources are required to meet their needs.
 - ★ *D9*: Work with the department and Agency for Health Care Administration to review the performance of the Medicaid Child Welfare Prepaid Mental Health Plan in addressing the mental health needs of children birth to 5 in the child protection system.
 - ★ *D10*: Work with the department and Agency for Health Care Administration to ensure that the Medicaid Child Welfare Prepaid Mental Health Plan provides for early identification of mental health issues and provides the necessary services in a timely manner. These services should include parent-infant/child psychotherapy when clinically necessary.
- ★ **Strategy E: Encourage programs that work with young children and their families such as Healthy Families and Early Head Start/Head Start to provide infant mental health services to children and their families.**
- ★ *E1*: Work with Early Head Start and Head Start to determine if funding is available to provide infant mental health services and encourage the provision of infant and early childhood mental health services to children served in these programs.
 - ★ *E2*: Work with Healthy Families to secure funds to provide mental health interventions as part of their array of services.
- ★ **Strategy F: Encourage the Department of Juvenile Justice and the Department of Corrections to fund infant mental health services for persons served in their systems.**

Implementation Tasks

- ★ *F1*: Work with the state Department of Juvenile Justice and Department of Corrections offices to determine where there are opportunities to use available funding to assist parents in providing social and emotional support for their children and to facilitate attachment and relationship based parenting behaviors.
- ★ *F2*: Work with the juvenile justice system and corrections programs in the local areas to determine the availability of funds to provide parenting programs and early childhood mental health services to the children of persons served in these systems.

Strategy G: Write grants and apply to government sources and private foundations for funding to develop and provide infant mental health training.

Implementation Tasks

- G1: Research which foundations and other entities are inclined to provide funds for infant mental health services and seek funding.
- G2: Determine which local foundations and philanthropists are willing to support services in their home communities and apply for funding.
- ★ G3: Work with county governments to encourage them to apply for children's comprehensive system of care grants or other federal grants that address the needs of young children and their families. Additionally work with current comprehensive system of care grantees to determine lessons learned and disseminate information.
- ★ G4: Work with United Way to encourage funding of infant mental health services or to ensure that infant mental health practices and principles are included in grants for young children and their families.

Strategy H: Develop partnerships with the business community, children's service councils, and other community agencies to provide infant mental health training and services.

Implementation Tasks

- H1: Work with civic organizations, women's clubs, and others to determine if any of these groups would like to adopt the promotion of emotional, behavioral and social development of children birth to age 5 as one of their annual themes.
- ★ H2: Contact major businesses to educate them on the economic benefits of services to young children and to see how they can become involved in promoting positive emotional, behavioral and social development of children birth to age 5.
- H3: Communicate with local advocacy and intervention groups, such as the Healthy Start Coalitions, to keep others informed of the importance of infant mental health and to encourage funding for infant mental health specifically or as part of a broader program.

★ **Strategy I: Locate funding sources for training all three levels of practitioners and provide the training in local areas throughout the state.**

- ★ I1: Determine funding sources for frontline and level two training from school systems, local counties, children's service councils, child welfare boards, the various state departments, Agency for Health Care Administration and other entities.
- ★ I2: Develop a training plan both at the statewide and local levels that identifies the type of training needed, the possible fund sources and training delivery options.
- ★ I3: Continue the work of the Harris Institute at FSU, seek additional funding to support more participants and training opportunities; , and continue to seek funding for other level three training and supports for licensed therapists.

★ Denotes new or significantly revised Strategies and Implementation Tasks

GOAL 7.

Develop social marketing campaigns to raise the public awareness of the mental health needs of children birth to age 5 and the consequences of poor social-emotional development.



Strategy A: Develop public awareness campaigns with a clear, concise and consistent message regarding the importance of infant mental health and prevention.

Implementation Tasks

- A1: Collaborate with child advocacy programs, press organizations, press clubs, media companies, television and radio station personnel and others to help organize and conduct the media campaigns throughout the state.
- A2: Statewide and at the local levels, determine appropriate spokespersons for this initiative. Try to enlist a well known public personality to champion the campaign.
- A3: Find a university business/social-marketing program to develop options for marketing the infant mental health media campaign.
- ★A4: Encourage the use of the Social Marketing materials developed through Florida Developmental Disabilities Council funds by the Florida Center for Child and Family Development.

Strategy B: Promote the infant mental health message to legislators and policy makers.

Implementation Tasks

- B1: Educate legislators and staff about the importance of infant mental health and the importance of early emotional and social development for success in school, adult life and citizenship. Stress the long term economic benefits of quality services to young children.
- B2: Invite legislators to visit pilot programs.
- B3: Provide brochures and informational materials to legislators and policymakers.
- B4: Meet with heads of various government agencies and departments regarding importance of infant mental health services for children and their families.
- B5: Develop ways agencies can participate in implementing services and providing public awareness.
- B6: Infuse concepts of infant mental health into existing public awareness campaigns.

★ Denotes new or significantly revised Strategies and Implementation Tasks

Strategy C: Develop local and statewide prevention campaigns to promote early childhood social and emotional development.

Implementation Tasks

- C1: Incorporate knowledge about the importance of developing early nurturing relationships with young children and the significance of social and emotional development into coursework, guidance, and parent education opportunities in schools and colleges.
- C2: Widely disseminate information about the importance of an infant's emotional and social development in doctor's offices, schools, churches, libraries and other public settings.
- C3: Develop a business mentoring system that encourages employers to be more family-friendly and responsive to the needs of parents.
- C4: Educate schools, faith based organizations, neighborhood centers, and other community groups of the critical role of parent/child relationships in early emotional, social and behavioral development.
- ★ C5: Continue to conduct economic summits to illustrate the importance of quality services to young children and their families and the benefit not only to the family, and community but to our overall economy.

Strategy D: Increase knowledge about infant mental health among the professionals who work in mental health, health care, early childhood programs, human services agencies, judicial system, law enforcement and general public welfare.

Implementation Tasks

- D1: Seek opportunities to provide information on infant mental health at meetings, brown bag lunch sessions, and conferences.
- D2: Establish partnerships with various agencies to disseminate infant mental health information to their staff.
- D3: Send educational brochures, materials, and videotapes to the various agencies.
- D4: Make personal visits to both local offices and state offices to provide information on infant mental health.
- D5: Collaborate with state offices to identify model programs and to recognize their accomplishments.
- D6: Showcase successful programs like the Dependency Court program in District 11 and others.
- D7: Meet with professional organizations to develop ways to share infant mental health information with their membership.
- ★ D8: Use opportunities such as Mental Health Awareness Week to provide additional information to communities.
- ★ D9: Collaborate with other mental health organizations and family support programs such as the Federation of Families, National Alliance on Mental Health (NAMI), Mental Health of America (MHA), and family support groups for children with disabilities.

★ Denotes new or significantly revised Strategies and Implementation Tasks

GOAL 8.

Develop public policies that support prevention and treatment of mental health disorders for children birth to age 5.



★ *Strategy A:* At the state level work with other public agencies that are providing services to young children to develop an interagency policy group that addresses services to young children and their families.

Implementation Tasks

- ★ *A1:* Work with the state agencies to develop an interagency group that addresses the key policy issues, needs for integration of service systems, and funding opportunities for children birth to age 5 and their families.
- ★ *A2:* Work with the interagency group to develop policies, and funding opportunities that support the implementation of the Florida Strategic Plan for Infant Mental Health.
- ★ *A3:* Ensure that the information is shared at the local levels and similar activities are undertaken in each community.
- ★ *A4:* Determine modifications necessary to existing legislation, rules, policies, procedures, and practices to achieve desired goals for integration and delivery of infant mental health services at all three levels and seek assistance in the plan implementation.
- ★ *A5:* Develop legislative strategies in conjunction with these agencies and advocacy programs to provide infant mental health services to children and their families at all three levels described in this plan.

★ *Strategy B:* Work with the state departments and members of the Florida's Children and Youth Cabinet to ensure that the mental health needs of young children are addressed by the Cabinet.

Implementation Tasks:

- ★ *B1:* Identify persons on the Children and Youth Cabinet who are interested in early childhood services and find opportunities to present information to the Cabinet.
- ★ *B2:* Work with the Cabinet staff to provide information about infant mental health and encourage that the relationship based practices and principles are imbedded in actions recommended by the Cabinet.

Strategy C: Work with families to ensure that the policies and practices being recommended are family focused and culturally appropriate.

Implementation Tasks

- C1:* Work with Federation of Families, NAMI, MHA, parent groups and networks, advocacy groups and other entities to establish an advisory group of parents to help develop an infant mental health message that will be meaningful and supportive to parents.
- ★ *C2:* Encourage parents of children with emotional disorders to participate in the planning, delivery and monitoring of services at all levels.
- C3:* Establish a means to communicate with parents of young children and to use their ideas to develop and implement policies.

★ Denotes new or significantly revised Strategies and Implementation Tasks

FLORIDA'S STRATEGIC PLAN FOR

INFANT MENTAL HEALTH

Establishing a System of Mental Health Services for Young Children and their Families in Florida

<i>What is the Array of Infant Mental Health Services?</i>	Level 1 Strengthening the Caregiver/ Child Relationship, Responsive Caregiving	Level 2 Developmental, Relationship-Focused Early Intervention	Level 3 Infant Mental Health Treatment
Priority population	Expectant families and families of all children birth to age five	Families of children with delays, disabilities, health problems or multiple risk factors	Families with children or primary caregivers with severe mental health problems, or who have experienced abuse, neglect or violence
Description of services/interventions	Strengthening the caregiver/child bond by: <ul style="list-style-type: none"> • Helping caregivers to understand and respond appropriately to baby's cues • Incorporating brain development research and attachment theory into all aspects of pregnancy, birthing and child's daily care • Promoting continuity of care • Supporting the child's on-going emotional development within the context and culture of the family • Modeling responsive caregiving • Providing family support and education • Identifying early signs of problems that might impede the parent-child relationship • Referring for further screening/assessment 	Strengthening the caregiver/child bond through: <ul style="list-style-type: none"> • Identifying emotional or attachment concerns • Integrating relationship-based practices into the child's existing services (therapies, medical treatment, foster care) • Providing direct services based on the context, culture, and needs of the child and family • Providing consultation to enhance responsive caregiving • Assisting the family in accessing specific infant mental health treatment if needed 	Strengthening the caregiver/child dyad through: <ul style="list-style-type: none"> • Establishing a nurturing relationship based on trust and respect of family strengths • Providing therapeutic interventions for caregivers and young children with specific mental health needs • Providing ongoing, intensive treatment with parent/child dyad • Serving as a consultant to other service providers who work with infants and families
Professionals responsible for infant mental health services	Front-line caregivers including: <ul style="list-style-type: none"> • Parents • Child Care Providers • Health Care Providers • Home Visitors • Parent Educators • Social Workers • Child Protection Case Workers • Police Officers, Judges, Lawyers 	Developmental Professionals including: <ul style="list-style-type: none"> • Social Workers (MSW), Psychologists, Mental Health Therapists • Child Development Specialists • Early Interventionists • Therapists (Occupational, Physical and Speech) • Maternal and Child Health Nurses • Developmental Pediatricians working in conjunction with child welfare, legal systems, & family service programs	Licensed mental health professionals having additional training in infant mental health including: <ul style="list-style-type: none"> • Child, adolescent, and adult psychopathology • Infant/toddler development • Quality of parent/infant interaction • Assessment and treatment within the parenting relationship • An understanding of context, culture and family systems • Dyadic, infant/parent psychotherapy

STAKEHOLDERS

Representatives from the agencies listed here have participated in the 2000 & 2007 strategic planning processes.

11th Judicial Circuit of Florida
Access Behavioral Health
Agency for Health Care Administration
Agency for Health Care Administration,
Home and Community Based Waivers
Agency for Health Care Administration, Medicaid
Agency for Health Care Administration,
Medicaid Contract and Oversight Unit
Agency for Health Care Administration,
Medicaid Program Development
Agency for Persons with Disabilities
Agency for Workforce Innovation
Bay, Franklin, Gulf Healthy Start Coalition, Inc.
Bertha Abess Children's Center
Big Bend Rural Health Network
Center for Drug Free Living
Center for Professional Development
Charis Center
Child Abuse Council
Child Development Center
Child Guidance Center
Children's Board of Hillsborough County
Children's Forum
Children's Home Society
Children's Home Society, Early Intervention
Children's Medical Services
Children's Services Council
Children's Services Council of Broward County
Children's Services Council of Palm Beach County
Children's Trust
Coalition for the Education of Exceptional Students
Commission on Responsible Fatherhood
Community Intervention Center, Inc.
CYESIS Teen Parent Program
Development Center for Infants & Toddlers
Early Head Start Satellite Office
Early Learning Coalition of Florida's Gateway
Early Learning Coalition of Florida's Heartland
Early Learning Coalition of the Big Bend
Early Learning Coalitions of Palm Beach
Escambia County Schools
Even Start/Diamond Academy
Family & Child Sciences
Family Central Inc.
Family Safety and Preservation
Family Services Network
Family Source of Florida
Florida Abuse Hotline
Florida ACNM Chapter
Florida Agricultural and Mechanical University
Florida Alcohol and Drug Abuse Association
Florida Council for Behavioral Healthcare
Florida Council for Community Mental Health
Florida Department of Children and Families,
Children's Mental Health
Florida Department of Children and Families,
Community Based Care
Florida Department of Children and Families,
Family Safety
Florida Department of Children and Families,
Mental Health
Florida Department of Children and Families,
Mental Health Program Office
Florida Department of Corrections
Florida Department of Education
Florida Department of Health, Children's Medical
Services
Florida Department of Health, Early Steps (Part C)
Florida Department of Health, Office of Infant,
Maternal & Reproductive Health
Florida Department of Juvenile Justice
Florida Developmental Disabilities Council
Florida Diagnostic Learning Resource Services South
Florida House Committee on Children and Families
Florida Music Educators Association
Florida Partnership for School Readiness
Florida Psychiatric Society

Florida State University Center for Prevention and Early Intervention Policy
Florida State University Department of Communication Disorders
Florida State University Early Head Start
Florida State University Institute for Health & Human Services Research
Florida Substance Abuse & Mental Health Corporation
Gadsden County Health Department
Gadsden County Schools
Hardee County Schools
Health Systems Research, Inc.
Healthy Community Initiative of Greater Orlando
Healthy Families Florida
Healthy Start Coalition
Healthy Start Coalition of Flagler and Volusia Counties
Healthy Start Coalition Three, Inc.
Hibiscus Children's Center
House Committee on Children and Families
Jacksonville Children's Commission
Kids Inc. of the Big Bend
Lakeside Alternatives
Larsen, White & Schilling
Lawton and Rhea Chiles Center
Lawton and Rhea Chiles Center at USF
Leon County Schools
Lighthouse Learning Center
Louis de la Parte Florida Mental Health Institute
Magellon Behavioral Health
Manatee County Government
Manatee Glens
Mothers in Crisis, Inc.
NAMI Florida
National Center for Children in Poverty, Columbia University
Northside Mental Health Center
NOVA Southeastern University
NOVA Southeastern University Family Center
NOVA Southeastern University Family Center of Tampa Bay
Office of State Courts Administrator
Ounce of Prevention Fund of Florida
Palm Beach Community College
Palm Beach County Early Head Start
Prenatal & Infant Health Care Coalition of Brevard County, Inc.
Project Child Care
Psychiatric Group of North Florida
Quality Initiative – T/TAS
Sacred Heart Hospital/Early Steps
School for Young Children
SED Network 2B, Leon County Schools
SED Network 8
SEDNET
Senate Children and Families Committee
UCLA/Orlando
United Way of Florida, Inc.
United Way of the Big Bend
University of Florida, Department of Occupational Therapy
University of Miami, Department of Psychology
University of Miami, Mailman Center for Child Development
University of Miami, School of Medicine
University of South Florida
University of South Florida College of Medicine
University of South Florida College of Public Health
University of South Florida/Florida Mental Health
University of West Florida
Volusia County Government
Whole Child Project Leon
Zero to Three

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Ann Boone	Martha Fletcher	Jane Knitzer
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Diane Brantley	Blanca Garcia	Kim Latta
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Mary Bryant	Judge William Gladstone	Stephen Levin
Nada Marie Brzovich	Linda Glaze	Ann Levy
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Joseph Byers	Susan Gold	Thomas Logan
Anne Cahn	Sandra Goodson	Rob Lombardo
Fay Callam	Peter Gorski	Lou Ann Long

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Allison Metcalf	Coco Readdich	Linda Traum
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Glenn Mitchell	Terry Rhodes	Toni Vogt
Michael Moore	Debbie Richards	Kay Walker
Dee Dee Moore	Julie Rogers	Connie Wells
Roanne Moreno	Michelle Rogers	Amy Wetherby
Susan Muenchow	Sue Ross	Barbara White
Matthew Munyon	Susann Rudasill	Patricia Whites
Mary Jo Murphy	Deborah Russo	Karen Wiggins
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