

**Addressing Children's Social, Emotional and Behavioral Health  
in Erie and Niagara County  
Final Report and Recommendations**

**Submitted to Community Health Foundation of Western and  
Central New York**

**By**

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# **Addressing Children’s Social, Emotional and Behavioral Health in Erie and Niagara County: Final Report and Recommendations**

## **Introduction**

The Community Health Foundation of Western and Central New York (CHF) includes children living in poverty as one of the target populations for their efforts. Current investments focus on the school age population. Growing concerns regarding the need to impact the health and mental health of children prior to entry into school and the increase in evidence based interventions, led the Board to approve an initial design phase to identify potential interventions targeting Erie and Niagara counties. This report summarizes the research activities and findings and provides a set of recommendations for consideration by the Foundation.

## **Project Activities**

The research conducted by two consultants included: a review of national best practices; development of a statistical profile of the Buffalo and Niagara Falls areas; interviews with 43 individuals; an environmental scan to identify community resources; and a gaps analysis to highlight areas in need of improvement. Using the information collected, a stakeholder meeting was convened to review and expand upon these findings and to provide guidance on potential new efforts to address the social, emotional, and behavioral needs of young children in Erie and Niagara counties.

The review of the evidence base built upon the past experiences of the consultants with initiatives throughout the country and a review of the literature on programs serving children zero-to-five years of age. This review provided an overall framework to define the types of interventions needed and specific models that might be replicated. The results inform the development of interview questions and provided examples of service delivery for use in discussions with stakeholders. The review also provided a conceptual framework for examining four levels of intervention for young children including:

1. Promotion and prevention strategies
2. Early intervention for young children at risk
3. Treatment strategies for young children with serious social, emotional, and behavioral problems and their families
4. Systems strategies.

Erie and Niagara County statistical information was also gathered to develop a basic community profile and estimates of the size of the target population including key risk factors associated with developmental issues and school readiness. Data collection included population size; number of children under five years of age; number of children under five living in poverty (a primary risk factor), household distribution; receipt of federal assistance (including food stamps, public assistance, and Supplemental Security Income); key health indicators (i.e., rates per 1,000 low birth weight births, premature births, and elevated lead levels); foster care admissions; and Early Intervention and Pre-School Special Education Programming. The effort also highlighted

the limited nature of specific data on the 0-5 population and specifically on various factors related to social, emotional and behavioral health. Information on these local demographic and social indicators is available in the CHF Meeting Packet.

Face-to-face and phone interviews were conducted with 43 persons involved in child care, pediatric medical services, and the mental health field within Erie and Niagara Counties. Initial interviews were conducted with 15 key informants identified at the initiation of the project. Using a snowball sampling technique, a number of additional names were generated. The final group included representatives of local foundations and insurance organizations as well as a small cadre of parents with young children who had experience seeking assistance through the current system. A complete list of respondent names and affiliations is provided at the end of this report.

Interview participants were asked to share information on their own programming as well as the populations they currently serve. More specifically, study participants were asked about the social, emotional, and behavioral development of children 0-5 years of age. Respondents also provided information on other programs and services available in their respective communities as well as perceived gaps in service and areas in need of improvement. This information was used in the completion of an environmental scan and gaps analysis.

The primary aim in conducting an environmental scan is to identify trends, available services, and issues that will serve as the basis for future planning and decision-making activities. Drawing on the information gathered, the project's environmental scan focused on the types of services available to assist young children (and their families) in the Buffalo and Niagara communities, as well as some of the connections between the various sectors (i.e., child care, pediatric medical, and mental health services). A total of 95 programs were identified and categorized based on twenty nationally identified intervention strategies mentioned in the table below.

**Nationally-Identified Intervention Strategies  
for Children 0-5 Years**

Developmental Screening/Assessment  
Skill-Building Curricula  
Health Promotion and Parenting Education  
Social Marketing  
Pre-Kindergarten Transition Program  
Mental Health Consultation  
Provided Training  
Screening/Assessment/Referral  
Individualized Intensive Parent Skills  
Family-to-Family Support  
Home Visiting/Home-Based Services  
Case Management  
Treatment Interventions  
Community-Based Strategies  
Information and Referral  
Coordination, Collaboration, and Linkages  
Advocacy (Policy)  
Financing/Reimbursement

Finally, a description of current gaps in services was developed as well as a list of informant-identified suggestions for addressing these concerns. This activity also drew on national best practices for suggestions.

**Key Findings**

The overarching finding of the research study is that a confluence of factors have led to less than satisfactory outcomes for children 0-5 years of age within the Buffalo and Niagara Falls communities and that current systems are ill-equipped to address the need. The specific findings reflect similar issues around the country.

**1. Increases in problem behaviors among children 0-5 and the inability of caregivers to address them were reported for both Erie and Niagara counties.**

Professionals from the childcare, pediatric medical, and mental health fields who were interviewed reported such problem behaviors as physical behaviors (e.g. hitting/punching, kicking, biting); difficulties with self-regulation (e.g., inability to pay attention or follow directions); issues with communication (e.g., screaming to get attention, acting out, engaging in attention-seeking); and peer-related problems (e.g., not getting along with other students or increased isolation). Respondents also estimated the number of children engaging in highly aggressive behavior at approximately 10-15% of the child population or roughly 2-3 children engaging in negative behavior within the “average” classroom. They noted that it was not uncommon to see these children being physically abusive to their peers as well as to teachers and other adults.

**2. A number of factors were identified as barriers to positive parenting and child developmental experiences that assure children are socially, emotionally, and behaviorally prepared to enter school.**

Problems that impact normal development for young children include the growing rates of autism, fetal alcohol syndrome, and drug exposure. However, respondents also indicated that other factors including inadequate parenting knowledge and skills, effects of the complexity and instability of many children’s environments, and the lack of consistency in expectations placed upon children between home and the child care or school environment also effect social, emotional and behavior development and need to be addressed.

Study participants described situations where parents and guardians had limited understanding of their child’s development – for example, the types of behaviors that should be expected at a particular stage of development. In many cases, respondents suggested that parents had a limited experience of being “parented” themselves and, as such, were unclear how to best meet their child’s needs. According to local professionals, parents often described their child’s behavior as being a “phase” which they would grow out of and therefore interventions were not needed. They also identified real concerns about their child being “labeled” both by the system and by others in the community as a barrier to seeking assistance.

The instability of home environments includes children who are “regularly” exposed to violence both within their own home and their own community. Study participants suggested that this experience can lead to the development of psychological trauma and result in aggressive behavior. Likewise, participants described the lack of routine in the lives of children including the flow of persons in and out of the child’s life and the lack of regular schedules by which the family operated. In communities of poverty, it was not uncommon to hear about a lack of food, water, or heat within a household as well as contact with drug/alcohol abuse or serious untreated mental illness.

**3. Parents and other caregivers experience difficulty accessing needed support.**

For those families, particularly those living in poverty, seeking help often results in barriers to access including lack of a telephone or transportation; difficulty scheduling or making appointments held during “regular” office hours given work and other commitments; costs of care, and language barriers. Other barriers include the lack of knowledge about where to turn for help and the inability to navigate current systems due to illiteracy, lack of education, or limited English proficiency.

**4. Early screening of young children is not routinely performed.**

New York State does not currently require universal development or physical screenings for young children. These services are often not covered by insurance carriers or viewed as “billable” services. The lack of screening requirements and reimbursement limit the number of providers who do screenings on a routine basis. In addition, few providers have the time to discuss and address developmental issues with parents. As a result, there is limited attention paid to prevention or early intervention efforts.

## **5. Health care and child care providers have limited training in social, emotional, and behavioral development and lack knowledge of available resources.**

When problems are identified, providers, including health care and child care providers, may not be aware of potential referral resources and may not have adequate training, skills and time to provide assistance and followup. By and large, physicians have limited time available for training or to learn about available community resources. They had even less time to engage in necessary follow-up, especially when families are hard to reach. Childcare providers and early childhood instructors who interact more frequently with young children are often not specifically trained to engage in assessments of child behaviors or to screen for underlying issues. They likewise had limited access to community resources networks or time for follow-up.

In the healthcare setting, the lack of non-physician providers - such as nurse practitioners, nurses, and others who can provide assistance and engage in follow-up activities when an issue is identified - is also significant. Without assistance for non-physician providers these activities cannot be undertaken. The net result is that children may have only limited interactions with key resources that can identify needs, provide necessary referrals, and follow-up.

In childcare settings, study participants indicated most childcare workers did not have access to more advanced levels of training that could help them to identify and appropriately refer children to needed services. They also did not receive training that could assist them in more effectively dealing with behavioral issues within their current environments. Finally, very few providers in the Buffalo and Niagara Falls areas had secured certification that would allow for greater regulation and follow-up on their programming. While enforcement of regulations is the primary goal of the current certification process, the process does require programs to demonstrate a level of quality.

Study respondents suggested the need for various training efforts including: advanced-level trainings on screening, assessment, and coping with behavioral problems for childcare and medical staffs, as well as training on available community resources.

## **6. The current system is inadequate to meet the needs of young children.**

While the study identified a number of existing services within both Erie and Niagara counties, respondents agreed that the current system is not adequate to meet needs. Workforce issues, capacity of current programs, financing and coordination/collaboration of existing services all need to be addressed.

Workforce issues include the lack of availability of developmental psychologist and psychiatrists within the local area to provide universal developmental screening and assessment for all young children and any required treatment. Respondents stressed the importance of ensuring that every child is seen by a trained professional on an on-going basis (e.g., every other year) to determine whether they were progressing at an appropriate level. They similarly described the importance of improving referral networks as well as opportunities to track outcomes via follow-up.

Local experts also suggested the need for additional program slots for specific programs including, most specifically, mental health and parenting services as well as client advocates that could assist families and their children as they negotiated the various care systems. After-hours assistance and the availability of non-traditional child provision (including evenings and weekends) were also suggested. Inadequate funding for existing programs as well as uncertainty of funding creates instability for current programs.

There was also recognition that there is limited coordination among existing programs and providers making it difficult to develop a seamless system of care and develop system approaches to address the issues. Many providers described the ways in which children and their families get lost in the current system. They also discussed the lack of common protocols, limited interactions among providers (especially across-sectors), and the overall lack of service coordination for young children.

Respondents also discussed systems issues including the lack of awareness of existing resources among different types of providers, the development of silos, and the limited use of cross-service or system interactions. Respondents also identified the importance of policy-level advocacy to ensure the future availability of early periodic, screening, diagnosis and treatment funding and the ability to seek reimbursement for services including screening, assessment, and the use of evidence-based treatment. At present, these important services are not considered billable – greatly restricting their implementation.

In summary, this study yielded a great deal of information about the social, emotional, and behavioral problems of children ages 0-5 years of age within the Buffalo and Niagara Falls areas. In addition, the research identified some of the key underlying issues as well as highlighted areas in need of improvement.

### **Recommendations for Investments and Next Steps**

The following recommendations reflect the results of the stakeholder discussion, the environmental scan and our knowledge of evidence based practices from other parts of the country.

Underlying these recommendations are the following:

- There is a need for an overall strategy that takes into account the needs of the two counties and the existing services and programs that are successful.
- The evidence base on early childhood supports a focus on investing on the “front-end” that includes screening, prevention and early interventions that can reduce the need for more intensive and costly treatment.
- Interventions need to address parents and caregivers, health and mental health providers, and child care providers.
- Successful outcomes require interventions that support and enhance the roles of caregivers including families and child care providers.
- Knowledge of risk factors such as poverty can help target efforts.

- Community wide awareness and knowledge of social, emotional, and behavioral development is an important requisite to increase support and use of prevention and treatment services.
- Coordination and collaboration is key to the longer term development of an overall system of care for all children and as a means to more effectively use limited resources.

The following recommendations include a number of potential action steps and generally reflect the need for collaborative efforts and seeking partners to support and implement the efforts. Both a longer term strategy involving development of a community-wide collaboration which can address systems and policy issues and specific shorter-term interventions and actions are included. The recommendations also focus on prevention and early intervention and an orientation to systems strategies through the collaborative approach.

**Recommendation 1. Establish a group to address overall coordination and collaboration issues in Erie and Niagara counties.**

At the April stakeholder meeting, there was a strong consensus that the issues and needs raised in the preliminary efforts of the Community Health Foundation's efforts were valuable in bringing together various sectors engaged in servicing the needs of young children and serve as a starting point for future activities. While the group agreed that there was a need to develop a coordinated effort, there were various opinions about the scope of the efforts, the target populations and the potential agenda for such a group and therefore some preliminary activities are suggested to support this effort.

- Conduct followup up meetings with key stakeholders to develop the overall planning strategy, next steps and elicit additional support for the broader effort.
- Support an agenda-setting conference that would be designed as a kickoff to the overall community wide planning effort.

The conference would bring together all sectors including health and mental health, child care, education, social services, community groups, advocacy groups and parents as well as resource experts. The objective would be to develop an action agenda and specific next steps for an ongoing collaboration. While CHF should continue the leadership it has taken in initiating the examination of the issues, needs, and potential efforts related to social, emotional, and behavioral health, a small planning group and additional conference sponsors should be sought. This could include other foundations and the business community.

The overall planning effort should reflect the community's experience with other efforts including the local coordinated community response work on domestic violence and Buffalo Reads where different subgroups met to identify and plan around key issues.

- Consider collection of additional data that may be needed to develop appropriate interactions.

The preliminary effort was limited to existing available data. Several potential areas for further consideration are: a parent/consumer survey to obtain better data on perceptions of the current system, needs, and interest in services; a more focused examination of the capacity of existing services; and identification of potential funding sources.

## **Recommendation 2. Support the expansion of screening efforts and a policy of universal screening**

The issue of universal screening entails the need for training of providers to conduct such screenings, financial support for screening, and referral resources. Several potential actions should be considered.

- Develop training for healthcare providers using existing models such as the ABCD program and the training already in place in Syracuse.

This training should target all healthcare providers serving young children in various practice settings including community clinics, outpatient departments, and other practices. Preliminary steps will require contacting the potential providers and their associations to identify interest and approaches that are most likely to work with the providers. Any training that is developed should include continuing education credits and address other incentives needed to obtain participation.

- Develop strategies for training child care providers.

This area will require more effort to design and implement training due to the composition of the child care provider community that includes family providers and centers. Implementation issues in this arena are considerable and will require working with existing groups to identify potential strategies and support for training and ongoing consultative services. While there are successful models available, they require significant resources and consideration of licensing and credentialing issues.

- Support the development of community resource guides and other linkage efforts.

As indicated earlier, a major barrier to effective screening and referral is the lack of knowledge of existing resources and referral systems. Our preliminary work indicated that a resource guide is being developed but such resource guides require continual updating and effective referrals require resources. Further investigation is needed to determine what specific actions CHF might want to consider.

- Support advocacy and other efforts to address reimbursement for screening, assessment and other evidence-based services

### **Recommendation 3: Develop and support a social marketing effort that target the public and parents**

The overall objective of this recommendation is to increase awareness of the overall issues involved in healthy development and specific behaviors that can support young children. A social marketing campaign should consider a multimedia strategy that includes PSAs and radio and television programming. Successful strategies employed elsewhere include support of the business and foundation community to sponsor these efforts. There are a number of existing efforts from other parts of the country and various public radio and television stations that can be tailored to the specific needs in the target populations in Erie and Niagara counties and messages. The previously recommended parent survey could support the development of appropriate messaging.

### **Recommendation 4: Enhance existing parenting efforts**

Our initial review of programs identified a number of parenting efforts including an effort that targets parents of newborns. There are several potential actions that CHF should consider depending upon available resources.

- Enhance and expand current efforts of the EPIC program (Ready, Set, Parent) targeting parents of newborns.

The current program is focused on Erie County and is covering a large number of births. Additional resources to support the program and its expansion are needed as is support for research on the program's results.

- Assess and enhance other parenting programs and support the dissemination of parent resource materials.

Parent programs represent a wide range of efforts from parent support groups to formal "educational" programs. Work is needed to evaluate existing efforts, determine consumer preferences and additional needs for programming. The previously proposed parent survey can support these efforts.

CHF should consider targeting specific populations for programs such as the current zip code effort in Buffalo as a way to test strategies and the effectiveness of programs before there is wider dissemination.

In addition to actual programs, resource materials have been developed to enhance parent-child interactions including resource books and toolkits. CHF should consider reviewing materials that are available for replication and dissemination.

## Attachment 1: Interview Respondents and Affiliations

Dr. Katie Grimm	Kaleida Health – Pediatrician
Chettie Martin	Bethel Head Start Program, Inc.
Ida Parker and Ann Marie Correa	Buffalo Prenatal-Perinatal Network – CAPC/Home Visiting
Consumer Advisory Group (6)	Buffalo Prenatal-Perinatal Network – Consumer Advisory Group
Val Cooley, Amanda Kelkenberg, and Barbara Ballachino	Child Care Resource Network and its Infant Toddler Resource Center
Angela Burns and Joanne Sandonato	Community Child Care Clearinghouse of Niagara
Vicky Rubin	Early Childhood Direction Center – Erie County
Vito Borrello and Liese Ness	Every Person Influences Children – Ready, Set, Parent/Read
Connie Ignatowski	Family and Children Services – Healthy Families
Marie Morilus-Black	Family Voices Network
Lisa Chester	Niagara County Department of Health – Early Intervention
Geraldine Donovan, Mary Ann Daniels, Linda Haight, and Kim Kifer	Niagara County Head Start
Don Kaetes	Syracuse CHIP
Lisa Burrows Maclean	UB Center for Children and Families – Young Children Project
Anne Ryan and Joneen Corrao	United Way of Buffalo and Erie County – Closing the Gap and Success by Six Initiatives
Mary Shephard	PACT Clinic – Pediatric Nurse Practitioner (WNYNAPNAP)
Glenda Cadwallader	The Peter and Elizabeth C. Tower Foundation
Jim Casion	Baker Victory Services
Ellen Grant	Blue Cross Blue Shield – Behavioral Health
Lisa Alexander and Dr. Claity Massey	King Urban Life Charter School
Diane Cozzo	City of Buffalo Schools
Mary Ann Montanari and Jenny Lany	Mental Health Association of Erie County
Jackie Jones and Shiryl Mensa	Head Start and Early Head Start – CAO
Bruce Pace	Catholic Charities Monsignor Carr Institute – Niagara County
Bill O’Meara	Erie County Early Intervention
Dr. Martin Hoffman	Town Garden Pediatric – Pediatrician

## Attachment 2: Participants in Stakeholder Meeting

Lisa Alexander	King Urban Community Center - Parent-Child Home
Vito Borrello	Every Person Influences Children
Lisa Chester	Niagara County Department of Health - Children
Val Cooley	Child Care Resource Network
Joneen Corrao	United Way of Buffalo & Erie County Success by Six
Clotilde Dedecker	Community Foundation for Greater Buffalo
Ellen Grant	Blue Cross Blue Shield Behavioral Health
Katie Grimm, MD	Kaleida Health
Mary Jo Hunt	Leadership Buffalo
Don Kaetes	St. Joseph's Hospital Health Center
Helene Kramer	Good Schools for All
Shiryl Mensa	Community Action Organization Head Start
Jean McKeown	Community Foundation for Greater Buffalo
Mary Lou Montanari	Mental Health Association
Liese Ness	Every Person Influences Children
Ida Parker	Buffalo Prenatal-Perinatal Network
Vicky Rubin	Early Childhood Direction Center
Joanne Sandonato	Community Child Care Clearinghouse of Niagara
Mary Shephard	PACT Clinic - Towne Garden Plaza
Amber Schlicta	Community Health Foundation of Western and Central New York

### Attachment 3: Four Levels of Intervention

<b>PROMOTION AND PREVENTION STRATEGIES</b>	
<b>Objective:</b> Assist families and other caregivers provide young children with the development of social skills, emotional health and positive behaviors	
<b>Intervention</b>	<b>Target audience(s)</b>
Universal developmental screening and assessment	Well child providers, child care settings
Social & emotional skill building curricula development and implementation	Child care, preschool programs
Developmentally based health promotion & parent education (including home visiting, parent groups)	Parents Other caregivers
Social marketing: awareness campaigns; tool kits and others	Media Community
Pre-kindergarten transition programs	Children and parents; kindergarten teachers
<b>EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK</b>	
<b>Objective:</b> Promote resilience, build new emotional competencies, help achieve age-appropriate developmental milestones	
<b>Intervention</b>	<b>Target audience(s)</b>
Mental health consultation (integration of social-emotional interventions into ongoing settings)	Well-child providers Foster care Child care Head Start, Early Head Start
Training	Early childhood teachers Child care providers Well-child providers Other providers serving young children
Screening, assessment, referrals	Child and families
Individualized intensive parent skills training	Parents and other caregivers
Family to family support	Families
Home visiting/home based services	Families
Early intervention	Child and families
Short term (6 months or less) mental health services	Child and families
<b>TREATMENT STRATEGIES FOR YOUNG CHILDREN WITH SERIOUS SOCIAL, EMOTIONAL AND BEHAVIOR PROBLEMS AND THEIR FAMILIES</b>	
<b>Objective:</b> Ensure the availability of treatment services for young children and their families	
<b>Intervention</b>	<b>Target audience(s)</b>
Strategies that increase access to: Case management Mental health Other treatment services	Policy makers Funding sources including payors and others Service providers
Community-based strategies including: Therapeutic child care Play groups Family to family support groups Crisis and respite services Wraparound services	Child and families Service providers

<b>SYSTEMS STRATEGIES</b>	
<b>Objective:</b> Address barriers and facilitators to ensuring adequate services at each level for young children and their families	
<b>Intervention</b>	<b>Target audience(s)</b>
Information/referral services	Families Providers
Systems of care: coordination and collaboration, linkages	Providers, public agencies, funding sources, consumer groups
Advocacy	Public and private organizations supporting services for young children Policy makers
Financing/reimbursement	Medicaid, private insurance, Policy makers