

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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*Prepared by*

The Florida State University Center for Prevention and Early Intervention Policy  
for the Florida Developmental Disabilities Council

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# TABLE OF CONTENTS

Acknowledgements .....	5
Our Vision .....	7
Overview of the Problem .....	8
What is Infant Mental Health? .....	10
Executive Summary .....	12
The Definition of Infant Mental Health .....	14
The Purpose of the Strategic Planning Work Group .....	15
Strategic Plan: Goals at a Glance .....	17
Goal 1 .....	18
Goal 2 .....	22
Goal 3 .....	25
Goal 4 .....	28
Goal 5 .....	31
Goal 6 .....	36
Goal 7 .....	40
Goal 8 .....	43
Appendices	
Stakeholders .....	47
Services for Young Children & Families .....	52
Infant Mental Health Opportunities in Florida .....	54

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# OUR VISION...

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

Our purpose is to help 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.

Our work diligently addresses the needs, develops a plan, secures the resources, and provides services necessary for strengthening the emotional development of young children. A brighter future for Florida's children can be achieved with a greater investment and collective commitment to prevention and early intervention.



# OVERVIEW OF THE PROBLEM

Even before their first birthday, babies can suffer from clinical depression, traumatic stress disorder, and a variety of other mental health problems. Fortunately, there are approaches to preventing, assessing, and treating young children and their families. Emotional support and guidance can help parents to foster healthy emotional and social development and to detect problems in their earliest stages, when treatment is most effective.

Research increasingly substantiates how biological, social and environmental influences interact during pregnancy and infancy to lay the foundation for healthy emotional and behavioral development and learning. There is a growing recognition that the trajectory to success, both in school and in life in general, begins in the early years. The factors affecting an individual's life trajectory are the quality of care they receive, the attachments they form with the adults who care for them, and the richness of their experiences.

What happens or doesn't happen in those first few years of life lays the foundation for becoming a productive, contributing member of society, or it can lay the foundation for intergenerational cycles of abuse, neglect, violence, dysfunction and mental illness. Our premise is that many of these problems can be prevented if social-emotional development during infancy and early childhood, which we are calling Infant Mental Health, is understood and fostered, and if we have programs and services that support them and their families.

***Florida ranks 40th  
in the country  
on key indicators  
of child health and well-being.***

*—1999 Kids Count Data Book*



Florida has more than one million children under the age of five; many of these children's basic needs for health or safety are unmet, let alone the nurturing critical to healthy social/emotional development. There is a lack of services, funding and policies, as well as training in the prevention, identification and treatment of social/emotional disorders in young children.

Current service guidelines and reimbursement policies result in children having to wait for services until they are older and their problems are severe enough to warrant a label of severely emotionally disturbed when entering school or involvement of the juvenile justice system. To address this need, Florida is defining a continuum of mental health services that can be integrated into existing systems serving families with young children. This continuum has been conceptualized in three levels which include:

- ☞ Level one prevention practices for all children,
- ☞ Level two relationship-based interventions for children with disabilities, who are at risk for developmental delays or have multiple risk factors,
- ☞ Level three specialized mental health treatment for severe emotional problems or parent/baby dyads with specific identified needs.

Essential to this system is a cadre of trained infant mental health providers ranging from front-line childcare staff to licensed professional therapists. However, Florida lacks any professional education program, degree, certification, or continuing education program for infant mental health professionals.

This project develops a plan for building a system of mental health services for young children and their families in Florida, adds to the research base by piloting infant mental health projects, increases public awareness, advocates for appropriate state policies and programs, builds workforce capacity and explores potential funding sources for training and services.

*What is*  
*INFANT MENTAL HEALTH?*

Does the term “infant mental health” make you think of a baby on a couch talking to Dr. Freud about all his or her problems? So, what is infant mental health? In its simplest terms it’s about relationships promoting and supporting nurturing relationships for all infants. It’s about ensuring the first relationship is a solid base for the next one and all the ones in the future. It’s about learning to trust that our physical and emotional needs will be met. And it’s about being able to use those trusting relationships to become healthy, productive adults. After all, it’s because of healthy relationships that we desire to please our parents and become socially competent. It’s because of relationships that we care about our families, our neighbors, and the community in which we live. So infant mental health is about prevention and early intervention in assuring positive growth and development.

What do infants need to become healthy productive adults? They need families (or at least one consistent person) who can provide not only food and clothing and a safe place to live, but also a nurturing environment. These nurturing environments are ones with parents who are able to attach to their infant and infants to their parents; ones with positive parent-infant interactions; ones where infants and children are encouraged to develop to the best of their abilities; and ones with good social supports for all members. It is not always easy to accomplish all these tasks. Many times families need help from the community.

Who is the infant mental health community? It is parents, social workers, doctors, nurses, child care providers, teachers, psychologists, and therapists. And it’s also lawyers, judges, and lawmakers who write and enforce laws that affect infants, laws about food, shelter, parenting, and mental and physical health. It’s all of us working together to support families as they do the hard work of parenting.



***What do infants need from all of us? They need:***

- ☞ A community that puts their needs as a top priority. That includes public health, mental health, and school boards who include prevention and parenting programs at the local level; it also includes safe, affordable early education and care.
- ☞ A managed health care system (both public and private) that is accessible and provides payment for comprehensive preventative care, including mental health screens, well-child physical exams, immunizations, etc., and enough service providers, including infant mental health specialists, to assure early intervention when needed.
- ☞ A children's protective services system with enough employees and trained foster parents so that abused and neglected children can be removed to safe situations.
- ☞ A fully implemented early intervention program (Part C) to identify and serve eligible infants and their families, birth to three years old.

***What do infants need from legislators? They need legislators to:***

- ☞ Insure adequate prevention resources (i.e. maternal and child health services, expansion of Kid Care, full implementation of Part C).
- ☞ Support policies that foster family-centered community-based coordinated care and provide leverage to assure integration of services at the local level.



***Is this an expensive order for all of us? Of course. But to do less will cost more, both literally and figuratively. We have only to look at the Kid's Count data to see how Florida's kids compare nationally. We all have an obligation to the infants and children of this state. Prevention makes cents.***



*Adapted from "What is Infant Mental Health" by Martha Ellen, from The Legisletter, Michigan Council For Maternal and Child Health, Vol. 1, No. 2, pg. 6*

# EXECUTIVE SUMMARY

Over the past year, key stakeholders from throughout the state actively participated in a strategic planning process toward creating a system of infant mental health services in Florida. A plan has been created to realize the vision that *all* children will be emotionally healthy, equipped to learn, and nurtured to develop their full potential. The plan provides a blueprint for building a system of mental health services for children birth to age five 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.

A framework was conceptualized which delineated three levels of services. 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. Level 3 focuses on children diagnosed with emotional or mental health problems necessitating professional treatment for both the adult/child dyad and the young child.

Using this framework of levels, the planning focused on the five areas needed to build an infant mental health system: best practices, training, funding, public awareness and policy. Workgroup recommendations form the basis of eight strategic goals.

**Goal One** strengthens emotional well-being for *all* children. This Level 1 goal is implemented by developing a system to prevent emotional and behavioral disorders including a statewide prevention campaign to intensify the focus on mental health principles for all who touch the lives of children birth to age five including 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 Two** improves and expands Level 2 mental health services for children birth to age five with risks, delays or disabilities. Implementation includes intensifying the identification of the social, emotional and behavioral needs of children within the Department of Health Children's Medical

Services Part C service system, the Department of Education Part B service system, and Department of Children and Families child protection system.

**Goal Three** creates a coordinated system for early identification of mental health needs for children birth to age five. Needed to implement this system are effective screening and assessment instruments; protocols appropriate for young children; the DC 0-3 and DSM-IV-PC diagnostic classifications; inclusion of social, emotional, and behavioral items into the screening/assessment methods currently used; and development of a simple referral mechanism in every community.

**Goal Four** makes available evidence-based mental health treatments for children birth to five in every community. Implementation entails defining best practices, building the research base to ensure the most effective interventions, and making services easily available throughout the state.

**Goal Five** builds a training infrastructure for infant mental health for three levels. At Level 1, training would be 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, families and professionals caring for children in IDEA Part B & Part C system, and the child protection system would be trained including social workers, therapists, pediatricians, nurses, psychologists, and other healthcare providers to incorporate relationship based principles into care provided for families with children age birth to age five. Level 3 creates new university graduate programs to train professionals with clinical skills in infant mental health psychotherapy, as well as continuing education opportunities for specialized, advanced training for currently practicing mental health professionals.

**Goal Six** secures funding for infant mental health training and services. Strategies for implementation include expanding eligibility for Medicaid, Children's Mental Health, Part C and B, and other early intervention programs; and seeking additional funding from the legislature, TANF, Medicaid, federal grants, private foundations, partnerships with business, children service councils, county governments, and other community agencies.

**Goal Seven** raises public awareness of the early mental health needs of young children and the consequences of poor social and emotional development through a social marketing campaign. The statewide campaign will target the general public, families, legislators and policy makers, and professionals who work in mental health, health care, early childhood programs, schools, human services, judicial system, and law enforcement.

**Goal Eight** 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.

These goals and the implementation tasks offer a blueprint for building an infant mental health system in Florida.

*The Definition of*  
**INFANT MENTAL HEALTH**

**I**NFANT 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 enhanced 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.



*The Purpose of the*

*INFANT MENTAL HEALTH*

STRATEGIC PLANNING WORK GROUP

- ☞ *To work* with communities, businesses, and public policy makers to understand how early childhood experiences contribute to violence, poor school performance and problems in adulthood;
- ☞ *To define* infant mental health and to envision a climate to support healthy emotional development for all children;
- ☞ *To brainstorm* ways to integrate infant mental health practices throughout current health, education, judicial, and social service systems of care for young children;
- ☞ *To recommend* guidelines for screening, assessment and intervention services 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;
- ☞ *To determine* financing strategies for education, training and services; and
- ☞ *To promote* increased understanding by professionals, parents, and caregivers of the importance of infant mental health.




# 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 families with children birth to age five. The system will include appropriate training, screening and assessment, interventions, funding, public awareness and policies.

#### GOALS AT A GLANCE

- GOAL 1. Develop a system to prevent children birth to age five from developing emotional and behavioral disorders.
- GOAL 2. Improve and expand mental health services for children under age five with risks, delays or disabilities.
- GOAL 3. Develop a coordinated system to screen and assess mental health needs for children birth to age five.
- GOAL 4. Develop and implement evidence-based mental health treatment and interventions for children birth to age five.
- 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 five and their families.
- GOAL 7. Develop a social marketing campaign to raise the public awareness of the mental health needs of children birth to age five and the consequences of poor social-emotional development.
- GOAL 8. Develop public policies that support prevention and treatment of mental health for children birth to age five.



# GOAL 1. **Develop a system to prevent children birth to age five 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

☞ Meet with leadership of key organizations to determine legislative, policy or funding issues needed to implement the system including:

- The Florida Children's Forum
- Ounce of Prevention Fund of Florida
- The Florida Partnership for School Readiness
- One Voice for Children
- Children's Services Councils
- The Association of Healthy Start Coalitions
- The Florida Department of Education
- The Florida Department of Children and Families
- The Florida Department of Health
- Agency for Health Care Administration, Medicaid Department
- Early Head Start/Head Start
- Florida Developmental Disabilities Council
- Other stakeholders interested in prevention



***Strategy B. Develop a statewide prevention campaign to educate and engage communities about the importance of early social/emotional development and ways to foster and prevent problems.***

Implementation Tasks

- ☞ Incorporate social emotional development and healthy relationships into guidance, life management and other school curricula.
- ☞ Develop information about ways to promote early emotional, social and behavioral development and disseminate in doctor's offices, stores, schools, faith-based organizations, libraries, and other community groups.
- ☞ 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.
- ☞ Develop family-friendly business practices to promote strong parent-child relationships such as on-site childcare, breastfeeding, and family leave.

***Strategy C: Integrate mental health principles into all programs serving children birth to age five including: Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, subsidized and other early care and education programs, Pre-Kindergarten Early Intervention, teen parent programs and other school programs.***

Implementation Tasks

- ☞ 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.
- ☞ Review program practices and policies and strategize ways of infusing good infant mental health practices throughout the respective programs.
- ☞ Determine ways to increase awareness of the needs of children birth to age five and provide training to all levels of staff in these programs.
- ☞ Provide curriculum support and other teaching materials to assist staff.
- ☞ 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.
- ☞ Identify model programs and encourage site visits, networking and replication.

***Strategy D: Work with the Florida Partnership for School Readiness and the local school readiness coalitions to intensify their focus on social, emotional, and behavioral development in Florida programs for children birth to age five.***

#### Implementation Tasks

- ☞ Educate members of both the Florida Partnership for School Readiness and the local school readiness coalitions about the importance of emotional and social development in children birth to age five.
- ☞ Initiate and support plans to improve childcare 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.
- ☞ Review the local coalition's plans with regards to their emphasis on emotional and social development as a foundation for school readiness.
- ☞ Include information about good early social and emotional development in early care and education in the mandatory training.
- ☞ Ensure the school readiness screening and assessment tools are able to identify possible emotional, behavioral, or relationship issues in order to make timely referrals when appropriate for children birth to age five and their families.
- ☞ Implement formal provider agreements to ensure referrals are received and acted upon in a timely fashion.
- ☞ Provide consultation by trained mental health professionals to the early care and education staff to assist them with children showing signs of emotional problems and their families.

***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 five.***

#### Implementation Tasks

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

- ☞ 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.
- ☞ Encourage cooperative agreements between adult programs and programs aimed at children birth to age five to facilitate mental health screening, assessment, and services for the whole family.
- ☞ Work with substance abuse providers, 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 five and that their programs encourage relationship-based principles and good parenting skills.
- ☞ Encourage residential treatment programs to allow delinquents and substance abusing mothers to keep their infants in residence with them.
- ☞ Include information about good early social and emotional development in the mandatory training for each program.

***Strategy F: Encourage pediatricians, nurses, aides, and other healthcare providers to intensify their focus on emotional, behavioral and social development and to incorporate relationship based principles into health care provided for families with children age birth to age five.***

#### Implementation Tasks

- ☞ Create and disseminate best practice guidelines for implementing good infant mental health practices into healthcare.
- ☞ Include infant mental health in continuing education and mandatory training for healthcare professionals.
- ☞ Educate professional healthcare associations and organizations about the impact of the early years on emotional and social development and the benefits of relationship based principles to their work.
- ☞ Explore the possibility of becoming a TouchPoint Community using Dr. Berry Brazelton's relationship-based principles for the healthcare community.



## **GOAL 2. Improve and expand mental health services for children under age five with risks, delays or disabilities.**

*Strategy A: Improve mental health services provided for children birth to age five with developmental disabilities, attachment disorders or other established conditions served by the Department of Health Children's Medical Services Part C service system.*

### Implementation Tasks

- ☞ Meet with CMS to review policies, practices, and rules to develop strategies for infusing good mental health practices and relationship-based interventions throughout the Part C program.
- ☞ Increase awareness of how social emotional functioning impacts other areas of functioning. Incorporate into current evaluation and treatment.
- ☞ Expand therapies and treatment from a child-centered focus to fostering developmental gains through strengthening the parent/child dyad.
- ☞ Identify and disseminate best practices and model programs that infuse infant mental health into services for children with delays or disabilities.
- ☞ Work with university and professional associations to modify curricula to reflect infant mental health and relationship-based practices.
- ☞ Provide continuing education and other infant mental health training opportunities for practicing therapists and early interventionists in the Part C system.

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

Implementation Tasks

- ☞ Develop strategies for improving early identification, referral, treatment of social, emotional, and behavioral development in children in the Part B program.
- ☞ Infuse good mental health practices and relationship-based interventions throughout the Part B program.
- ☞ Work with university and professional associations to modify coursework and continuing education to reflect infant mental health and relationship-based practices throughout curricula for professional training.
- ☞ Encourage the provision of mental health consultation to special education teachers working with children with disabilities and the provision of mental health services to children with disabilities who are experiencing emotional/behavioral problems in the exceptional education classrooms.
- ☞ 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: Prevent emotional and behavioral problems in children birth to age five in the child protection system.*

Implementation Tasks

- ☞ Meet with the Department of Children and Families to review policies, practices, and rules to develop strategies for infusing good mental health practices and relationship-based interventions throughout their programs, especially the Family Safety Program, the Community Based Care section, and Child Protection Teams and Guardian Ad Litem.
- ☞ Include information about promoting emotional, behavioral, and social development in the mandatory training required by the department.
- ☞ Create and disseminate best practice guidelines for implementing good infant mental health practices into the child protection system throughout the system of care including receptionists, case workers, therapists, foster placements.
- ☞ Conduct pilot projects to evaluate the effectiveness of various models for preventing, identifying and intervening with children birth to age five and their families in the Family Safety program.
- ☞ Encourage the Community Based Care section to incorporate requirements addressing the emotional and social development needs of children birth to age five in each district's Community Based Care Intention to Negotiate.
- ☞ Educate the leadership of the Neighborhood Projects of the benefits of supporting emotional and social development in children birth to age five and strategies for implementing.



# GOAL 3.

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

*Strategy A: Recommend screening and assessment instruments and protocols designed to identify emotional, behavioral and social development issues in children birth to age five.*

## Implementation Tasks

- ☞ Request that the Florida Partnership for School Readiness Performance Standards Workgroup recommend effective instruments, methods and protocols for identifying emotional and social development in children birth to age five based on current research and best practices.
- ☞ Disseminate recommendations to programs serving children birth to age five through multiple means (web site, conferences, and publications).



***Strategy B: Encourage all programs, professionals, and agencies who diagnose mental health conditions to adopt the National Center for Clinical Infant Program's Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Childhood for children birth to age three (DC 0-3), and the DSM-IV-PC for 4 and 5 year olds as their basis for defining medical necessity for infant mental health services.***

#### Implementation Tasks

- ☞ Meet with Medicaid staff at the Agency for Health Care Administration and with Children's Mental Health staff in the Department of Children and Families to determine ways to overcome barriers to implementing the DC 0-3 and DSM-IV-PC.
- ☞ Develop a crosswalk between the DC 0-3 diagnostic categories and the Medicaid billing codes in the ICD-9 as an interim measure.
- ☞ Develop legislative strategies, if necessary, to modify Florida Statute 394 to require the use of the new diagnostic system, DC 0-3, for Children's Mental Health services.
- ☞ Sponsor training and information on both the DC-0-3 and DSM-IV-PC.

***Strategy C: Infuse emotional, behavioral and social development items into the existing screening/assessment tools used by Medicaid, 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

- ☞ Review screening/assessment instruments and evaluation procedures regarding social, emotional and behavioral development to determine enhancements for: Early Head Start, Head Start, IDEA Part B & Part C, Healthy Families, Healthy Start, Child Protection Teams, subsidized childcare, Pre-Kindergarten Early Intervention, Medicaid EPSDT, FLDRS, teen parent programs, First Start, Even Start and other school readiness programs.
- ☞ Specify how children are determined eligible for infant mental health services in each program (i.e., eligibility for Medicaid, attachment disorder category in Part C, severe emotional disturbed in Part B).
- ☞ Encourage state departments to submit legislative budget requests to add infant mental health specialists to respective evaluation teams.

- ☞ Recommend that screening for emotional and social delays are included in the Medicaid fee-for-service and Health Maintenance Organizations requirements for health care check ups for children birth to age five. Work with Medicaid to revise their screening instruments.
- ☞ 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.
- ☞ 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 children and families.

***Strategy D: Encourage each school readiness coalition to develop a simple and consistent referral mechanism for mental health assessments for children ages birth to five.***

#### Implementation Tasks

- ☞ Local school readiness coalitions working with the district Department of Children and Families will determine the best means for providing mental health assessments for children age zero to five in their communities.
- ☞ Create an easy system for parents and providers to use including a simplified point of entry, reasonable time guidelines, and responsiveness to individual needs.
- ☞ Provide widespread dissemination of how and where and who to refer to for parents, schools, health care providers, law enforcement, judicial system, and early care and education community.
- ☞ Encourage Department of Children and Families to submit a legislative budget request to create or expand funding for mental health evaluations.



## **GOAL 4. Develop and implement evidence-based mental health treatment and interventions for children birth to age five.**

*Strategy A: Determine best practices for effective treatment and interventions.*

### Implementation Tasks

- ☞ Review current research based evidence in order to specify best practices.
- ☞ Conduct focus groups with parents regarding their perspective of effective treatments.
- ☞ Create best practice guidelines and widely disseminate to encourage use.
- ☞ Evaluate pilot projects and utilize outcomes to refine effective practices.
- ☞ Identify model programs and encourage replication.
- ☞ Evaluate pilot projects and utilize outcomes to refine effective practices.
- ☞ Use DC-0-3 diagnostic categories and corresponding treatment plans.



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

- *Psychotherapy which addresses the infant-parent dyad and attachment*
- *Individual and/or group therapy for caregivers*
- *In-home treatment intervention*
- *Treatment approaches for children who have witnessed violence, or who have been abused and neglected, or children and caregivers with substance abuse in the home environment*
- *Mental health consultation for both individuals and programs for children birth to age five*

#### Implementation Tasks

- ☞ Local school readiness coalitions will work with the Department of Children and Families to determine the availability of infant mental health services in each district.
- ☞ Determine what providers need to strengthen their infant mental health services and to create an easily accessible system.
- ☞ Work with families to ensure the system is meeting the needs of their children.
- ☞ Work with Medicaid to determine available reimbursement for infant mental health services and consultations.
- ☞ Recommend that Medicaid modify their Community Mental Health Handbook to explicitly define services for children birth to age five.
- ☞ Recommend the Department of Children and Families begin to include infant mental health services in their contracts.
- ☞ Develop strategies with the existing Mental Health agencies to provide expanded infant mental health services.
- ☞ Identify trained infant mental health providers in the state and provide a listing of them to each local coalition.
- ☞ Develop a protocol for providing both individual and program consultation on mental health services for children birth to age five for early care and education programs, Part B and C programs, child protection staff, home-visiting programs, and other community programs.

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

#### Implementation Tasks

☞ Develop a means to demonstrate the effectiveness of infant mental health programs through:

- Evaluation of the infant mental health pilot projects
- Continue to 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

☞ Work with agencies to develop measures that examine the outcome of services across the family unit.

☞ Develop measures that reflect the integrative nature of this work.

☞ Establish standards for contracted services.

# 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 five and relationship based practices into all programs serving children birth to age five 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 Early Intervention and other school programs.*

## Implementation Tasks

- ☞ Work with the local school readiness coalitions to identify agencies responsible for the training in each local area.
- ☞ Meet with professional associations to determine the best means of providing in-service and continuing education training.
- ☞ Modify current mandated trainings, CDA coursework, and college curricula to incorporate infant mental health concepts and best practices.
- ☞ Identify speakers on infant mental health for guest lectures, conferences, and inservices aimed at persons working with children birth to age five.
- ☞ Partner with higher education institutions to develop, conduct, evaluate and utilize distance learning technology.
- ☞ Explore funding for infant mental health training through grants, children's service boards, foundations, and private sponsors.



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

Implementation Tasks

- ☞ 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 five into their training programs.
- ☞ 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.
- ☞ Present information on infant mental health principles and services at law enforcement conferences, meetings, and web sites.
- ☞ Meet with the Juvenile and Family Court Judges and Dependency Court Judges in each circuit court 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 five.
- ☞ Establish infant mental health training opportunities for the Dependency Court Improvement Projects.
- ☞ Educate the Department of Juvenile Justice on the importance of emotional and social development in children birth to age five and provide information on the importance of screening younger siblings for emotional problems, supporting young mothers, and making referrals for assistance where warranted.
- ☞ Develop collaboration between the National Council of Juvenile Judges and Zero to Three to facilitate an exchange of ideas on infant mental health topics.

***Strategy C: Train Level 2 staff including IDEA Part B & Part C therapists, interventionists and other professionals, pediatricians, nurses, therapists, and other healthcare providers to incorporate relationship based principles into care provided for families with children age birth to age five.***

#### Implementation Tasks

- ☞ Contact the professional associations (physical therapy, occupational therapy, speech therapy, nursing, medical associations) to arrange workshops with CEUs on incorporating infant mental health principles into therapies and healthcare.
- ☞ Work with Children's Medical Services to plan for training for Part C teams statewide.
- ☞ Plan with Department of Education for training for FDLRS and Part B teams statewide.
- ☞ Continue working with the Florida Developmental Disabilities Council to increase understanding of the importance of providing mental health services to young children who have developmental disabilities and to implement training programs for providers who work with this population.
- ☞ 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 bonding and 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 IFP (Individual Family Plan used in Part C) when those services are needed

***Strategy D: Provide training for staff and foster parents on emotional, behavioral, and social development and mental health services for children birth to age five in the child protection system.***

#### Implementation Tasks

- ☞ 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.
- ☞ Work with department staff to find the resources necessary 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 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

- ☞ Recruit professionals with clinical skills to develop expertise in infant mental health psychotherapy.
- ☞ 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.
- ☞ 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.
- ☞ Working in collaboration with universities and other national training sites, develop 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 infant-parent relationship to later health and developmental outcomes
  - Social and cultural contexts of parenting including risk and protective factors which affect the parent-infant relationship
  - Understanding psychopathology in infancy
  - Diagnostic categories and approaches
  - Issues related to use of psychotropic medications in early childhood
  - Skills in assessing systematically the parent-infant relationship
  - Strengthening current skills and building a repertoire of preventive and specialized interventions to support the infant-caregiver relationship
- ☞ Create opportunities for continuing education through ongoing local and statewide seminars and intensive training series for students, paraprofessionals, faculty and community professionals.
- ☞ Explore educational innovations such as distance learning as a means of providing training on a wide basis.
- ☞ Establish a partnership with the Florida Council for Community Mental Health to develop a training agenda for their members.



# GOAL 6.

**Secure funding for training and mental health services for children birth to age five 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 five.*

## Implementation Tasks

- ☞ Meet with Department of Education to review eligibility requirements and determine ways the program could be strengthened or expanded to better serve children with emotional, behavioral and social development delays or disorders.
- ☞ Review the Medicaid Certification of the Match program for Behavioral Health Services to determine how to match school revenues used to fund the program with federal participation.

*Strategy B: Encourage Medicaid to review and modify the service description and medical necessity criteria for mental health services to children birth to age five.*

## Implementation Tasks

- ☞ Meet with Medicaid to review the results of the recent survey on services provided to children birth to five years old.
- ☞ Review what services are currently provided. Recommend Medicaid adopt the draft policy that they developed for children birth to age five. Encourage Medicaid to employ different diagnostic methods for children birth to age five and develop a system linking Medicaid billing diagnostic codes to diagnostic criteria.
- ☞ Encourage Medicaid to modify the Individual Therapy procedure code to allow Family Therapy to be rendered under that code.
- ☞ Encourage Medicaid to provide therapeutic assistance to parents with mental health and/or addiction disorders.

***Strategy C: Work with the Children's Medical Services Part C program to more clearly define their eligibility requirements for attachment disorders and to increase mental health services and relationship based practices available to children with established conditions and their caregivers. Expand eligibility for children birth to age five with mental health needs.***

#### Implementation Tasks

- ☞ Meet with the Department of Health, Children's Medical Services (CMS) to develop an eligibility definition for attachment disorder reimbursement that can be easily coded and reimbursed.
- ☞ Work with CMS to better understand how delays in emotional, behavioral, and social development are interpreted under existing eligibility criteria.
- ☞ Inform parents, physicians, and community programs of the new eligibility criteria and encourage referrals.
- ☞ Work with CMS to improve how the emotional, behavioral, and social needs of children and their families currently being served by Part C programs are being met or are going unmet.
- ☞ Request that Medicaid and Part C staff determine a protocol for reimbursement for infant mental health services.



***Strategy D: Encourage the Department of Children and Families to expand funding for mental health services for children birth to age five.***

Implementation Tasks

- ☞ Review with the department the eligibility requirements for services for children birth to age five. Request modifying the statute to allow other diagnostic methods to be used with children birth to age five.
- ☞ Review with the department, how to identify children birth to age five with emotional disorders or serious emotional disturbances and develop strategies based on Medicaid's existing strategies.
- ☞ Review with the department the term "at risk" and determine how funds could be used to serve children birth to age five in this category.
- ☞ Determine and implement new funding for children and their families served by the child protection system, not eligible for Medicaid or in need of services not provided by Medicaid.
- ☞ Determine if out-of-home care could be provided with these funds for children birth to age five in the Family Safety Program and their families.
- ☞ Develop implementation tasks to improve infant mental health services to children birth to age five and their families with the Department of Children and Families.
- ☞ Work with the Community Based Care (CBC) program at the Department to ensure that the newly contracted CBC projects address the needs of children birth to age five served by the child protection program.

***Strategy E: Explore the potential use of Temporary Assistance to Needy Families (TANF) monies to provide mental health services to children birth to age five.***

Implementation Tasks

- ☞ Meet with representatives from the Department of Children and knowledgeable about the TANF funds to determine what services could be funded for children birth to age five and their families with these dollars.
- ☞ Research the protocol to apply for these dollars.
- ☞ Seek authorization from the Governor's office and the legislature to access these funds for infant mental health services for children birth to age five and their families.

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

Implementation Tasks

- ☞ Research what foundations are inclined to provide funds for infant mental health services.
- ☞ Work with the District 9 project and the Hillsborough Children's Service Board, funded by the Federal Center for Mental Health Services at SAMSHA, to ensure they address the needs of children birth to age five and their families.
- ☞ Review how Vermont has used a similar grant and collaborate with the state to determine if a similar grant could be written for Florida.
- ☞ Review Ohio's Infant Mental Health Consultation to Child Care Programs project, which was funded by the state legislature, for possible replication in Florida.
- ☞ Submit grant requests to different foundations seeking to fund infant mental health services and training.

***Strategy G: Develop partnerships with the business community, children service councils, county governments, and other community agencies to provide infant mental health training and services.***

Implementation Tasks

- ☞ Identify what parts of the Florida are implementing the Governor's Front Porch projects and assess the feasibility of incorporating infant mental health services into any of these projects.
- ☞ Identify which Department of Children and Families' districts will be implementing Neighborhood Projects and determine if the concepts and practices of infant mental health could be included in the projects.
- ☞ Work with civic organizations, women's clubs, etc....to determine if any of these groups would like to adopt the encouragement of emotional, behavioral and social development of children birth to age five as one of their annual themes.
- ☞ Contact major businesses to see how they can become involved in promoting positive emotional, behavioral and social development of children birth to age five.
- ☞ Communicate with local advocacy and intervention groups such as the Healthy Start Coalitions to keep others informed of the importance of infant mental health.
- ☞ Approach private corporations such as Johnson & Johnson or Eckerd about the possibility of assistance.

# GOAL 7.

**Develop a social marketing campaign to raise the public awareness of the mental health needs of children birth to age five and the consequences of poor social-emotional development.**

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

## Implementation Tasks

- ☞ Identify a public relation firm to develop and disseminate public service announcements, brochures, tapes, and videos on a pro-bono basis.
- ☞ 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 campaign.
- ☞ Determine an appropriate spokesperson for this initiative. Try to enlist a well known public personality to champion the campaign.
- ☞ Find a university business/social-marketing program to develop options for marketing the infant mental health media campaign.



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

Implementation Tasks

- ☞ Educate legislators and staff about the importance of infant mental health and the importance of early emotional and social development for success in school and in adult life and citizenship.
- ☞ Invite legislators to visit pilot programs.
- ☞ Provide brochures and informational materials to legislators and policymakers.
- ☞ Meet with heads of various government agencies and departments regarding importance of infant mental health services for children and their families.
- ☞ Strategize ways agencies can participate in implementing services and providing public awareness.
- ☞ Infuse concepts of infant mental health into existing public awareness campaigns.

***Strategy C: Develop a prevention campaign that includes statewide programs in schools and communities.***

Implementation Tasks

- ☞ Incorporate the foundations of developing healthy, nurturing relationships with young children into coursework, guidance, and parent education opportunities in schools and colleges.
- ☞ 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.
- ☞ Develop a business mentoring system that encourages employers to be more family-friendly and responsive to the needs of parents.
- ☞ 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.

*Strategy D: Increase knowledge of infant mental health issues 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

- ☞ Seek opportunities to provide information on infant mental health issues at meetings, brown bag lunch sessions, and conferences.
- ☞ Establish partnerships with various agencies to disseminate infant mental health information to their staff.
- ☞ Send educational brochures, materials, and videotapes to the various agencies.
- ☞ Make personal visits to both local offices and state offices to provide information on infant mental health.
- ☞ Collaborate with state offices to identify model programs and to recognize their accomplishments.
- ☞ Showcase successful programs like the Dependency Court program in District 11.
- ☞ Meet with professional organizations to develop ways to share infant mental health information with their membership.

# GOAL 8.

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

*Strategy A: Involve key agencies and interested stakeholders in implementing the strategic plan.*

## Implementation Tasks

☞ Contact leaders from each of the following organizations to volunteer to implement components of the plan including:

- The Florida Children's Forum
- Ounce of Prevention Fund of Florida
- One Voice for Children
- Children's Services Councils
- The Association of Healthy Start Coalitions
- The Florida Department of Children and Families
- The Florida Department of Health
- The Florida Department of Education
- Agency for Health Care Administration, Medicaid Department
- The Florida Partnership for School Readiness
- Early Head Start/Head Start
- Florida Developmental Disabilities Council
- Other stakeholders interested in prevention



- ☞ Determine what legislative, policy or funding issues must be addressed to implement the plan.
- ☞ Determine modifications necessary to existing legislation, rules, policies, procedures, and practices to achieve desired goals and implement the plan.
- ☞ Develop legislative strategies in conjunction with these agencies and advocacy programs, especially the Developmental Disabilities Council.

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

#### Implementation Tasks

- ☞ Work with the various agencies, the Federation of Families, 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.
- ☞ Establish a means to communicate with parents of young children and to use their ideas to develop and implement policies.

# APPENDICES





# STAKEHOLDERS

Ms. Darcy Abbott	Family Safety and Preservation
Dr. Sandra Adams	Zero to Three, FSU Center for Prevention and Early Intervention Policy
Ms. Kimberly Allbritton	Healthy Start Coalition
Ms. Marsha Antista	Department of Children and Families, Mental Health Program Office
Ms. Patricia Armstrong	FSU Early Head Start
Ms. Patricia Badland	Office of State Courts Administrator
Ms. Donna Barber	FSU Center for Prevention and Early Intervention Policy
Ms. Bennie Barnes	Senate Children and Families Committee
Mr. Bob Barrios	House Committee on Children and Families
Ms. Meg Bates	Department of Juvenile Justice
Ms. Lytha Belrose	Florida Music Educators Association
Mr. Judy Bergantino	Even Start/Diamond Academy
Ms. Karen Berner	Manatee Glens
Ms. Laurie Blades	SEDNET
Dr. Wil Blechman	Bertha Abess Children's Center
Ms. Katrina Boone	Family Source of Florida
Ms. Ann Boone	Agency for Health Care Administration, Medicaid
Ms. Beth Bowers-Klaine	Florida ACNM Chapter
Ms. Shelly Brantley	Agency for Health Care Administration, Home and Community Based Waivers
Dr. Jeffery Brosco	University of Miami, School of Medicine
Ms. Jennifer Browder	Ounce of Prevention Fund of Florida
Ms. Mary Bryant	Lawton and Rhea Chiles Center
Ms. Nada Marie Brzovich	Child Development Center
Dr. Joseph Byers	FSU Institute for Health & Human Services Research
Ms. Fay Callam	Healthy Start Coalition
Ms. Rita Carter	Gadsden County Schools
Ms. Pamela Chamberlynn	Kids Inc. of the Big Bend

Dr. Christine Chiricos	FSU Early Head Start
Mr. Jim Clark	Agency for Health Care Administration
Ms. Sylvia Collins	Hardee County Schools
Ms. Flora Conger	NOVA Southeastern University
Ms. Anne Cope	Prenatal & Infant Health Care Coalition of Brevard County, Inc.
Dr. Marty Coulter	USF College of Public Health
Ms. Pat Curtis	Florida Council for Behavioral Healthcare
Dr. Charlotte Davis	Gadsden County Schools
Ms. Paige DeGryse	Lighthouse Learning Center
Ms. Linda Devall	Advocate
Ms. Beth Drouin	Family Services Network
Ms. Mary Lynn Everett	Health Management Associates
Dr. David Fairbanks	Department of Children and Families, Community Based Care
Ms. Emily Fenichel	Zero to Three
Ms. Martha Fletcher	Leon County Schools
Dr. Nancy Fontaine	Florida Agricultural and Mechanical University
Dr. Robert Friedman	University of South Florida/Florida Mental Health
Ms. Blanca Garcia	Bertha Abess Children's Center
Ms. Ana Garcia-Quevedo	Agency for Health Care Administration, Medicaid Contract and Oversight Unit
Judge William Gladstone	Judge
Ms. Linda Glaze	Leon County Schools
Ms. Shan Goff	Florida Department of Education
Dr. Susan Gold	University of Miami, Mailman Center for Child Development
Ms. Sandra Goodson	Healthy Start Coalition Three, Inc.
Ms. Molly Gosline	Florida Department of Children and Families
Dr. Mimi Graham	FSU Center for Prevention and Early Intervention Policy
Mr. Theodore Granger	United Way of Florida, Inc.
Ms. Judith Green	Florida Abuse Hotline
Mr. Robert Griggs	Easter Seals Florida, Inc.
Ms. Felita Henry	Gadsden County Schools

Ms. Susan Howell	Florida Department of Children and Families, Community Based Care
Ms. Lisa Hutcheson	Ounce of Prevention Fund of Florida
Ms. Wanda Jackson	Florida Department of Juvenile Justice
Ms. Carolyn Jaeger	Bertha Abess Children's Center
Ms. Patricia Johnson	Project Child Care
Ms. Wendy Johnston	Agency for Health Care Administration, Medicaid
Ms. Katherine Kamiya	Lawton and Rhea Chiles Center at USF
Ms. Janice Kane	Children's Home Society
Ms. Helen Keith	Early Head Start Satellite Office
Ms. Janice Kelley	Children's Medical Services
Ms. Marianna Kennedy	Health Systems Research, Inc.
Ms. Gina Kinchlow	Florida Children's Forum
Dr. Jane Knitzer	National Center for Children in Poverty, Columbia University
Mr. Raymond Larsen	Healthy Community Initiative of Greater Orlando
Ms. Kim Latta	Florida Developmental Disabilities Council, Prevention Task Force
Judge Cindy Lederman	11th Judicial Circuit of Florida
Dr. Roni Leiderman	Nova Southeastern University Family Center
Dr. Stephen Levin	Family Central Inc.
Ms. Deborah Lloyd	Community Intervention Center, Inc.
Mr. Rob Lombardo	Big Bend Rural Health Network
Ms. Becky Lyons	Department of Children and Families, Mission Support and Performance, OSMSP
Dr. Neena Malik	University of Miami, Department of Psychology
Ms. Cindy Mangum	Children's Home Society, Early Intervention
Ms. Trish Mann	Florida Department of Health
Ms. Marie Marshall	Bay, Franklin, Gulf Healthy Start Coalition, Inc.
Ms. Laurie McCort	Psychiatric Group of North Florida
Ms. Carol McNally	Healthy Families Florida
Dr. Myra McPherson	CYESIS Teen Parent Program
Dr. Jamileh Mikati	School for Young Children
Dr. Glenn Mitchell	Florida House Committee on Children and Families

Mr. Michael Moore	Florida Department of Corrections
Ms. Dee Dee Moore	Florida Department of Health
Dr. Roanne Moreno	Palm Beach Community College
Ms. Susan Muenchow	Florida Partnership for School Readiness
Mr. Matthew Munyon	Commission on Responsible Fatherhood
Ms. Mary Jo Murphy	Healthy Start Coalition of Flagler and Volusia Counties
Ms. Catharine Nelson	Agency for Health Care Administration, Medicaid Program Development
Ms. Kim Orr	The Lawton Chiles Foundation
Ms. Regina Pleas	Florida Department of Children and Families
Dr. Diane Powell	Louis de la Parte Florida Mental Health Institute
Ms. Kelly Powell	Palm Beach County Early Head Start
Ms. Nicole Prokos	Florida Children's Forum
Ms. Rebecca Pruett	FSU Early Head Start
Ms. Celeste Putnam	Florida Department of Children and Families
Ms. Carola Pyle	Lakeside Alternative
Ms. Joyce Raichelson	Agency for Health Care Administration
Ms. Tracey Rajack	Family Source of Florida
Dr. Coco Readdich	Family & Child Sciences
Ms. Hilde Reno	Nova Southeastern University Family Center of Tampa Bay
Dr. Terry Rhodes	Ounce of Prevention Fund of Florida
Ms. Julie Rogers	Florida Children's Forum
Ms. Sue Ross	Department of Children and Families, Children's Mental Health
Dr. Susann Rudasill	Center for Professional Development
Ms. Deborah Russo	Florida Department of Children and Families, Child Care Division
Dr. Debbie Schenck	Nova Southeastern University Family Center
Mr. Max Schilling	Larsen, White & Schilling
Mr. Bob Sharpe	Agency for Health Care Administration, Medicaid
Ms. Donna Shreve	Nova Southeastern University, Family Center of Tampa Bay
Ms. Phyllis Sloyer	Department of Health, Children's Medical Services
Ms. Gail Spruill	Children's Mental Health

Ms. Robin St. Peter	Lighthouse Learning Center
Ms. Karen Stewart	Manatee County Government
Mr. Jim Strange	Gadsden County Schools
Ms. Jan Swink	Hibiscus Children's Center
Ms. Mel Thompson	FSU Center for Prevention and Early Intervention Policy
Ms. Rosalind Tompkins	Mothers in Crisis, Inc.
Mr. Jerry Torano	SED Network 2B, Leon County Schools
Ms. Pat Underwood	Medicaid Contract and Oversight Unit
Ms. Toni Vogt	Florida Developmental Disabilities Council, Health Care Task Force
Dr. Kay Walker	University of Florida, Department of Occupational Therapy
Ms. Connie Wells	Florida Institute for Family Involvement
Dr. Amy Wetherby	FSU Department of Communication Disorders
Ms. Barbara White	FSU Center for Prevention and Early Intervention Policy
Ms. Patricia Whites	Volusia County Government
Ms. Meghan Wilkey	Leon County Schools
Ms. Sheila Williams	SED Network 8
Ms. Kay Young	Coalition for the Education of Exceptional Students

**INFANT MENTAL HEALTH SERVICES**  
*for Young Children & Families*

<i>What is the Array of Infant Mental Health Services?</i>	<i>Level 1</i> <b>Strengthening the Caregiver/Child Relationship, Responsive Caregiving</b>
<b>Priority population</b>	Expectant families and families of all children birth to age five
<b>Description of services/interventions</b>	Strengthening the caregiver/child bond by: <ul style="list-style-type: none"> <li>• Helping caregivers to understand and respond appropriately to baby's cues</li> <li>• Incorporating brain development research and attachment theory into all aspects of pregnancy, birthing and child's daily care</li> <li>• Promoting continuity of care</li> <li>• Supporting the child's on-going emotional development within the family</li> <li>• Modeling responsive caregiving</li> <li>• Providing family support &amp; education</li> <li>• Identifying early signs of problems that might impede the parent-child relationship</li> <li>• Referring for further screening/assessment</li> </ul>
<b>Professionals responsible for infant mental health services</b>	Front-line caregivers including: <ul style="list-style-type: none"> <li>• Parents</li> <li>• Childcare Providers</li> <li>• Health Care Providers</li> <li>• Home Visitors</li> <li>• Parent Educators</li> <li>• Social Workers</li> <li>• Child Protection Case Workers</li> <li>• Police Officers, Judges, Lawyers</li> </ul>

<p style="text-align: center;"><i>Level 2</i>  <b>Developmental, Relationship-Focused  Early Intervention</b></p>	<p style="text-align: center;"><i>Level 3</i>  <b>Infant Mental Health Treatment</b></p>
<p>Families of children with delays, disabilities, health problems or multiple risk factors</p>	<p>Families with children diagnosed with emotional disorders, severe mental health problems, or have experienced abuse, neglect or violence</p>
<p>Strengthening the caregiver/child bond through:</p> <ul style="list-style-type: none"> <li>• Identifying emotional or attachment concerns</li> <li>• Integrating relationship-based practices into the child's existing services (therapies, medical treatment, foster care)</li> <li>• Providing direct services focused on needs of family and/or child</li> <li>• Providing consultation to enhance responsive caregiving</li> <li>• Assisting the family in accessing specific infant mental health treatment if needed</li> </ul>	<p>Strengthening the caregiver/child dyad through:</p> <ul style="list-style-type: none"> <li>• Therapeutic interventions for caregivers and young children with specific mental health needs</li> <li>• Establishing a nurturing relationship based on trust and respect of family strengths</li> <li>• Ongoing, intensive treatment with parent/child dyad</li> <li>• Providing consultation with all other service providers who work with family</li> </ul>
<p>Developmental Professionals such as:</p> <ul style="list-style-type: none"> <li>• Social Workers (MSW), Psychologists, Mental Health Therapists</li> <li>• Child Development Specialists</li> <li>• Early Interventionists</li> <li>• Therapists (Occupational, Physical and Speech)</li> <li>• Public Health Nurses</li> <li>• Developmental Pediatricians</li> </ul>	<p>Infant Mental Health Specialists defined as Masters level professionals, or above, with additional training and continuing education in infant mental health therapy to include:</p> <ul style="list-style-type: none"> <li>• Adolescent and adult psychopathology</li> <li>• Infant/toddler development</li> <li>• Quality of parent/infant interaction</li> <li>• Assessment and treatment within the parenting relationship</li> <li>• An understanding of context and culture</li> </ul>

# INFANT MENTAL HEALTH OPPORTUNITIES IN FLORIDA

***Florida Association for Infant Mental Health (FAIMH):*** The group was officially incorporated on September 26, 2000. By-laws and necessary paperwork are being compiled to become a chapter of the World Association for Infant Mental Health (WAIMH). Dr. Wil Blechman is taking lead with the FSU Center in organizing the association. An infant mental health conference is being planned for next year in Ft. Lauderdale with Nova Southeastern University, Zero to Three, WAIMH and FSU Center for Prevention.

***The Study Commission on the Prevention of Developmental Delays:*** A commission will look at children with risks and delays to examine the best interventions and make recommendations to the Florida Legislature.

***IMH Pilot projects:*** The Florida Legislature funded three pilot infant mental health projects which will include a dependency court in Miami, The Child Development Center in Sarasota, and Lakeview Community Mental Health Center in Pensacola. Department of Children and Families will administer the contracts from the state office. The design and evaluation of the pilots are in process at this time under the lead of the FSU Center for Prevention.

***Training for Healthy Start & Healthy Families Home Visitor:*** TANF monies have been allocated to Department of Health for the FSU Center to train home visitors statewide in using Partners for a Healthy Baby curricular series which integrates the research on infant mental health for families with infants.

***Part C/Children's Medical Services:*** Plans are under way for training Part C Early Intervention Teams about infant mental health. As a primary vehicle for screening and assessment of children under three, many states are integrating infant mental health assessment and treatment into their Part C system.



***Department of Health New Position:*** Susan Potts has been hired to help the department focus on infant mental health issues.

***Department of Children and Families:*** Celeste Putman has been appointed as the department's Director of Mental Health. Celeste has a strong knowledge base of infant mental health and an ongoing commitment to promoting healthy social and emotional development during the first years of life.

***Enhancing Infant Mental Health Services in Early Head Start:*** The national office is convening meetings to further expand infant mental health services in EHS. Currently, each program must provide mental health services. This has potential for infusion of research and service dollars for infant mental health.

***Agency for Health Care Administration Survey:*** AHCA is surveying current providers for children's mental health to determine what services are being provided to children under age five.

***The Study Commission on Mental Health and Substance Abuse*** has formed a children's mental health subcommittee. Hopefully, the commission's recommendations to the legislature will include the need for infant mental health services in our state. ***The Florida Council for Community Mental Health*** and ***SEDNET*** have added Infant Mental Health presentations to their upcoming annual conference.

***Children's Mental Health*** legislative budget request has about \$17 million dollars to provide mental health services to children in the child protection system. Since about 50% of the children are under five, this provides a great opportunity to introduce new techniques in dealing with the young child and their families.

## PRESENTATIONS & CONFERENCES

***Judge William Gladstone*** presented an Infant Mental Health proposal to a committee of the National Council of Juvenile and Family Judges at their annual meeting in July.

***Sandra Adams, PhD***, "The Need for a System of Mental Health Services for Children 0-5 in Florida", Fourth Annual Melissa Institute Conference, Miami, FL, May 4, 2000.

***Wil Bleckman, MD, Sandra Adams, PhD, Neena Malik, PhD, Mimi Graham, PhD***, "Creating a Climate for Infant Mental Health in Florida", 4<sup>th</sup> Annual Conference: Making Connections with Infants and Toddlers, Ft. Lauderdale, FL, June 1-3, 2000.

**Sandra Adams, PhD**, “Developing Systems of Care for Young Children”, Ohio Department of Mental Health Child, Early Childhood Mental Health Forum, Cleveland, OH, June 20, 2000.

One Goal Summer Conference, Tampa, FL, July 2000:

☞ **Dr. Wil Blechman**: “What is Infant Mental Health?”

☞ **Barbara A. White, MSW, MEd**: “Infant Mental Health 101 for Front-line Caregivers”

☞ **Dr. Myra McPherson**: “Building Mentally Healthy Families”

☞ **Ms. Conni Wells**: “Family Experiences In Navigating the Mental Health System for Young Children”

☞ **Dr. Roni Lederman**: “Facilitating Trust, Independence and Social Skills in Infants and Toddlers: The Role of Parents and Caregivers”

☞ **Dr. Sandra Adams**: “The Need for a Comprehensive System of Mental Health Services for Children, Birth to Five Years of Age, in Florida”

☞ **Dr. Catherine Grus**: “The Impact of Chronic Illness of the Mental Health of Infants”

☞ **Ms. Patricia Donovan, MS**: “Building Better Babies”

**Barbara A. White, MSW, MEd, Sandra Adams, PhD, Mimi Graham, EdD**, “Creating a Climate for Infant Mental Health in Florida”, World Association for Infant Mental Health, Montreal, Canada, July 26, 2000.

**Sandra Adams, PhD**, “What is Infant Mental Health: What’s It Got To Do With The Judicial System?”, Fourth Annual Dependency Court Improvement Summit, Orlando, FL, August 30-31, 2000.

**Mimi Graham, EdD**, “Infant Mental Health: The Time Has Come”, 12<sup>th</sup> Statewide Child Abuse Prevention Conference, Orlando, FL, September 12, 2000.

**Mimi Graham, EdD, Barbara A. White, MSW, MEd**, “Infusing Infant Mental Health Practices into Front-Line Caregivers”, Zero to Three’s Fifteenth National Training Institute, Washington, D.C., December 2, 2000.

**Barbara A. White, MSW, MEd**, “Integrating Infant Brain Development and Infant Mental Health into Teen Parent Child Care”, Head Start and Child Care Birth to Three Institute, Washington, D.C., January 26, 2001.



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