

Non-Focus Area: Early Childhood Prevention & Intervention

Emerging Strategies: Early Childhood Prevention & Intervention

The Trust, advisory boards and partners are increasingly aware of the critical opportunities and threats to lifelong mental and physical health of our population during the earliest years. The Trust recognizes the significance of trauma and Adverse Childhood Experiences (ACEs) on lifelong health and is exploring opportunities to expand early intervention and prevention strategies on behalf of beneficiaries. The “Bring the Kids Home” focus area initiative (2004-2012) highlighted the need for earlier identification and intervention of behavioral health supports for children and families to prevent the need for increasingly higher levels of care. Furthermore, the current draft of the Comprehensive Integrated Mental Health Program Plan developed with the Department of Health & Social Services and advisory boards highlights the importance of early childhood early intervention and trauma prevention as a primary goal.

Trauma is highly correlated with beneficiary groups. Alaska children are exposed to trauma early with 1 in 3 (33%) reported to child welfare by age eight according to the Alaska Longitudinal Child Abuse and Neglect ([ALCANLink](#)) study. A report of harm to child welfare is an early indicator of problems and often predict family and child social and behavioral health support needs. However, our current system does not usually intervene until children are at least school age (often late elementary) and miss critical opportunities for optimally effective early intervention.

Intervening early in childhood can alter the life course trajectory in a positive direction (Kellam et al., 2008; Kitzman et al., 2010). Substance abuse and other problem behaviors that manifest during adolescence have their roots in the developmental changes that occur earlier—as far back as the prenatal period. While prevention can be effective at any age, it can have particularly strong effects when applied early in a person’s life, when development is most easily shaped and the child’s life is most easily set on a positive course. Decades of research show the highest rate of economic returns comes from the earliest investments in children – up to a 13% return on investment for birth-five programs (Heckman, 2019).

Partners: Primary partners include Trust advisory boards (Governor’s Council on Disabilities and Special Education, Alaska Mental Health Board/Advisory Board on Alcoholism and Drug Abuse) as well as multiple state agencies such as the Divisions of Behavioral Health and Public Health, Senior & Disabilities Services, and the Department of Education and Early Development. Community-based organizations are also critical partners, including the Alaska Children’s Trust, the All Alaska Pediatric Partnership, thread, Headstart, Alaska Association for Infant and Early Childhood Mental Health, Association of Alaska School Boards, and many others.

Impact: The Trust is currently in the process of developing strategies and investments related to early childhood with promising results and expanding potential impact. Three recent investments with established or promising impact are highlighted below.

- **FOCUS Early Learning Preschool:** This program serves 3-5 year old children who have often been expelled or suspended from traditional child care settings due to behavioral challenges. The program teaches young beneficiaries social and self-regulation skills that will mitigate the need for future intensive special education and higher levels of behavioral health care.
- **Trauma informed schools:** The Trust has supported an intensive Juneau School District pilot of trauma-informed practice in three elementary schools. Preliminary evidence shows increased teacher capacity to handle challenging behaviors and improved student outcomes. Lessons learned from the pilot have been incorporated into a statewide [trauma-informed schools framework](#).
- **Medicaid 1115 behavioral health waiver:** Anticipated impacts from the waiver (in federal negotiation) include new home and community based services to increase early intervention and prevention supports for young children at-risk of experiencing mental health issues.

Current and Future Strategies: The Trust is well poised to join the growing number of private and public foundations engaging in the early childhood systems transformation conversation. As a catalyst for change, the Trust is key influencer, and well poised to build on past and current investments for this important beneficiary population. These investments promise profound benefits to individual beneficiaries, their families, and their communities.

- **Data development and evaluation:** The Trust is partnering with stakeholders to establish baseline data to monitor systems related issues such as maternal and infant mental health service access and child care rates of expulsion and suspension. This work will also inform development of common indicators and strategies to track progress and inform future early childhood related investment.
- **Screening and assessment:** Early identification of developmental and other needs is critical to ensuring young beneficiaries are well supported as soon as possible for maximum benefit reduced cost. Improved access to screening, assessment and appropriate service referrals in a range of child-serving settings is essential.
- **Integration of behavioral health into primary care settings:** Integrated care in a primary care setting has proven to improve access, reduce cost, and reduce stigma related to behavioral health needs and mental for young children and their families.
- **Infant and early childhood mental health consultation (IECMHC):** IECMHC is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in different settings. The aim is to build adults' capacity to strengthen and support the health social and emotional development of children – early and before intervention is needed (SAMHSA, 2019).

- **Workforce development:** The Trust is partnering with community providers and other funders to respond to the identified need to expand the infant mental health workforce in response to the 1115 Medicaid behavioral health waiver. Delivering these new services will require areas of content expertise and skills not widely available in Alaska. Trust/partner efforts include bringing evidence-based infant mental health training to Alaska (i.e. Child Parent Psychotherapy) and work with the Alaska Association for Infant and Early Childhood Mental Health (AK-AIMH) and the UAA Center for Human Development to create a Learning Management System specifically for this workforce.

Budgeting Considerations: To further develop partnerships and strategies related to early childhood prevention and intervention, Trustees have authorized a budget of **\$380,000** for FY20 activities.

References

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Kitzman H, Olds D, Cole R, et al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: follow-up of a randomized trial among children at age 12 years. *Arch Pediatr Adolesc Med.* 164(5), 412-418.

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