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Case Study: Building Blocks: A Preschool-Based Early Intervention Program

Integration of Mental Health Services

The California
Endowment's
Mental
Health
Initiative

Prepared by:


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Building Blocks: A Preschool-Based Early Intervention Program Integration of Mental Health Services

People often do not access needed mental health services because of the stigma involved in going to a mental health facility and the inconvenience of traveling to a separate service location. To overcome this challenge, some Mental Health Initiative (MHI) grantees created programs that integrated and co-located mental health services into a variety of settings in communities, thereby making it easier to access services. By providing an entry into mental health services through these non-mental health systems of care (e.g., schools, primary care clinics), clients are receptive to services in these familiar, less intimidating locations. Co-located services reduce the stigma resulting from accessing mental health services at a separate mental health facility. The ease of accessing services and the ability to receive wraparound care are additional benefits of mental health programs integrated into larger systems of care.

Several MHI grantees integrated mental health services into alternative settings, which increased access to, and utilization of, mental health services, and improved clients' mental health and functioning. One such organization that was successful in integrating mental health services into a school setting was Los Angeles Child Guidance Clinic.

Background

The Los Angeles Child Guidance Clinic is a consumer-centered, family-focused provider of mental health services for children and young adults, aged zero to 25, with a mission to provide quality mental health services to a community in great need by ensuring easy access and promoting early intervention services. The Clinic provides services to the children and families living in one of the highest need areas of Los Angeles County: South Los Angeles. Services are provided on-site, in homes, at local Head Start Programs and in Los Angeles Unified School District (LAUSD) schools.

The goal of the Clinic's MHI-funded project, "Building Blocks: A Preschool-Based Early Intervention Program," was to create access to mental health services for very young high-risk children and their families by providing services in familiar settings—in preschool and at home. The Clinic placed mental health professionals at 11 LAUSD Early Education Centers to:

- 1) increase the social competencies and reduce behavioral problems in children;
- 2) enhance the quality of the preschool setting by increasing knowledge of teachers and creating access to on-site mental health services; and
- 3) reduce isolation of parents and provide an avenue to address issues and concerns related to their children.

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In 2001, The California Endowment (The Endowment) launched the Mental Health Initiative (MHI),

a three-year initiative aimed at identifying and breaking down the barriers limiting access to mental health services in California. The Endowment awarded grants to 43 community-based organizations—large, small, established and emerging—and three county agencies in 15 counties. The grants enabled these organizations to develop new mental health prevention and intervention approaches for the most at-risk, vulnerable and underserved individuals and communities. Programs varied in their focus from direct services and provider training to community outreach and education. Grants ranged from \$250,000 to \$500,000 for single organizations and \$500,000 to \$1 million for collaboratives.



Building Blocks' Approach to Integration

In integrating mental health services in the school setting, the Clinic employed a variety of effective strategies including co-locating mental health services in classrooms; applying a multidisciplinary team approach to care; providing children an array of mental health services and provider expertise; training teachers and classroom staff; providing comprehensive support to parents; and communicating and collaborating with providers in the community.

- **Co-locating mental health services in school classrooms**

By placing master's degree-level clinical therapists and bachelor's degree-level behavioral interventionists in 11 LAUSD Early Education Centers, the Clinic created easy access to mental health services for 1,200 preschool children and their families annually. Because of their co-location in the classrooms, mental health professionals at the LAUSD Centers were able to identify and treat children immediately.

The structure of the program allowed children to receive care in a seamless manner. Mental health professionals worked with children and teachers directly in classrooms and provided interventions and support for parents at their homes. There was no longer a separation between the education and mental health development of children, creating a holistic extension of the learning environment.

- **Multidisciplinary team approach to care**

The multidisciplinary team approach of the Building Blocks program included the mental health professional, teacher, parent, child and any community member providing service to the child and family. The mental health team included clinicians (master's-level staff) and behavioral interventionists (bachelor's-level staff) in service delivery. Therapists were responsible for providing mental health services, supervising the behavioral interventionists, assessing risk factors, identifying medical necessity and determining level of service needed. Therapists conducted psychosocial assessments for children and families consenting to treatment and planned individualized treatment objectives and strategies to support child, teacher and parent. They provided consultation to teachers about mental health, child development, cultural themes and approaches to working with families and community resources. Behavioral interventionists provided one-to-one behavioral interventions to the child and assisted the teacher in implementing behavioral strategies as indicated by service plan. The staff supported the teacher through modeling, coaching and verbal praise and reinforcement when behavioral techniques were applied in the classroom and used to support the child. The team approach created the opportunity to understand the children from a holistic

approach—educational, developmental and socio-emotional perspective—in turn, this allowed for the optimal integration of needed services.

- **Array of mental health services and provider expertise**

Building Blocks provided nontraditional mental health services to very young children, ages 3 to 5, with or at risk for behavioral and emotional problems (i.e., before their behaviors became maladaptive). The program provided an array of mental health and community services, including individual and family therapy, classroom observation, coordination of multidisciplinary team meetings, parenting classes, home visitation, training and consultation to teachers and linkage to community resources, when appropriate. All services were offered without regard of ability to pay and without the necessity of a mental health diagnosis.

Services were individualized and culturally sensitive, using a strength-based approach to provide the most appropriate level of care for the child and family. The approach to early intervention was family-centered, and as such also reached the parents and caregivers of the enrolled children. Building Blocks continually incorporated the parent and caregiver in all areas of a child's treatment. The treatment plan addressed the child's presenting problem while assessing and incorporating the family's strengths and needs. Services to parents were culturally and linguistically sensitive, and additional support was provided to all parents through case management and linkage to resources in the community as needed.

- **Training teachers and classroom staff**

The program assisted teachers and schools in being ready to receive and assist the child and parent. The training program developed and enhanced LAUSD teaching staff's competencies and knowledge with respect to effectively responding to emotional and behavioral problems of at-risk children. This was achieved through school on-site direct training, modeling and consulting around issues of mental health and age-appropriate, social-emotional development in children. The program provided various services to teachers and classroom staff such as classroom observation, consultation and in-service/Saturday trainings.

- **Comprehensive support provided to parents**

Parent support groups were initially offered to parents and caregivers of children enrolled in the Early Education Centers to increase awareness regarding their child's emotional and developmental needs, as well as their role in their child's early academic experience. Due to limited attendance, Building Blocks incorporated nontraditional outreach and support to parents by infusing mental health-related activities into existing parent outreach efforts at each Center. With the involvement and support of Center administrators, program staff participated in parent meetings held at Early Education Centers, as well as provided brief



trainings at parent meetings, and participated in the Center's special holiday events such as holiday recitals, graduations, Black History Month and Cinco de Mayo presentations. The program staff continually sought to improve communication and outreach to parents by reviewing feedback and implementing activities or suggestions made by parents, Center staff and school district administrators.

- **Communication and collaboration among providers**

The success of Building Blocks relied on the strength of the relationship developed between the Clinic (a community mental health agency), and Los Angeles Unified School District's Early Childhood Division. Building Block staff worked to build relationships that made blending of cultures of mental health and LAUSD Centers possible. The program coordinator met with all participating Early Education Center administrators to review program goals and objectives, review staff changes, obtain feedback regarding program services and delivery and review communication. Along with a strong partnership at the administrative level with the district, a strong relationship with teachers was an essential ingredient to collaboration as they play a key role in the lives of children and their families. The program created a forum for teachers to gain knowledge of the mental health needs of the children, identify children in need of services, have input in setting mental health goals for their students, and work in a team relationship to best serve the children and their families in the most natural environment possible.

- **Overcoming systemic barriers impacting service delivery**

Implementation of classroom trainings across the 11 Centers presented the program with varied systemic and environmental challenges given available resources. For example, limited space availability at the Centers sometimes resulted in training sessions being cancelled or rescheduled. Training participation was further impacted by limited time availability from teachers or environmental demand in the classroom. Teachers faced competing demands given their roles and responsibilities to support the children in the classrooms (e.g., immediate need for classroom coverage, attending to parent issues). Over time, in collaboration with district administrators, solutions were developed to creatively resolve space issues (e.g., using the lunchroom) and by allocating resources to supervise classrooms to allow teacher attendance at trainings.

Program staff also experienced difficulties in meeting expected referral rates. This may have been due, in part, to staffing changes in both the Centers and the Building Blocks program. The program staff had to frequently reintroduce program services, establish new relationships and train teaching staff as to the importance of mental health and referral protocol. In addition, temporary program staffing shortages resulted in reduced time in the Centers and impacted outreach efforts.

- **Integrating unique system and organizational cultures**

The program encountered challenges working with the unique professional cultures of mental health and early childhood education. Each organization initially operated with their own policies and practices regarding child/family information, data collection, evaluation and contract mandates. Open communication and creating new practices between collaborative partners—administrators, teachers, parents and staff—were necessary to meet program needs and to develop service protocols that were acceptable to both organizations and resulted in improved service delivery. It was critical to review and share information regarding practices and confidentiality protocols when developing service plans for child/family.

Outcomes

Despite the challenges the Clinic encountered during program implementation, Building Blocks was successful in integrating mental health services in schools as evidenced by increased access to, and utilization of, mental health services, improved mental health outcomes and functioning among its clients, and improved mental health knowledge and skills in the classrooms.

- **Increased access to and utilization of mental health services**

Building Blocks was able to provide mental health access to 5,514 children (ages 3 to 5) and their families enrolled in the 11 LAUSD Early Education Centers by co-locating mental health staff in preschools. If not for the MHI grant, many of these children would have been unprepared for kindergarten, would remain at high risk for school failure and would not have received services until much later in their school careers. Moreover, teachers would have been without support to increase their knowledge and capacity to manage children with behavioral needs in the classroom and would have had limited strategies to assist parents.

Building Blocks staff also increased access to special education and other needed services. Through a comprehensive assessment process, therapists identified and referred a total of 15 children for auxiliary services—most common referrals being children with limited vocabulary and language capacity who were referred to the school district for speech and language services and children with developmental delays who were referred to the Regional Center.



- **Improved mental health outcomes and functioning**

Building Blocks received 307 referrals, and approximately 70 percent of children referred received intensive mental health interventions. The program provided individualized, culturally sensitive, strength-based services to the child, parent and teacher including home/classroom observation, comprehensive assessment, individual play therapy, family therapy, psychiatric evaluation, teacher consultation, classroom intervention, home visitation, referral and linkage to Clinic programs or other community resource (e.g., referral to dentists, homeless shelter, Regional Center).

The children who received mental health services from the program showed observable improvements in behavior and functionality as rated by parents, teachers, behavioral interventionists and clinical therapists. The Achenbach Child Behavior Checklist 11/2-5 (CBCL) was completed by parents, teachers and behavioral interventionists at intake, every four months and upon discharge from the program. Teachers and behavioral interventionists completed the Achenbach Caregiver-Teacher Form (C-TRF) for children who were receiving services. Clinical therapists completed the Preschool and Early Childhood Functional Assessment Scale (PECFAS) after intake and upon discharge. All pre-/post-comparisons of the CBCL and C-TRF showed statistically significant decreases ($p < .01$) in problem behavior as rated by parents, teachers and behavioral interventionists. Statistically significant decreases were also found with pre-/post-comparisons of the PECFAS in functional impairment ratings by therapists.

- **Improved mental health knowledge and skills in the classroom**

Building Blocks provided 64 hours of Saturday trainings to teachers and 464 hours of training to classroom aides in a total of 11 Early Childhood Education Centers. Results from the trainings showed a statistically significant increase in overall knowledge as measured by the Knowledge of Preschool Development Inventory-Revised (agency-created tool). Teachers had increased knowledge of preschool development and child mental health-related issues during the course of teachers' participation in the program. In addition, these training sessions created a structured forum in which staff could exchange classroom strategies with each other and communicate about students and their needs in an organized manner. The program staff also noted that as teachers gained new skills and knowledge, they were better able to engage in more positive interactions with the children and understand better the stressors impacting parents.

Program Impact

In addition to the expected outcomes tracked for the Building Blocks program, several unanticipated outcomes and impacts resulted from the program's integration efforts.

- **Replication in the Clinic's Stepping Up to School Readiness Program**

As a result of the success of the Building Blocks program, the model was closely replicated in the Clinic's Stepping Up to School Readiness Program, which provides services at 11 local Head Start centers in a collaborative effort with the Pacific Asian Consortium in Employment and First 5/LA. The teacher training methods and parent support services were revised to adapt to the training and scheduling needs of Head Start community, and program results have demonstrated similar positive outcomes for this population.

- **Increased capacity of LAUSD Early Education Division to address mental health needs**

Providing training to enhance the knowledge and skills of teachers helped them to better understand and work with the children they taught from a more holistic perspective. By understanding the children from multiple dimensions, Centers were better prepared to meet the needs of the children; in turn, children were better prepared to enter kindergarten. Some teachers were motivated to share their gained knowledge with their friends, relatives, churches and communities. Teachers reported using information learned at trainings in their continuing education or teaching of continuing education courses. Aides and teachers applied training hours towards their professional development requirement for LAUSD. The training methods served as a catalyst for some teachers to explore additional professional development opportunities (e.g., pursuing a higher degree in education or a related field; obtaining certificates for additional child development trainings).

- **Shared program model and outcomes at several local and state conferences**

Given that the exchange of knowledge with other providers was an essential process in making a difference in successfully carrying out the program, dissemination of evaluation results was a critical program activity to encourage innovation in the development and implementation of quality early intervention programs for children. The Building Blocks service model was presented at local, state and national conferences as one of the array of specialized early intervention programs offered by the Los Angeles Child Guidance Clinic's Early Intervention and Community Wellness Division. Program practices and outcomes were presented at various conferences, including the Statewide Early Intervention Mental Health Services Conference, National Head Start Conference, National Training Institute: Zero to Three, Neurons to Neighborhoods and California Mental Health Advocates for Children and Youth.



Lessons for the Field

The Los Angeles Child Guidance Clinic's experience with the Building Blocks program offers several lessons for organizations and providers seeking The Endowment's investment in Los Angeles Child Guidance Clinic and the other grantees that integrated mental health services into alternative settings.

- **Social emotional development is essential for getting children ready for school**

By intervening early on with very young children, programs can address school-readiness by working with at-risk children before they develop serious impediments to learning and to avoid the necessity of formal diagnosis of a mental health disorder. The commitment to early intervention arises from the recognition that children at risk for mental health disability are also at risk for poor school performance, substance abuse and involvement in the criminal justice system in the future. Research has also documented the fact that poorer children—those very children most at risk—are in fact the least likely to receive the mental health services that would help compensate for the deleterious impact of poverty on their early development, future success in school and functioning in adult life.

- **Collaboration is essential for providing early intervention services for children**

A cornerstone of the success of the project was the deep commitment to collaborative efforts between the mental health program staff and the early education staff. This included an ongoing dialogue to define the vision and goals of the program, including the importance of involving and integrating parents as the final partner for the project. Both the mental health and school professionals agreed that to the extent possible, involvement of parents in this service delivery model would be critical for the ongoing and long-term success of children reaching all of their developmental milestones. In addition to engaging parents in services, program staff and school staff shared vital information and resources that helped to improve access for children and parents.

Much of the success of the program's professional partnership can be attributed to both partners' willingness to honor the differences in perspectives and cultures that they brought to the table. Embracing each others' strengths and differences enriched the service delivery approach, something that would not have occurred without the open collaboration.

- **An award-winning and exemplary service delivery model**

In 2003, the Building Blocks program was named by the American Academy of Child and Adolescent Psychiatry as the recipient of its annual Rieger Service Program Award for Excellence—recognizing an innovative program that addresses prevention and treatment

of mental illness in children. The successful replication of the Building Blocks model in the Stepping Up to School Readiness program moves this service delivery model towards acquiring needed elements to meet the criteria for being established as a promising practice. Currently, the program can be used as an exemplary service and early intervention approach for integrating mental health services in natural and nonthreatening environments (school systems, child care settings and other systems of care) for children and their families.

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