Sarasota Early Childhood Mental Health Partnership
VISION
All young children & their families are healthy, happy & thriving in Sarasota County communities

MISSION
To strengthen Sarasota’s system of care that supports early childhood mental health & well-being

...so what do we mean by early childhood mental health?
- Experiencing & expressing emotions
- Forming close, secure relationships
- Exploring the environment & learning
  - With primary caregivers
  - In a family
  - In a cultural context
  - In a community
Sarasota Early Childhood Mental Health Partnership

Embracing family voices, cultures, strengths & choices

Prioritizing the role of caregivers

Valuing relationships & a sense of belonging

Championing care & safety for all children

System of Care Values:

- Child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- Community based, with the locus of services as well as management and decision making responsibility resting at the community level.
- Culturally Competent, with agencies, programs, and services that are responsive to the cultural, racial and ethnic differences of the populations they serve.

feedback / evaluation

service expansion / enhancement

training / education

linkage / connection
Context

Who we will serve first & what we look like now

Strategies

What we plan to do

Outcomes

What we hope to see in the future
Initial efforts will utilize SOC funds & local resources to focus on:

Children birth through age 8 & family members at risk of **disrupted relationships** due to:
- foster care placement or risk of placement
- prenatal exposure to alcohol / other substances
- expulsion or risk of exclusion from an early learning and care setting &/or
- presence of other environmental stressors (i.e., domestic violence, poverty, caregiver mental illness)

- with DC: 0 – 3R or DSM-IV-TR diagnosis & prognosis that MH challenges will last at least one year
- in need of multi-agency interventions from at least 2 community service agencies
**Context**

- Long standing early childhood professional expertise
  - Many partnerships already established
  - Interested educational institutions
- Gaps in service continuum (e.g. screening, referral, crisis stabilization, respite)
- Shortage of services/providers to address unmet needs of culturally diverse community
- Shortage of trained clinicians
- High rates of turnover in child care & case management
- Decreased funding for schools & child care

**Service System Profile**

(Strengths / Challenges)
Context

- Established family networks
- Many active community partnerships
- Interested in mobilizing financial assets & social capital
- Geographic distinctions & access issues

Community Profile
(strengths/challenges)
Outcomes
Children, Caregivers & Families

Outcomes

- Children will function optimally in home, childcare, school & community (social-emotional skills & healthy relationships).
- Parents & other caregivers will have skills & support needed to promote social emotional skills of children.
- Families will be actively involved in classrooms, programs & the SOC.
- Reduced disruptions will occur in children’s relationships with primary caregivers & family.
Outcomes

Full range of services & supports will be:

• Available
• Accessible
• Affordable
• High-quality
• Constantly improving
• Well-suited to families
• Effective
Outcomes

• Shared SOC identity will be developed.
• Collaborative relationships will form.
• Diversity will be supported.
• Requisite flow of resources will be sustained (including funding).
Outcomes

- Increased appreciation & valuing of early childhood mental health promotion
- Decreased stigma
Strategies

- Linkage / coordination
- Training / education
- Feedback / evaluation
- Service expansion / enhancement
Networks of people, services, and systems will be connected through relationships, structures, policies and processes.
**linkage / coordination**

- Develop SOC shared identity
- Coordinate policies, databases & funding across orgs / systems
- Support through SOC infrastructure / governance
- Strengthen org/system cultural competence
- Utilize parents as consultants & advocates
- Coordinate social marketing & outreach
- “One stop shopping” screening process that is then accessible to parents & providers online
- Linkage with Sarasota 211
- Coordinate screening & referral
- Co-located & mobile services to increase access
- Wraparound care management
The range of services and supports available in the community will be expanded, and existing services and supports will be continually improved.
Strategies

service expansion / enhancement

• Creation of an Advocacy Center
• MH consultation in ECE / [medical] settings
• Early Childhood MH screening, evaluation, care management & intervention consistent with Best Practices / EBP
• Interventions:
  -- Positive Behavioral Support
  -- Parent education
  -- Crisis Intervention / disaster management
  -- Substance Abuse & Domestic Violence services for caregivers/families
  -- Dyadic psychotherapy
• Additional supports: child care & meals with services, transportation, respite, recreation, diversion programs, enhancements to housing resources
• “One Stop” Resource / Service Centers
training / education

Education and training will be provided to develop awareness and skills to facilitate Early Childhood Mental Health throughout the community.
training / education

- Awareness Campaign at community & state levels
- Cross-sector training for MH, Childcare, ECE, CW, medical system, faith communities, school system, legal system, & parents
- Video [& live] coaching
- Parent Advocacy training
- Teacher training at university level
- Shared resources
- Emphasis on Best Practices / EBP with possible emphasis on PBS as unifying curriculum
- Development of Statewide Replication Plan
- Educate state government / legislators
feedback / evaluation

Ongoing sharing and coordination of information throughout the System of Care
feedback / evaluation

• Cross-sector sharing / coordination of information
• Paperless, electronic information system for information sharing
• Ongoing local evaluation
• National evaluation
### Sarasota Early Childhood Mental Health Partnership

#### POPULATION OF FOCUS:
Initial efforts will utilize SOC funds & local resources to focus on:
- Children birth through age 8 & family members at risk of **disrupted relationships** due to:
  - foster care placement or risk of placement
  - prenatal exposure to alcohol / other substances
  - expulsion or risk of exclusion from an early learning and care setting &/or
  - presence of other environmental stressors (i.e. domestic violence, poverty, caregiver mental illness)
- with DC: 0 – 3R or DSM-IV-TR diagnosis & prognosis that MH challenges will last at least one year
- in need of multi-agency interventions from at least 2 community service agencies

#### LINKAGE / CONNECTION
Networks of people, services, and systems will be connected through relationships, structures, policies and processes.

#### SERVICE EXPANSION / ENHANCEMENT
The range of services and supports available in the community will be expanded, and existing services and supports will be continually improved.

#### TRAINING / EDUCATION
Education and training will be provided to develop awareness and skills to facilitate Early Childhood Mental Health throughout the community.

#### FEEDBACK / EVALUATION
Ongoing sharing and coordination of information throughout the System of Care.

#### CHILDREN/CAREGIVERS/FAMILIES
- Child functioning
- Parent / caregiver skills & support
- Primary caregiving / family relationships
- Family involvement

#### SERVICES & PROGRAMS
- Available
- Accessible
- Affordable
- High-quality
- Well-suited to families
- Effective

#### SYSTEMS & THE SOC
- Shared SOC identity
- Collaborative relationships
- Cultural diversity
- Sustainable flow of resources

#### COMMUNITY
- Early childhood mental health promotion
- Decreased stigma

#### SERVICE SYSTEM PROFILE:
(Strengths / Challenges)
- Long standing early childhood professional expertise
- Many partnerships already established
- Interested educational institutions
- Gaps in service continuum (e.g. screening, referral, crisis stabilization, respite)
- Shortage of services/providers to address unmet needs of culturally diverse community
- Shortage of trained clinicians
- High rates of turnover in child care & case management
- Decreased funding for schools & child care

#### COMMUNITY PROFILE:
(Strengths / Challenges)
- Established family networks
- Many active community partnerships
- Interested in mobilizing financial assets & social capital
- Geographic distinctions & access issues