San Francisco
High Quality Child Care
Mental Health Consultation Initiative

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The goal of the Initiative

- To improve child care quality by providing
  - Onsite individual and group mental health treatment for children
  - Mental health support and education for parents
  - Child care program consultation
  - Training, case consultation, and emotional support for child care staff

By providing accessible, culturally competent mental health consultation to child care sites, the Initiative aims to improve the overall quality of child care services, and increase children’s likelihood of succeeding in school.

Children in San Francisco

- 19,412 under 3 years old
- 18,504 (3 – 5 years old
- 2,584 (14%) of children 3 – 5 live in single parent families headed by a female
- 21,573 (57%) of children under 5 have two working parents

Ethnicity of children in child care programs served by the Initiative

- African American 28%
- Asian 33%
- Latino 22%
- Caucasian 9%
- Other 8%
- Total N = 5745 children

Implementation of the Initiative

San Francisco Dept
Child, Youth, and Family System of Care

Community based providers of children’s mental health services:

- Children’s Council of San Francisco
- Early Childhood Mental Health Services Project (a collaboration of Jewish Family and Children’s Services and Day Care Consultants)
- Family Service Agency
- Fu Yau Project (a collaboration of the Chinatown Child Development Center and RAMS)
- Head Start
- Homeless Children’s Network
- Instituto Familiar de la Raza
- San Francisco Psychoanalytic Institute and Society
- Westside Community Mental Health Center

No single model of consultation. Mental health agencies and child care providers work together to create a mix of direct treatment and consultation services that meet the needs of children, parents, and child care staff.

Children served by the Initiative

Issues confronting the children include:

- Abandonment
- Homelessness
- Immigration-related issues
- Physical abuse and neglect
- Caregiver substance abuse and psychopathology
- Grief and loss
- Sexual abuse
- Separation anxiety

Diagnostic categories of children include:

- Pervasive developmental delays and disorders
- Post-traumatic stress
- Anxiety
- ADHD
- Dysthymia
- Aggressive behaviors
- Parent-child problems

Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact Deborah Sherwood: deborah.sherwood@sfdph.org
Activities and desired outcomes from the Initiative

**Activities**
- Program consultation
- Case consultation
- Socialization groups, individual therapy
- Support for center staff

**Will yield outcomes among**
- Children
- Parents/families
- Teaching staff
- Child care centers

Desired Outcomes

**Children**
- Increased confidence
- Decreased shyness
- Improved social skills, maturity
- Better peer relations
- Decreased conflict
- Decreased aggression
- Better able to handle transitions

**Parents**
- Better understanding of child development
- Improved relationship with teacher and child care center
- Better understanding of their child’s difficulty and what they can do to help
- More involvement in child care center
- Improved understanding of relationship between issues at home and in the center

Desired outcomes

**Teachers**
- Increased understanding of mental health issues & child development
- More confidence in ability to handle difficulties
- Improved relationship with parents
- Appreciation of role of child care in development
- Improved communication with children and staff
- Broader repertoire of ways to respond to children
- Increased capacity to empathize with children

**Child care centers**
- Better communication between teachers and directors
- Better sense of team work
- Flexibility in routines to accommodate children’s needs
- Sensitivity to role of cultural issues in staff, families, and children
- Appropriate mental health referrals for children as needed

Child-focused outcomes

**Vineland – Socialization Age Equivalent scores**

At Baseline, children in the treatment and comparison groups were the same chronological age (4.1 years old).

However, the groups differed on their Socialization Age Equivalent scores.

<table>
<thead>
<tr>
<th>Socialization Age Equivalent</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>2.8 years</td>
<td>3.8 years</td>
</tr>
<tr>
<td>Comparison</td>
<td>4.2 years</td>
<td>5.2 years</td>
</tr>
</tbody>
</table>

Child-focused outcomes

**Vineland – raw score analysis**

Raw Socialization scores showed a significant main effect: Treatment and Comparison group children both improved from Baseline to Follow-up.

There was also a significant interaction: children identified for Treatment/Consultation services improved at a significantly faster rate than Comparison group children.

Child-focused outcomes

**C-TRF raw score analysis**

Treatment group children’s problem behaviors decreased significantly for both Internalizing and Externalizing syndromes. Similar changes occurred in all problem score domains (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, and Aggressive Behaviors).
Child-focused outcomes
C-TRF cutoff score analysis

The proportion of children with scores in the clinical or borderline clinical range decreased from Baseline to Follow-up. The decrease reached statistical significance for Internalizing scores only ($z = -2.77$, $p < .01$).

<table>
<thead>
<tr>
<th></th>
<th>Internalizing Scores</th>
<th>Externalizing Scores</th>
<th>Total Problem Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children in Borderline or Clinical Range</td>
<td>Children in Borderline or Clinical Range</td>
<td>Children in Borderline or Clinical Range</td>
</tr>
<tr>
<td>Follow-up</td>
<td>Number</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>Baseline</td>
<td>Number</td>
<td>40</td>
<td>35</td>
</tr>
</tbody>
</table>

Child-focused outcomes
C-TRF DSM-oriented scales

Eighty children had Baseline C-TRF scores in either the clinical or borderline clinical range on one or more of the DSM-oriented scales.

<table>
<thead>
<tr>
<th>DSM problem oriented scale</th>
<th>Number of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective</td>
<td>32</td>
</tr>
<tr>
<td>Anxiety</td>
<td>28</td>
</tr>
<tr>
<td>Developmental/ Hyperactive</td>
<td>25</td>
</tr>
<tr>
<td>Oppositional</td>
<td>24</td>
</tr>
<tr>
<td>Defiant</td>
<td>28</td>
</tr>
</tbody>
</table>

Child care center-focused outcomes

Site visits were conducted to rate 30 teachers' interactions with students on two occasions using the Arnett Caregiver Interaction Survey. Sensitivity scores increased at a statistically significant level ($t = -2.26$, $p < .05$). All other changes were in the hoped-for direction, but did not reach the level of statistical significance.

Child care center analyses
Service model configurations

Mental health consultants were asked to estimate the proportion of their time they spend doing various activities at each center. Analysis of time estimates (from 72 centers) suggests that there are four clusters within which services are delivered.

Conclusions

This evaluation suggests the High Quality Child Care Mental Health Consultation Initiative produces favorable effects in a number of ways:

- Children receiving treatment/consultation services show significant improvement in socialization and decreases in their problem behaviors.
- Families are satisfied with consultant services, and especially appreciate consultants’ support and guidance regarding parenting.
- Teachers appreciate the support of the consultants, and have training needs in areas in which consultants can contribute. A sample of teachers showed statistically significant gains in Sensitivity in interactions with children.

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