

Report to the Maryland Legislature

I. Context

Parents have a strong desire for their children to succeed and society at large can only benefit when children succeed. A decade of research shows us that the road to success begins long before a child enters school. Many believe that the road begins before conception. Children have the best chance at ultimate success when they are born into nurturing, stable families and have enriching, positive relationships and experiences before they are 5 years old. Interest in early (ages 0-6) childhood mental health has been taking on momentum in recent years. This interest is fueled by evidence that suggests that:

- early identification and intervention have the potential to reduce the short and long term impact of behavioral problems on children’s psychological development (Drotar;2002). and that,
- in the past decade, exciting new research into the physiology and chemistry of the developing brain has established that the first three years are more critical to the emergence of human capacities than any three that follow” (Kaufmann & Wischmann; Sept., 1999).
- The National Academy of Sciences in its’ recent report, “From Neurons to Neighborhoods”, concluded that there are “striking disparities in what children know and can do... well before they enter kindergarten. These differences are strongly associated with social and economic circumstances, and they are predictive of subsequent academic performance”. Eliminating these “disparities is critical, both for the children whose life opportunities are at stake and for a society whose goals demand that children be prepared to begin school...” ready to learn. Additionally, this report reinforces the need for more effective screening, early detection, treatment and prevention of serious early childhood mental health problems.

At the Federal level, most recently we have seen the development of the “No Child Left Behind Act” and the recommendations of the President’s New Freedom Commission. Nationally, the Substance Abuse and Mental Health Services Administration, in partnership with the Casey Family Foundation, has funded a rigorous multi-site research effort - Starting Early Starting Smart. The interventions focus on children birth through pre-school age whose families experience or are at risk for mental illness or substance abuse. These interventions are multi-faceted, provided in a variety of settings, are of differing intensity and frequency and focus on parents and children, separately and together which is the foundation of a system of care for young children.

II. History of the Steering Committee

The Maryland Early Childhood Mental Health Steering Committee (MECMHSC) is co-chaired by Dr. Albert A. Zachik, Director of the Office of Child & Adolescent Services (OCAS), Mental Hygiene Administration (MHA)/Department of Health and Mental

Hygiene (DHMH) and Dr. Carol Ann Baglin, Assistant State Superintendent, Division of Special Education/Early Intervention Services, Maryland State Department of Education (MSDE). The MECMHSC, a standing committee of the Subcabinet for Children Youth and Families, has made a clear commitment that a new “service system” to deliver early childhood mental health services and supports should not be established. Rather, the committee articulated a vision of an ECMH system of care that integrates mental health services and supports into the existing early childhood initiatives across the state. These services and supports must be available to all children and their caregivers, not focused only the small percent of children who are manifesting problematic behaviors. Unlike services for school-aged children, there is not a common place where children under six spend their days. In order to successfully infuse mental health into the array of programs that are serving young children and families, an inventory had to be conducted.

The MECMHSC meets monthly as a whole committee and members serve on sub-committee workgroups that meet about every six weeks. It is comprised of representatives from public and private child serving agencies, academic entities, family organizations, advocacy groups, early care and education systems. There are member representatives from both state and local agencies.

Specifically, the MECMHSC members have committed to:

- 1) create a full continuum of integrated, community –based, culturally competent, accessible, high quality health, mental health and behavioral services for all children birth through five and their families;
- 2) maximize existing funds and fully fund existing resources; and
- 3) deliver mental health supports and services through partnerships.

Goal and Objectives of the Early Childhood Mental Health Steering Committee

Goal: To promote and implement an integrated early childhood mental health system of care (i.e., public education campaign, funding strategies, State policy integration, local capacity building)

Objectives:

- #1** To understand the current system of care by assessing current needs, resources, and gaps in mental health services to young children and families
- #2** To design and offer mental health consultation to recognize mental health issues to all early childhood service settings in Maryland, including consultation to families and service providers.
- #3** To build a consumer input and family feedback system to inform state planning efforts and local program efforts

#4 To enhance the workforce in early childhood/family mental health by infusing early childhood mental health education and training into both pre-service and in-service education of all professionals who support young children and their families.

#5 To promote and support the capacity of all counties to develop individual, local early childhood mental health systems of care.

In addition to pursuing its own work, the Steering Committee has participated in other statewide efforts to support young children and their families. The Leadership in Action Project – a group of 40 leaders in state and local government, in advocacy and service-providing organizations – believes that all Maryland’s children CAN and MUST enter school ready to learn. Since December 2001, the Leadership in Action group has been working diligently to determine how best to accelerate Maryland’s efforts to achieve school readiness. The result is a 5-year action plan that includes ambitious, yet achievable, strategies and action steps whose implementation will allow children in Maryland to enter kindergarten ready to learn.

III. Current status

The MECMHSC has been working diligently toward reaching their goal of an integrated, comprehensive early childhood mental health system of care. The following describes the status of each objective, the funding support for the activities, and any data collected.

#1 To understand the current system of care by assessing current needs, resources, and gaps in mental health services to young children and families

In order to assess the capacity of local jurisdictions to provide services and supports to children under six and their caregivers, stakeholders identified the scope of the project, extant data that was relevant to this effort and developed a tool to collect new data. Local Management Board Directors served as the lead agencies for collecting new data from a wide array of programs and partners in all 24 jurisdictions. More than half of the counties reported having a broad continuum of services and supports for young children and their caregivers.

This project was funded by four agencies. The Governor’s Office for Children, Youth and Families, The Department of Human Resources, Child Care Administration, Mental Hygiene Administration (MHA)/Department of Health and Mental Hygiene, and the Maryland State Department of Education.

Data underscored the need for: continued work on building an infrastructure to serve the social and emotional needs of young children; expanding the service delivery capacity of local jurisdictions, especially to serve children needing therapeutic foster care and nursery services.

Recommendations were made in three areas:

- Use data to inform decision-making: There is a need for the ECMHSC to: (1) develop common terms and definitions for core services; (2) develop strategies for collecting sought after data on an ongoing basis; and, (3) to identify outcome measures and indicators to track their progress in building an ECMH system of care.
- Assure equitable access: The ECMHSC should: (1) build an infrastructure that unites the current patchwork of services and supports, yet recognizing one-size-does-not-fit-all in terms of local counties service systems; (2) expand the capacity of local service systems to deliver therapeutic nursery and foster care services, respite care, and other clinical interventions; and, (3) define personnel standards and identify mechanisms for reimbursement for the full continuum of services and supports.
- Maximize existing resources: The ECMHSC should partner with local agencies to: (1) promote knowledge and awareness of services and supports that are available; and (2) delve deeper into the nuances of which services are available to which populations based on income, insurance status, geography, etc.

These data serve as an important initial step in infusing mental health services and supports into the multitude of early childhood programs and settings serving young children and their caregivers across Maryland.

#2 To design and offer mental health consultation to recognize mental health issues to all early childhood service settings in Maryland, including consultation to families and service providers.

Children who have had disruptions in their early development and attachments often present challenging behaviors in the classroom. They may appear fearful, disorganized, inattentive, and unresponsive to learning (Koplow, 1996).

Head Start teachers have reported that their students are displaying more symptoms of emotional distress, including withdrawal and depression as well as acting-out and aggressive behaviors (Yoshikawa & Knitzer, 1997)

...many of the disturbances that emerge in older children can be traced to risk factors present in infancy and early childhood (Werner, 1989). in Paul J. Donahue et al,2000. Mental Health Consultation in Early Childhood. Paul Brookes Pub. Baltimore.

Across the state of Maryland, increasing numbers of young children are being expelled from their child care placement because of problematic behaviors. In response to this growing concern, several models of early childhood mental health consultation have developed across the state. One of the oldest programs is Project ACT which has been

operated by Abilities Network for eight years; their primary funding is from the Child Care Administration. Project BEST has been in operation for four years and is operated by the Anne Arundel Local Management Board through their community partnership agreement. A third mental health consultation model was developed in Montgomery County, using local dollars. And recently, the Child Care Administration funded two two-year pilot programs on the Eastern Shore (Project Right Steps) and in Baltimore City (Early Intervention Project).

There are several different types of early childhood mental health consultation strategies: child-centered and program-focused are the most common approaches. Child-centered consultation is initiated by a referral of a particular child to a person who has expertise in the social-emotional and behavioral development of young children. Rather than focusing on the individual behavior of a given child, program-focused consultation offers early childhood settings ongoing assistance in preventing the development of problem behavior in young children (Cohen & Kaufmann, 2001; Donahue, 2000). Project ACT, Project Right Steps and Project BEST all use a child-centered approach to consultation. The Early Childhood Mental Health Consultation and Training (EMCHCT) project in Montgomery County has adopted a primarily program-focused approach. The Early Intervention Program in Baltimore City has a both components in its model: during the first year of operation, they relied more on a child-focused strategy, whereas during the second year, they have added to this the development of partnership agreements with 12 specific child care programs to provide ongoing consultation on behavioral issues.

Georgetown University's Center for Child and Human Development (GUCCHD) has been involved as the external evaluator for Project BEST when the project began in 1999. An evaluation protocol was developed that relied on a pre-test/post-test design. Data were collected from the child care providers on children's social skills and problem behavior at the time the child was referred to the Behavior Specialist for intervention. The Preschool Kindergarten Behavior Scales (Merrell, 1994; 2002) is the tool used for children from three years old through five years old; and the use of the Brief Infant Toddler Social Emotional Assessment (Briggs-Gowan & Carter, 2001) for children from one to three years old was added in the second year. Parents also provide observations of their child's social-emotional and behavioral well-being using standardized scales.

When the pilot sites were funded, GUCCHD was asked to serve as the external evaluator and to align the evaluation protocol with that of Project BEST so that the data from these different models and sites could be compared. Shortly thereafter, Project ACT also contracted with GUCCHD to serve as their evaluation consultant. Changes to the Project ACT evaluation design were recommended so that their results would also be comparable. Finally, GUCCHD has also provided consultation to the ECMHCT project in Montgomery County.

While each of these models have been collecting data for at least a year, there are differences in the amount and type of data that are available:

- **Project ACT** serves the greatest number of children (roughly 300 per year) in the eleven jurisdictions. In the eight years that Project ACT has been active in the

state, they have served approximately 2,000 children. Data from 2002 showed that 55% of the children served by Project ACT have a diagnosed disability (i.e., autism, mental retardation, developmental delay) and 45% have a diagnosed mental health or social-emotional issue. The majority of the children referred for Project ACT services are under the age of six (89%). The majority of children served by Project ACT is retained in licensed child care (88%), and most (87%) achieved success in their behavioral goals.

- **Project BEST** has served 140 children as of July 1, 2003. Children were referred for services at a mean age of 3.3 years (range 10 months through seven years). Over three-fifths of these children had been in at least one previous child care placement; nearly 20% had been in three or more prior placements. Roughly two-thirds of the children were referred because of aggressive behaviors. More than three quarters of the children referred were maintained in their current child care placement; of those that were removed, roughly half were withdrawn voluntarily by their parents or at the recommendation of the Behavioral Specialists. Statistically significant decreases in problem behavior (9 points) and increases in social skills (12 points) were observed in children served by Project BEST, which represents a change of nearly one standard deviation.
- **The Early Childhood Mental Health Consultation and Training Services for Child Care Programs (ECMHCT)** recently published its key findings in an evaluation report (June, 2003). The number of child care programs participating in the project increased from 8 to 21, which yielded an increase in the number of children and staff served: from 623 to 1,333 and 98 to 243, respectively. Short-term, long-term and crisis consultation services were provided. All of the staff who completed satisfaction surveys reported that the services benefited their child care setting. Nearly all (91%) of the child care staff reported improvements in the children's behavior. Developmental screenings of children in these programs were conducted.
- **Project Right Steps** has served 75 children in five counties on the Eastern Shore of Maryland in its first year of operation. Child care providers and families who lived in more than 15 different zipcodes have participated in the program. The majority of the children were referred because of aggressive behaviors and other externalizing disorders. More than three-quarters of the children referred were in previous child care placements, 25 percent were in 3 or more prior placements. The overwhelming majority of the children served by Project Right Steps have been maintained in their current child care setting. Children were seen in their homes and their child care settings and referrals for additional services and supports were made for roughly two-thirds of the children.
- **The Early Intervention Project** has served 32 children in child care settings in twelve different zipcodes in Baltimore City in its first year of operation. Children were referred at a mean age of 46 months, with a range from 21 to 61 months. The majority of children presented with behavioral or emotional concerns, and 84 percent of the children served were not removed from their child care setting. One third of the children were seen in family day care homes, half were in child care centers and the remainder were Head Start programs.

Other initiatives aimed at improving young children's social-emotional well-being are underway in several counties in Maryland. One example is a partnership between the Frederick County Head Start program and the Core Service Agency in Frederick County. A mental health consultant worked with 15 Head Start sites during 2002-3, and children's social-emotional development was assessed using the Work Sampling System. Gains in the social-personal domain were documented for three and four year olds.

#3 To build a consumer input and family feedback system to inform state planning efforts and local program efforts

Within the past year, the MECMHSC has conducted focus groups for families in a variety of locations in Maryland. The purpose of the focus groups is to better understand the process that families go through to support their children with social and emotional concerns. In addition, families were asked about how they see themselves as engaged in the development of the system. Focus groups have been held in Queen Anne's County, Baltimore City, Frederick County and Anne Arundel County.

Funding was provided by The Mental Hygiene Administration. Future focus groups are planned for Garrett County and Prince George's County.

The following represents a summary of the information gathered from the groups.

1. "I didn't know..."

- there was anything wrong!
- what to do!
- where to go for help!

"What do you do when you don't know what to do?"

2. When did you first have concerns?

- Often only when the child was a few months old
- Sometimes didn't know until the child entered a program or another sibling was born
- "I just thought he was being a child."

3. What path did you take?

- Families looked for and found help in many places
- Head Start, Family Support Centers, Infants and Toddlers, Child Find, Judy Centers, Home visiting, Healthy Start, churches, daycare and more
- Bus signs, Valu Pak mailers, websites, chat rooms and books
- Pediatricians often the first point of contact – often not helpful.
- An individual who took an interest in them – a teacher, a counselor, a speech therapist
- "He (the pediatrician) always said, 'She'll out grow it, but she wasn't.' "
- "Ask anybody: friends, family, son's school."

4. What role have you played?

- Mother and father, advocate, nurse, mentor, teacher and student
- Get papers together, get to appointments

- Set up meetings with all involved so that everyone is on the same page and they know what's going on at home
- "Explain to others how to work the Rubik's Cube."
- "How can someone who sees my child only a few minutes and just reads his chart know more than I?"

5. What role do you see for families in the system?

- Often only viewed their role in the context of their own child yet voiced concerns and a willingness to get involved.
- "Don't want others to go through what I went through."
- "Ask the people you're helping."

6. Themes:

- Concern about confidentiality
- Attitudes of providers – intimidating and judgmental – don't want to be "trained"
- Concern about medication effects with young children
- Assistance for grandparents caring for young children – financial and peer support
- "Help me, don't judge me."

7. Needs:

- Affordable daycare
- Education, GED
- A good job
- Cheaper rent
- "Mothers my age to talk hang out and talk"
- Support groups, parent to parent support, sharing word of mouth

"It's overwhelming"

"So tired and exhausted."

"A high school diploma... I feel so bad when some one asks if I have a diploma. It's like someone crumbled me up like a piece of paper."

"Support so I know I'm not alone and have somebody to talk to."

#4 To enhance the workforce in early childhood/family mental health by infusing early childhood mental health education and training into both pre-service and in-service education of all professionals who support young children and their families.

Workforce issues are evident in every jurisdiction in Maryland. The issues are:

- 1) There are not enough professionals to provide direct mental health services to young children;
- 2) Professionals that serve young children and their families are not well versed in mental health so as to identify, assess issues and refer for treatment;

3) Not enough professional students are choosing to work in areas that support young children and their families.

In March of 2003, The Georgetown University Center for Child and Human Development sponsored a search conference on workforce issues in children's mental health. Many members of the MECMHSC were present to represent the issues specific to the mental health of young children in addition to representatives from higher education, school-age education and other community stakeholders. The MECMHSC remains an active participant in the workgroup that resulted from the conference. This workgroup will address both pre-service and in-service training needs for the workforce as well as recruitment, retention and quality assurance.

In addition to working with larger groups on this issue, the MECMHSC surveyed child care providers to determine what kind of training they feel they need. They then compiled a list of training that is available to their knowledge in each jurisdiction. In attempting to match the available training to the perceived need, it became apparent that the issue is not the availability of training, but that the training is not comprehensive.

The training subcommittee has completed a draft of a grid that shows the categories of guardians, caretakers and providers of services for young children and their families and a description of what those providers should know about early childhood mental health. The next step is to incorporate the training that is currently available into the grid in order to assess the gaps in in-service training.

This project is supported by the time and effort of subcommittee members.

#5 To promote and support the capacity of all counties to develop individual, local early childhood mental health system of care.

System of care template

A core task of the Steering Committee has been to provide a template to guide the development of a statewide early childhood mental health system of care. Given the unique nature of each of the 24 counties in Maryland, it quickly became apparent that the template could not contain discreet services, but should contain supports that would link already existing local services together into an integrated system. The outcome of that work is the identification of a core set of values, the population to be served, and key stakeholders. In addition, the sub-committee created a grid of supports, including training and services that would knit together the services that already exist in the community. The grid includes advocacy and education among primary health care providers, parent training and support, mental health consultation, and high end intervention access.

This work has been completed with the time and effort of MECMHSC members.

Conferences

In December, 2002, the Maryland Committee for Children in partnership with the MECMHSC convened a group of legislators, provider agencies and private professionals, families and other stakeholders to gather the latest information on early childhood mental health and system development. National experts were present to discuss findings in early brain development, the national status and trends in early childhood social and emotional supports and system building.

The outcomes from the conference were so positive, the MECMHSC is convening similar regional conferences so that individual county teams can participate. The purpose of the regional conferences is to

- 1) disseminate information about Maryland State Department Education and Mental Hygiene Administration commitment and efforts in early childhood mental health;
- 2) review relevant research in brain development and systems of care for young children; and
- 3) engage in a planning process in which each county will review their capacity assessment data, and plan to move their local system of care forward.

Members of the MECMHSC are present at the regional forums as presenters and to provide technical assistance and support to the counties as they move forward in planning. It is anticipated that the assistance and support of state level members will continue to be available to individual counties and that the experiences of the counties will also inform the work of the state.

The first conference included the Eastern Shore Counties. The next one in Howard County will take place on November 12, 2003.

The Mental Hygiene Administration funded the regional conferences

IV. On-going projects

Summer Early Childhood Academy – Focus on Financing

This past summer, representatives of the MECMHSC were invited to participate in an Early Childhood Academy. The members picked financing as their focus for the two-day planning session. A workgroup headed by the Governor's Office for Children Youth and Families has been formed to examine all funding streams available for early childhood mental health. The purpose is to maximize current and potential funding streams into a comprehensive financing plan for an early childhood system of care.

V. Future

Taken in the aggregate, the programs in the Maryland early care and education, health and mental health systems and volume of services provided are impressive, yet there are still service and system gaps. At present, in Maryland, there is not a coordinated statewide mental health approach. In Maryland, as in many other states, private insurance lacks the full array of mental health services and there still exist a lack of parity between mental health and physical health. At the local level, funds are inadequate, eligibility criteria pose obstacles and there is a lack of sufficiently trained personnel. Further, there remain gaps in service availability by type and location. Core Service Agencies (CSAs) in both rural Western Maryland and rural Eastern Shore have identified the need to travel to adjacent counties for some services as a significant rural issue (Md. Block Grant, 2004). Families of young children 0-5 participating in the MSEC MHSC group meetings in Queen Anne's County and Frederick County expressed concern about medication effects and assistance for grandparents caring for young children among other things. Mental health services can be accessed from a diverse number of entry points and separate programs operated by a variety of child serving agencies with different eligibility criteria and service arrays. This situation requires the action and guidance of the MECMHSC.

The MECMHSC is currently working on activities and initiatives that are consistent with those that have shown to have worked elsewhere. They include: 1) Working with families and caregivers, 2) Promoting early childhood mental health, 3) Integrating mental health services into existing early childhood programs, 4) Developing a full array of community based early childhood mental health services, 5) Training early childhood providers in mental health and 6) Training more early childhood mental health professionals.

In addition to system and program efforts, the MECMHSC has just submitted a proposal for a 5 year grant to the Center for Mental Health Service, Substance Abuse Mental Health Services Administration to promote a statewide, early childhood mental health system of care.

The MECMHSC has made progress on every objective as well as the overall goal. It has also created new objectives along the way, particularly in the area of financing. But it is not time to rest. Continuing efforts in promoting the local systems of care with families driving that process, developing the state-level supports to guide that effort and evaluating those efforts along the way continue to be the work of the MECMHSC,

Appendix: Literature Citations

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EXECUTIVE SUMMARY

The following vignettes represent examples of the range of children and families who would benefit from early childhood mental health services and supports:

Alexis is a 37-month old child exhibiting extreme difficulties in transitioning from one activity to another at day care. Separations or changes in routines are also problematic for Alexis. During these times she screams, cries, and thrashes about uncontrollably. Tantrums can last up to an hour and she is inconsolable.

Jeremy was diagnosed with a speech delay when he was three years old. He has been getting speech therapy once a week at home, but children at his nursery school have difficulty understanding him when he talks. Staff at the nursery school also has trouble understanding Jeremy when he talks. This is becoming frustrating for Jeremy and his mother has noticed that he is beginning to become more withdrawn.

Jessica and John have just had their first child—a daughter named Malika. They are eager to gain information about how best to support her social and emotional development while she is an infant and toddler. They live in a very rural area and lack access to a lot of other families with young children.

What is happening in Maryland

One of the best sources of data available in Maryland is the Work Sampling System that measures the readiness of children entering kindergarten. The statewide data, for school year 2002-03, for the composite score reveals that 52% of entering kindergarten students in Maryland have been rated by their teachers as “fully ready” to do kindergarten work. 41% of entering students are at the “approaching readiness” level and need targeted support in order to meet kindergarten expectations, and 7% of the students are in the “developing readiness” category and need considerable support in order to do kindergarten work successfully. Compared to the school readiness baseline data collected in school year 2001-02, the composite school readiness data shows that 3% more kindergarten students came to school fully ready. There was improvement in all domains.

Goals and Objectives

The Maryland Early Childhood Mental Health Steering Committee (MECMHSC) is committed to promoting and implementing an integrated early childhood mental health system of care that includes a public education campaign, funding strategies, State policy integration, and local capacity building. In order to reach that goal, the MECMHSC has:

- 1) completed a capacity assessment in which all 24 counties participated. Data underscored the need for: continued work on building an infrastructure to serve the social and emotional needs of young children; expanding the service delivery capacity of local jurisdictions, especially to serve children needing therapeutic foster care and nursery services.
- 2) implemented two different behavioral consultation models in 2 pilot sites and collected data from both sites as well as other site in Maryland that have implemented a behavior consultation program. Preliminary results show a significant increase in appropriate behavior from children in child care programs and a corresponding decrease in problem behavior when mental health consultation has been available to the child care center and/or the family.
- 3) conducted family focus groups in 4 regions of the State. Parents of young children with mental health concerns feel overwhelmed and do not feel supported by many providers. Specific needs for support and access to quality care were expressed.
- 4) participated in a search conference on workforce issues in children's mental health. The MECMHSC has also created a guide for in-service training that provides details on what parents and providers who support young children and their families should know about early childhood mental health.
- 5) increased local capacity by providing information and a forum for local counties to move forward in their planning for their early childhood mental health system of care. The MECMHSC has also created a template of supports and services that would serve to link local existing services and supports into a true system of care.

While much has been done, there is a ways to go. The MECMHSC has begun the enormous task of understanding the financing system so as to create a comprehensive financing plan for early childhood mental health. The MECMHSC expects that their work will continue to evolve as objectives are met and the impact is evaluated.

The outcome will be that even before they are conceived, children in Maryland will be supported in safe and nurturing families, in safe and stable communities. When they and their families need supports and services, they will be available and accessible and provided by competent, knowledgeable providers. Communities will define for themselves the services and supports they need for their child, but they will be linked together by education, training, consultation and interventions for those most seriously in need. The State and each community will continue work in partnership to make this happen.