Early Childhood Mental Health Community of Practice: Multnomah Project LAUNCH Issue Brief

Background

In this research brief, we summarize the lessons learned in implementing a cross-agency Community of Practice (CoP) focused on supporting early childhood mental health (ECMH) programs and practitioners. In late 2014, in response to the need to better align, coordinate, and support early childhood mental health programs and providers in Multnomah County, Multnomah Project LAUNCH established an Early Childhood Mental Health Community of Practice.

A community of practice can be created specifically with the goal of gaining knowledge among those who share a profession or it may evolve because of members' common interest in a specific domain. Through the process of sharing information and experiences with the group, members learn from each other, and have an opportunity to develop themselves personally and professionally.[1]

Although early childhood mental health providers and program directors intermittently had opportunities to share information through various early childhood meetings and conferences, there was a recognition that there was no central forum for bringing together the large array of different providers delivering early childhood mental health services at the county level. There was no mechanism for convening early childhood mental health providers to work towards a more coordinated system of care for children and families. With funding and support from Multnomah Project LAUNCH, an organizational development facilitator led a process to develop the ECMH CoP and its goals. LAUNCH workforce development staff provided administrative support to the CoP through September 2015.

The first project undertaken by the ECMH CoP was to organize and strengthen the directory of early childhood mental health providers for 211info Family, an early childhood resource and referral information line operating in Multnomah County. This was used as an opportunity to reach out to, and engage, a broad array of early childhood mental health providers in the CoP. The work to strengthen the 211info Family database was initiated to update program information about ECMH services for families and caregivers to access through the 211info Family system.

A leadership team was formed, and through the process of identifying goals for the CoP, they identified the need for more training on early childhood mental health assessment and diagnosis. With input from state partners, the ECMH CoP organized a day-long seminar which was held in August 2015, and focused on assessment and diagnosis of 0-6 year olds.

The ECMH CoP subsequently helped the Oregon Infant Mental Health Association plan another day-long conference held in September 2015, focused on reflective practice within early childhood mental health services. The training hours met the criteria for the forthcoming roll-out of the Infant Mental Health Endorsement. The ECMH CoP also participated in a strategic-planning session to address sustainability after LAUNCH funding ends and to identify goal areas to prioritize future work.

Understanding the Purpose & Value of the CoP

As part of the Multnomah Project LAUNCH evaluation, and to learn more about the successes, challenges, and perceived benefits and sustainability of the ECMH CoP, seven (7) key stakeholders were interviewed by phone. Stakeholders were individuals involved in varying ways with the CoP such as leadership team members, community-based early childhood mental health providers, policy and systems coordinators, and early learning hub representatives. Respondents reflected a range of experience with the CoP, some who had been involved in the CoP since its inception, to some who had more recently begun participating within several months prior to the interview.

Stakeholders shared their perspectives on the value of the CoP, both to themselves professionally and to their organization. Stakeholders frequently commented that there had not previously been any mechanism or forum for engaging such a large and

diverse group of home ECMH providers. In particular, most respondents noted that this was a unique group, bringing together both mental health practitioners as well as health care providers to talk specifically about their roles providing ECMH services across the continuum of needs of families.

Stakeholders saw the **value of the CoP** in terms of:

- Increasing connections across, and awareness and understanding of, different ECMH programs, services, and providers
- Improving communication among ECMH providers across the system of disparate organizations and types of services, e.g., private service providers, community-based providers, health care providers, etc.
- Learning about the broader ECMH system and changes in the early childhood policy realm (e.g., ELM, state-level ECMH System of Care development, etc.)
- Aligning and improving the ECMH system across providers and the continuum of services at the county level, and linking with state efforts, in particular, through defining billing codes and accepted services
- Providing an avenue for providers to improve program quality and maximize resources through shared professional development

First and most frequently, the CoP was described as creating an avenue to **increase awareness** among ECMH providers of each other's work to increase coordination and align services more effectively to benefit families:

> *"Building a System of Care for early childhood, which creates communication and collaboration across early childhood settings in terms of health, behavioral health, parenting, learning, and mental health, to create a more consistent system for children who may need extra supports."*

Second, the CoP served as a vehicle **to promote best practices** in ECMH through the coordination of specific workforce development opportunities, in collaboration with state efforts, as well as to identify workforce development priority goals:

> *"The outcome of what we thought we'd do is to improve the ECMH process and practice and then when we decided to move forward we wanted to work on workforce development and then cross-systems integration. Wanted to work on the need for more training specific to early childhood mental health. There are very few clinicians who have this specialty and…many are just jumping in without real training."*

Finally, the CoP was seen as a way for **providers to advocate** for billing code changes with county and state administrators:

> *"Also promoting with funders so that practice can be paid for -- need a billable model. That's why training on assessments will be so important."*

Specific Accomplishments

Stakeholders were asked to describe what they saw as the most significant accomplishments of the ECMH CoP so far. Several specific aspects of the work were frequently mentioned, including:

- **Increased knowledge and understanding** of a broad range of providers and their programs across the ECMH system, especially among mental/behavioral health and primary health care providers, fostering the growth of their professional networks
- Coordinating **shared professional development** opportunities, including a seminar focused on the diagnosis and assessment of 0-6 year-olds, and a reflective practice conference – both of which are being tied-into the roll-out of the state's Infant Mental Health endorsement program
- **Strengthening the 211info referral database** for mental and behavioral health care services and programs

What Supported Success?

When asked what has helped most to make the CoP successful, the most frequent responses, by far, mentioned the fact that there was funding for staff to support convening, communication, and logistics of the CoP.

> *"Significant dedication of a number of individuals that keeps things moving forward. [Chair] has been key. Having someone whose responsibility is to*

keep us moving forward—her leadership, guidance, forward momentum."

In addition, other factors that were described as supporting progress included:

- Having a diverse range of committed providers and organizations represented in the CoP, including community-based mental health providers, pediatric psychiatrists, county and state-level administrators, private practice mental and behavioral health care providers, Head Start, and Early Intervention
- Having a strong workgroup structure with clearly defined tasks and purpose
- Having buy-in from the CoP on concrete and achievable goals.

Challenges & Sustainability

A variety of challenges were mentioned by respondents, including the logistical challenge of making sure the meetings are held at times when members can attend and the importance of continuing to reflect on goals and priority areas of future work.

"Everyone is busy and has to prioritize. The challenge is making the meetings something that people want to prioritize. And so we continue to reevaluate what to do. Every group is different and have different things they want to get out of the meetings. The group will morph over time and the challenge is to stay relevant to people over time."

Communication was also seen as a challenge facing the CoP, especially in light of current funding for CoP support staff ending October 1. Ensuring that the CoP was connected to establish and share agendas, notes, and meeting times was seen as a significant challenge to keeping the work moving forward.

"It's ongoing, but recently it's been really trying to keep on top of communication: getting agendas and meeting minutes out, trying to keep a consistent meeting schedule, reminding the group at large about what we're working on."

Another notable challenge was the lack of clarity over the purpose and goals of the CoP for some members who had not participated in the CoP since its inception. There appeared to be a need for better orientation of new members to the group.

"It would be nice to have a little orientation like 'here's what we're doing'. I asked some questions that I felt some people were wondering 'why is she here?' I felt a little uncomfortable asking some questions that seemed maybe too basic to some others in the group, but mostly because I didn't have any orientation."

Because the CoP reflects a wide range of providers, who work with a diverse set of families, one respondent described an exchange during a CoP meeting, which reflected a lack of shared understanding/acknowledgement of the different needs of families being served, e.g., families who are well-resourced, versus families with significant financial disadvantage and are also facing other major life stressors.

"My frustration is that they're not planning from the most marginalized perspective, and that is beneficial to all families. They don't understand what it's like on the ground of the family where mom doesn't want to play with her kid and has 5 other kids and no babysitting. She doesn't have resources. It's different work, and we have to challenge each other to plan for that, and to plan for effective services."

Strategies to deal with these challenges included:

- Keeping realistic and attainable goals, such as focusing on billable rates for services, educating providers and funders on needed services, continuing to improve the referral and coordination for ECMH services to shift that burden from families to the ECMH system.
- Investing in specific workforce development and training in evidence-based practices
- Allotting additional time for providers to learn more about each other's programs and organizations
- Identifying ways to continue to staffing the CoP
- Aligning the work of the CoP with ELM

"Longer term, down the road, I think that across the board, trying to align with ELM needs to happen. We need to figure out how can we support ELM's efforts and what are we doing that is

directly linked to ELM. Trying to work with ELM and be clear."

Some respondents also talked about increasing and diversifying participants in the CoP to include additional primary care providers, Coordinating Care Organization representatives, private practice providers, and parents/caregivers.

"I think it would be great to have parents sit in on this group. I would say maybe having parents participate who've had children who've had mental health issues from infancy, or parents in recovery who parent their kids, having that voice there is important."

In terms of sustainability, with the end of the LAUNCH grant October 1, there was a high perceived need for the CoP to continue. Time for members to meet and for funding to continue staffing and workforce development opportunities were cited most often by respondents.

As Project LAUNCH funding was ending, the group engaged in strategic planning to identify and prioritize goals and to help generate ideas on how to continue the CoP in the absence of LAUNCH funding.

"Developing funding strategies, the work that gets set in place can be continued. There could be grant funding, maybe the fee for participation by organizations that are part of it. Maybe the state could earmark some funding, or the county, if they had particular initiatives they were interested in getting done. If we were a coalition, we'd be looking at our partners in the community outside the service system, like businesses interested in early childhood and prevention and having those folks come to the table as well."

In summary, ECMH CoP interviewees described challenges related to identifying and prioritizing goals, ensuring communication continues to connect members, exploring the extent to which their work aligns with ELM goals, and expanding membership to include additional health care providers and parents/caregivers. Respondents also recognized the need to identify continued funding and resources for staffing and workforce development efforts.

These challenges were described as important to address because of the benefits and value of the ECMH CoP, which stood out as providing opportunities to increase awareness of ECMH programs among a wide range of providers, improving communication among ECMH providers, aligning the ECMH system across providers and the continuum of services, and providing an avenue to improve program quality and maximize resources through shared professional development.

Reference

[1] Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation.* Cambridge: Cambridge University Press.

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Endnote

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