Utah’s Early Childhood Mental Health System

December 9, 2020
Evaluation of Early Childhood Mental Health Risk Measures

- Adverse Childhood Experiences
- Child Poverty
- Chronic School Absence
- Child Abuse and Neglect
- Foster Care Placement
- Maternal Education Levels
- Maternal Mental Health
- Uninsured Rates of Children
**Percent of Adults with 4+ Adverse Childhood Experiences (ACE Score) by County, 2013–2018 Average**

**Key Stat:** Utah Small Area data show a couple of areas in Utah have rates as high as 30-40%.

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*Use caution in interpreting; the estimate has a coefficient of variation >30%. Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health.*
Percent of Adults with 4+ Adverse Childhood Experiences (ACE Score) by Race/Ethnicity, 2013–2018 Average

- White: 14.7%
- Black or African American: 22.2%
- Asian: 9.8%*
- Native Hawaiian or Other Pacific Islander: 12.6%
- American Indian or Alaska Native: 30.9%
- Two or More Races: 24.4%
- Hispanic/Latino: 17.6%
- Unknown: 19.1%

*Use caution in interpreting; the estimate has a coefficient of variation > 30%. Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health.
Percent of Children 0‒17 Living At or Below 100% of the Federal Poverty Level by County, 2018

Poverty can be a major barrier to child development that increases the risk of children falling behind in school, experiencing social, emotional, and behavioral challenges, and health concerns. 

(Oshikawa, Aber, & Beardslee 2012)

Key Stat: Three of these four small areas have percentages that are close to or more than double the national rate of child poverty.
Early Childhood Mental Health

National cost estimates of mental, emotional, and behavioral disorders among youth are $247 billion per year in mental health and health services, lost productivity, and crime.¹

Based on a range of estimates from national studies, 10–20% of Utah’s 458,000 children between the ages of 0–8 could experience mental, emotional, developmental, or behavioral challenges.

A recent study shows Utah is among a group of states that has the highest prevalence of mental health disorders in youth age 6–17, and is also among a group of states that has the highest prevalence of youth with untreated mental health needs.²

Programs Providing Early Childhood Mental Health Services & Supports

- Baby Watch Early Intervention
- Nurse-Family Partnership
- Family Support Centers & Crisis Nurseries
- Health Centers
- Head Start
- Integrated Pediatric Mental Health Practices
- Local Mental Health Authorities
- Parents as Teachers
- Special Education Preschool
- Other Child and Family Focused Practices
Number of Program Locations per 1,000 Children, 2020

Note: This is a measure of program density and not a measure of access. It does not differentiate among program types or account for distance required to access necessary services.
Goals

- Aligning program accessibility with risk level
- Aligning program accessibility with number of children in need
- Ensuring children in need have reasonable proximate access to care in all areas of the state
Key Themes

- Lack of understanding of early childhood mental health
- Limited access to and uneven distribution of mental health programs and providers
- Barriers to access: cost, transportation, waiting lists, and limited number of bilingual and multicultural professionals
- Lack of comfort treating young children
- Lack of program collaboration and transition support
- Need for more research and data

Silver Linings

- Emerging models of successful program collaboration.
- Increasing resources available on trauma-informed approaches to care.