

Utah's Early Childhood Mental Health System

December 9, 2020

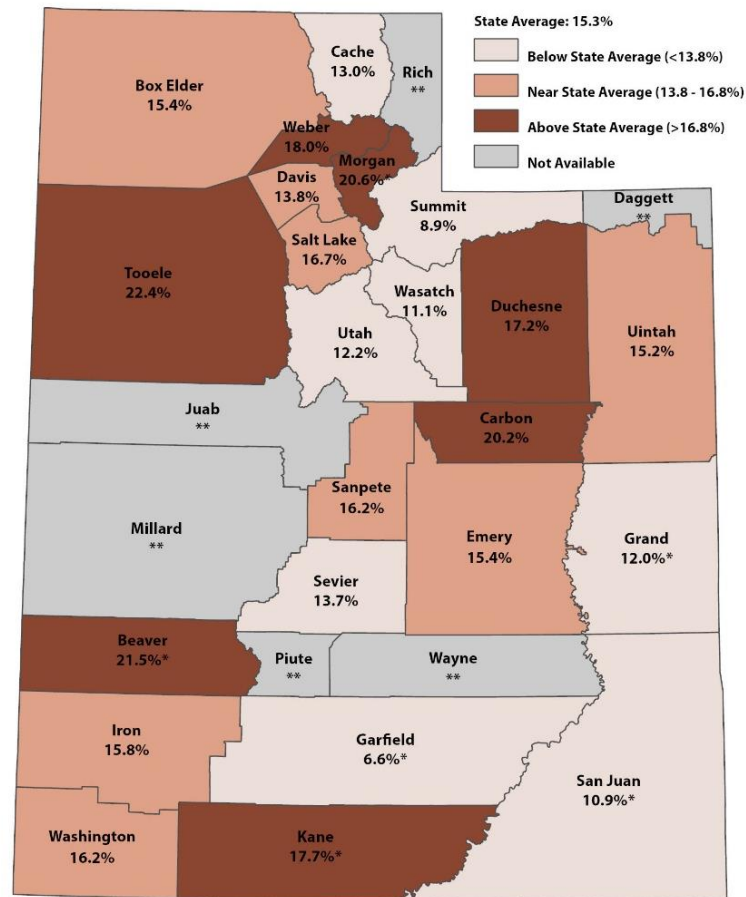
INFORMED DECISIONS™

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

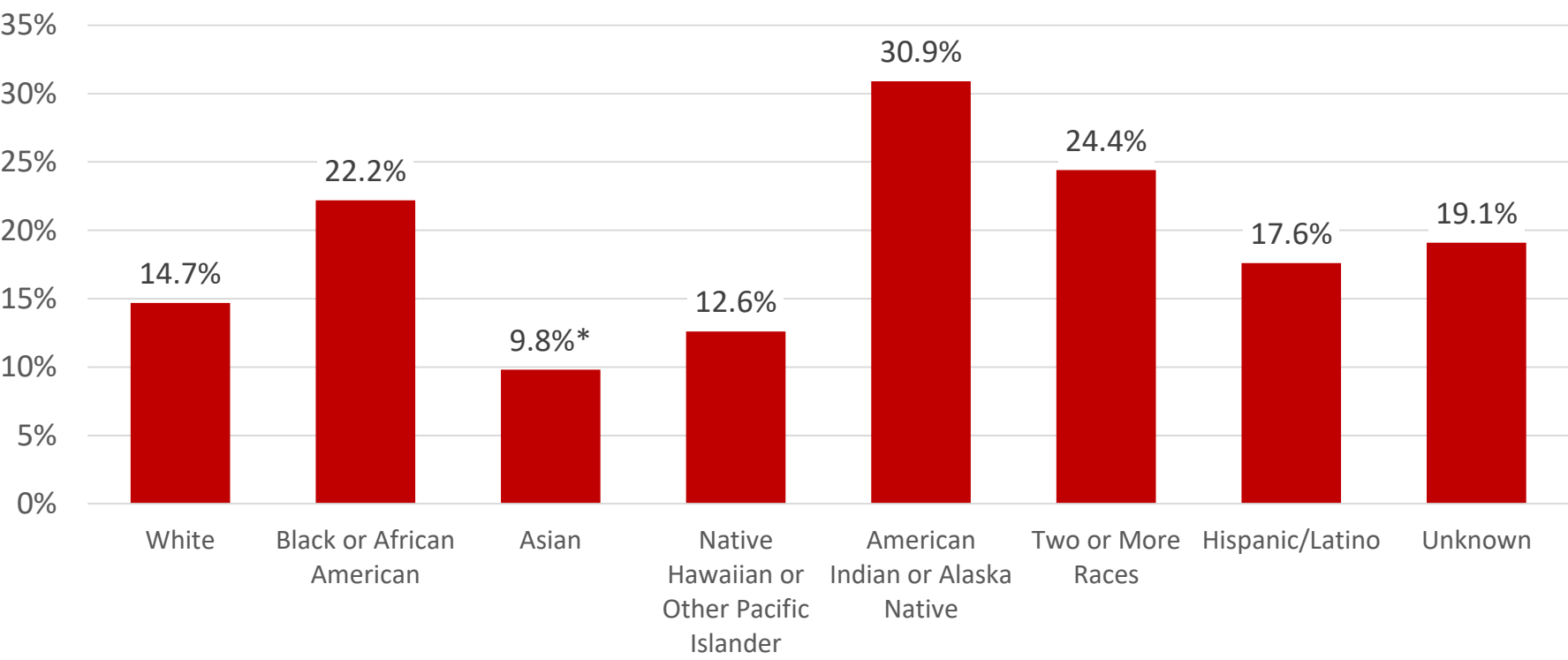
Key Stat: Utah Small Area data show a couple of areas in Utah have rates as high as 30-40%.



*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

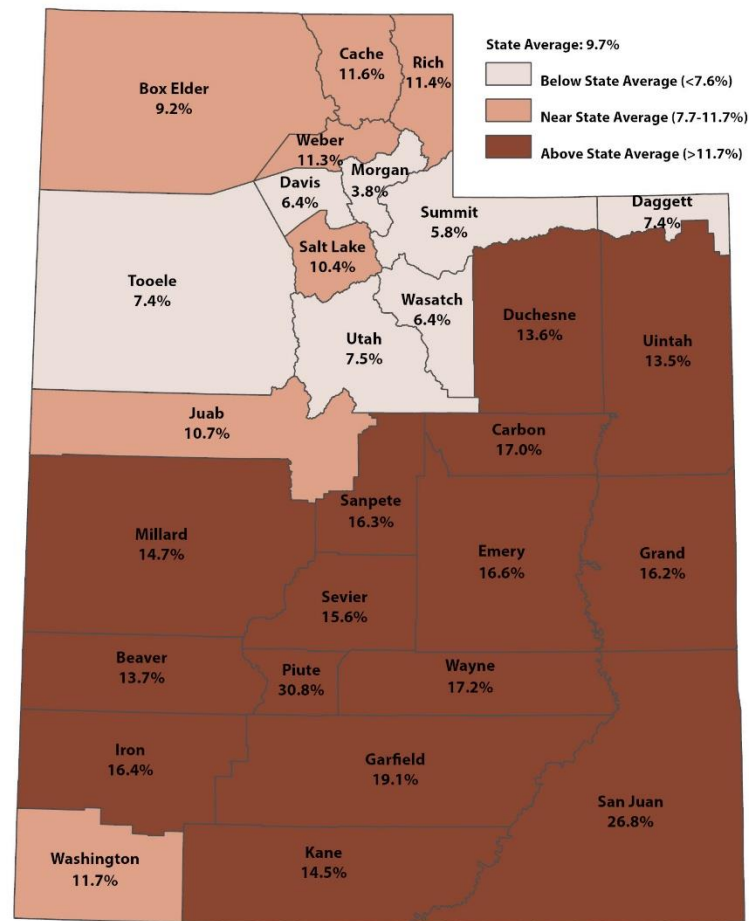


*Use caution in interpreting; the estimate has a coefficient of variation > 30%. Source: Utah Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health.

Percent of Children 0–17 Living At or Below 100% of the Federal Poverty Level by County, 2018

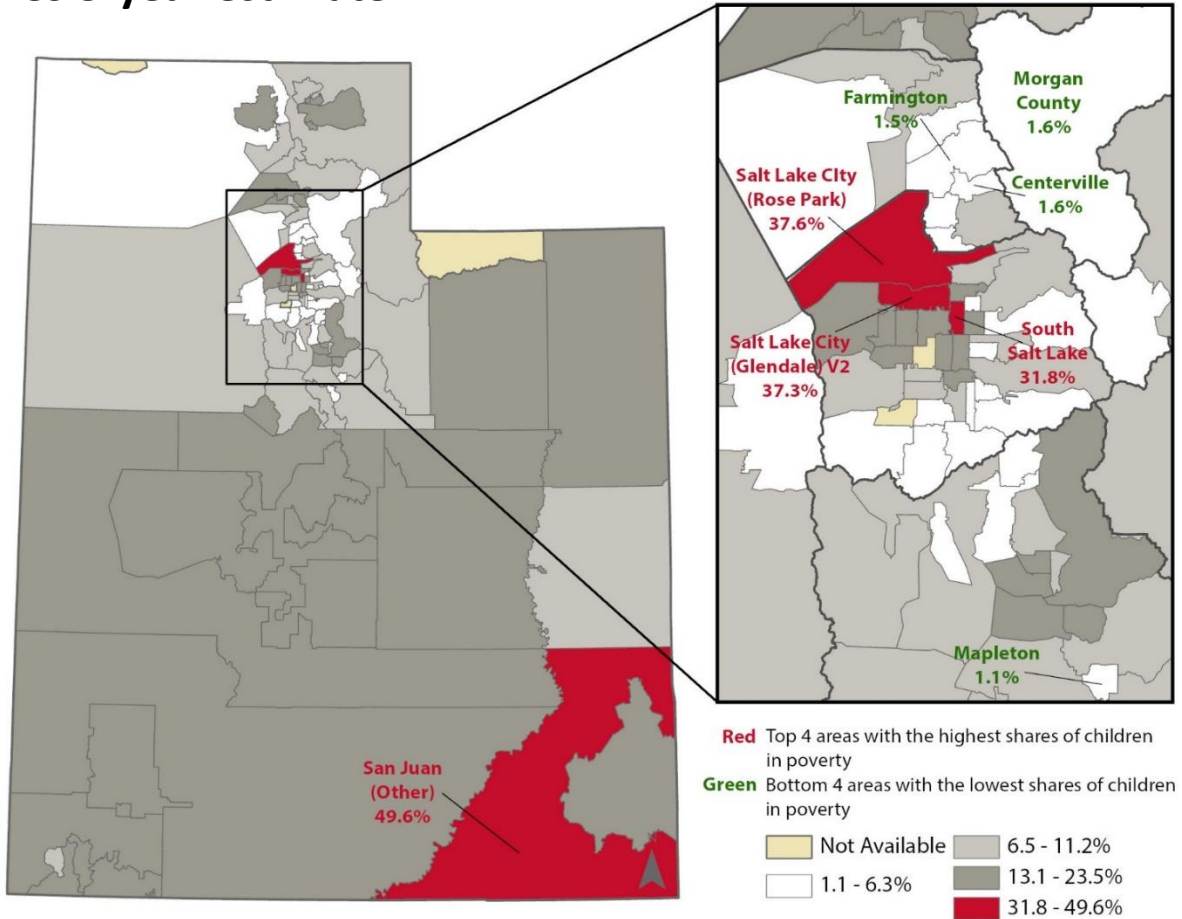
Poverty can be a major barrier to child development that increases the risk of children falling behind in school, experiencing social, emotional, and behavioral challenges, and health concerns.

(Oshikawa, Aber, & Beardslee 2012)



Percentage of Children in Poverty by Utah Small Area, 2014–2018

ACS 5-year estimate



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



Source: U.S. Bureau of the Census. American Community Survey.

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

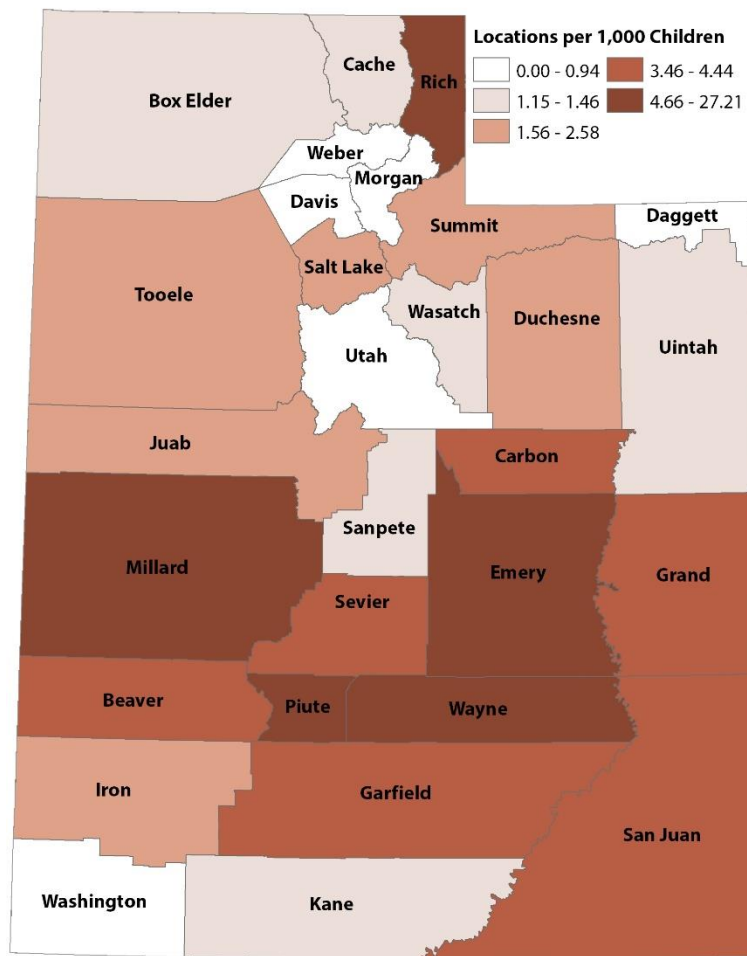
¹ Eisenberg & Neighbors 2007. ² Whitney & Peterson 2019.

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.

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