

# Expand and increase the capacity of services for younger youth ages 0-4 and 5-12 and their families

- Several organizations in Larimer County have already taken up the task of increasing services addressing young children’s behavioral health.

## Services highlighted as being necessary and effective to expand and increase the availability of services include:

- Early intervention and screening programs — An important note is ensuring screening tools are culturally appropriate and have been transcoded into other languages, such as Spanish.
- Parent education and support groups
- Early childhood education and care that promotes social-emotional development and positive behavior
- Collaborative partnerships
- Providing culturally and linguistically appropriate services



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## Why

- There is a large evidence base that early childhood behavioral health interventions and services have lasting positive impacts.
- The smallest number of services available in Larimer County for any age group was 0-4, followed by 5-12.
- Strong early social-emotional health is directly linked to healthy development in other essential areas, including physical health, cognitive skills, language and literacy, social skills, and school readiness — this is largely due to the fact that 90% of brain development occurs before age 5.

“ I feel that the most important, or the best time to intervene and start with these different things we talked about, and really like start that conversation as far as mental health and all those things, is when kids are really young - because I feel it’s really hard to, if you’re already set in your ways at a young age once you get to middle school or high school and they’re like ‘oh you can tell us anything,’ if you’re not used to being open or if you’re not used to expressing your emotions, then it’s hard to just jump into that. ”  
 ~ Focus group youth

“ This is true of any like sort of preventative early intervention work is that it’s very easy for mental health centers and the co-responders is to keep front line workers to be very focused on the teenagers that need to be hospitalized. [...] And when you’re working with young children, you’re really trying to prevent that and so it’s hard to get the energy and the resources sent in that direction, because it isn’t an obvious money saver - even though it is obvious to those of us who have thought about it and think about ACEs [adverse childhood experiences] and multi-generational interventions and all of those things. ”  
 ~ Key informant interviewee