


State Case Studies of Infant and Early Childhood Mental Health Systems - What Works?

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DMA Health Strategies


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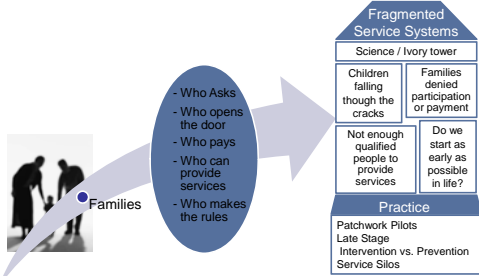

Purpose of the Study

To advance IECMH systems by describing state:

- Signature achievements
- Common challenges
- Lessons learned
- Recommendations




The Current System

Approach

- Four states were selected based on web search and consultation with CMWF and NASHP
- ABCD states were not selected
- Literature review
- On-site and telephone interviews of over 70 key informants



The State Profiles

Colorado

- Major SAMHSA systems initiative backed by the highest levels of government

Indiana


- Interagency collaboration in child welfare screening initiative

Massachusetts

- Broad Medicaid change in Children's Behavioral Health Initiative

Rhode Island


- Incremental system building through SAMHSA grants



Colorado

Project BLOOM <http://www.projectbloom.org>

- A five-year 2002 SAMHSA Comprehensive Community Mental Health Services for Children and Their Families Program grant.
- Second state in the nation to target 0-5 in 4 of 64 counties.
 - Community based services
 - Consultation and training in child care
 - Training of trainers in DC: 0-3R
 - Comprehensive evaluation



Colorado Website

The screenshot shows the Colorado Project Bloom website with a navigation menu at the top, a 'News & Events' section, and the Colorado Department of Health and Senior Services (CDHS) logo at the bottom.

How Colorado Bloomed

A state HHS innovation grant helped Colorado plan, with needs assessments, shared learning and statewide plans.

- Georgetown Policy Academy
- Early Childhood Summit
- Early Childhood Advisory Council

IECMH champions; long term stakeholder involvement in needs assessment and planning; high level support; evaluation; social marketing

The Project Bloom logo features a stylized figure holding a flower, with the text 'project bloom' below it.

Indiana

Child Welfare Mental Health Screening Initiative -
<http://www.in.gov/fssa/dmha/4438.htm>

- Collaboration between mental health, child welfare, juvenile justice, and Medicaid to screen children in child welfare (CANS 0-5)
- Over ¼ of 21,000 removals were screened using the CANS 0-5. Evaluation was conducted by Indiana University-Perdue University Indiana
 - Those with identified risks were more likely to receive treatment.
 - Both screening and treatment were correlated with placement stability and decreased recidivism

Indiana Website

The screenshot shows the Indiana government website (IN.gov) with the 'Family & Social Services' section highlighted, and a specific page for 'Child/Adolescent Mental Health'.

Indiana Lemonade from Lemons

Child welfare findings of deficiencies in mental health identification and service led to a Georgetown learning collaborative that resulted in a shared vision, shared resources and shared data:

- Juvenile justice seed money
- State line item funding
- Medicaid participation
- Children can now be tracked across the system


A photograph of a glass pitcher filled with lemonade, with several lemons and a wooden cutting board in the foreground.

Massachusetts

MA Medicaid Children's Behavioral Health Initiative
http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Government&L2=Special+Commissions+and+Initiatives&L3=Children's+Behavioral+Health+Initiative&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_overview_child-bh-hlth-initiative&csid=Eeohhs2

- Statewide change in Medicaid children's mental health services
- Precipitated by a lawsuit
- Tripled EPSDT screens
- Intensive care coordination for SED children with wraparound services for them and for other children not designated as SED
- Use of CANS Birth to Four as an SED screening tool
- CMS approval for 4 of 5 proposed wraparound services


Massachusetts Website



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Massachusetts Keys for Success

- Statewide mandate for change
- ECCS involvement
- High level interagency collaboration
- IECMH champions – MassAIMH; statewide Infant and Early Childhood Mental Health Committee
- Synergy for two 2009 SAMHSA grants



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Rhode Island

RI PEP - <http://www.ripep.org>

- A six-year 2005 SAMHSA Comprehensive Services for Children and Their Families Cooperative Agreements initiative.
- Age birth to 11 to identify children in schools and early care and education and Early Intervention programs and provide wraparound services, supports and linkages.
- Began with older children and worked downward in age.

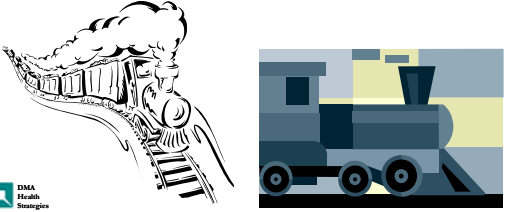
LAUNCH - http://projectlaunch.promoteprevent.org/html/rhode_island.htm

- SAMHSA initiative for children ages birth to 8. Developmental and behavioral screening in primary care supported by on-site mental health consultation, parent training and services for targeted families. A cross-system building on the ECCS statewide plan.

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Rhode Island's Little Engine that Could

- Long term vision – Title V and CASSP
- ECCS broad stakeholder involvement
- Interagency collaboration
 - Depts. of Health, Children Youth and Families and Medicaid



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Other Key Initiatives

- Medical Home
- Part C and Child Welfare
- IECMH consultation
- Parent Partners

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Medical Home (Colorado)

Colorado Child Health Access Project (CCHAP) - www.cchap.org


- Statewide Medical Home initiative that integrates mental health screening, linkage to services and parent/professional supports
- Keys to success
 - Cost-effectiveness piloting
 - Medicaid support – training, enhanced rates
 - Parents serving parents – Family Voices

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Medical Home (Rhode Island)

Rhode Island Pediatric Practice Enhancement Project (PPEP)
http://www.health.ri.gov/family/specialneeds/PPEP_brochure1_2.pdf

- A project to implement universal behavioral health screening by placing parent consultants in Medical Home practices
- Keys to success
 - Department of Health leadership (ECCS)
 - Partnerships with parents




Part C and Child Welfare

MA Part C

- Serving "at risk"
- "Clinical judgment" waivers
- Commitment to and tracking of MH as an eligibility domain
- IECMH Training
- Screening (ASQ: SE)

MA Child Welfare

- CAPTA
- IECMH liaison




Expanding capacity through IECMH Consultation

Colorado

- Child care consultation
- IECMH consultation in mental health clinics
 - State dollars for non-Medicaid children

Massachusetts

- Comprehensive Consultation in Child Care - EEC
 - State and Medicaid dollars



Parent Partners

Rhode Island


- In Early Intervention
- In Medical Home

Massachusetts

- Medicaid reimbursement in Children's Behavioral Health Initiative

Keys to success:

- Parent friendly
- Empowering
- Improved information for parents and professionals
- Cost effective
- Need for training and certification

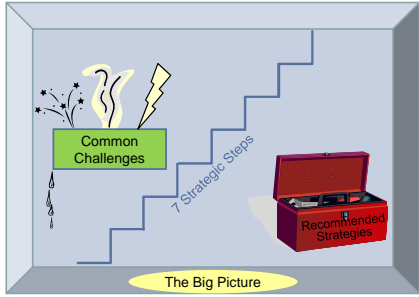



Large Group Discussion What is your state doing?

- Strengths
- Gaps
- Initiatives
- Policy
- Funding




Lessons Learned


Current System Challenges

- **Administrative and financial hurdles**
- **Early identification and access challenges**
- **Workforce issues**
- **"The gap between what we know and what we do"** (National Scientific Council)




Administrative and Financial Hurdles

- **Barriers to reimbursement**
 - Rates
 - MCO Provider panels
 - Denials for professionals in training
- **Need for high level interagency planning and leadership**
- **Need for interagency data sharing**
- **Need for coordinated integration and tracking of funds**




Early Identification and Access Challenges

- **Lack of systems for universal screening and referral – EPSDT**
- **Fragmented provider knowledge of treatment resources**
- **Lack of a universally accepted IECMH diagnostic system**
- **Need for more developmentally appropriate gateway terminology – "SED" & "Medical Necessity"**



Work Force Issues

- Paucity of providers**
 - **Poor reimbursement rates do not attract private practitioners**
- Limited IECMH training opportunities**
 - **Higher education**
 - **Statewide workforce development programs**
- Lack of certification requirements and programs**
 - **IECMH is a specialty service. A quality issue**



The Gap Between What We Know and What We Do

- **Gap between the science, policy and practice**
- **What we know from science**
 - The developing brain
 - Toxic stress
 - Protective environments
- **What we do in policy and practice**
 - Back-loaded systems




Recommendations

- Administrative and Financial
- Early Identification and Access
- Workforce
- The gap between what we know and what we do

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Administrative and Financial

- Develop a high level early childhood council
- Develop interagency data sharing systems
- "Map" funding streams
- Reduce barriers to MCO panels and reimbursement for professionals in training

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Early Identification and Access

- Implement routine universal IECMH screening supported by adequate rates – EPSDT
- Adopt an appropriate IECMH diagnostic system (DC: 0-3R)
- Make "SED" and "Medical Necessity" and other gateway terminology developmentally appropriate for very young children
- Maintain updated resource directories for IECMH services and practitioners

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Workforce

Statewide professional development plans

- Work release
- Loan forgiveness
- Training institutes
- Pay now or pay later

Higher education programs

- IECMH as a graduate level track
- Certification/credentialing

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The Gap Between What We Know and What We Do

- Today's dollars for tomorrow's savings
- States showing what works - Social marketing and knowledge dissemination
- National vision statement

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Model Systems

Community Needs: -Early Identification, -Prevention, -Early Care & Education, -EBPs

Welcome: Universal Screening, Diagnostic System, Training, Payment


Leadership: IECMH Champions, Dedicated Funding, Trained Workforce, IECMH Consultants, Parent Partners, Families, Science, Resources, Practice, Policy Makers

Outcomes: -Positive Pathways, -Healthy Relationships, -Education, -Employment, -Justice Involvement

Nation Vision Closing the Gap



Stakeholder Involvement → Partnerships → Integrated Services

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Relationships, Relationships, Relationships


"True to infant mental health, it's the power of relationships that we have with each other."



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In memory of Jane Knitzer, who suggested the study



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To access the report (when published)
www.cmwf.org

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