


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

23rd Annual Children's Mental Health Research and Policy Conference
March 7 – 10, Tampa, Florida

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DMA Health Strategies


Research supported by the Commonwealth Fund



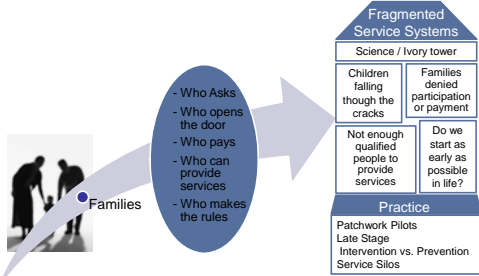

Purpose of the Study

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 lemon slices on a wooden cutting board in front of it.

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.

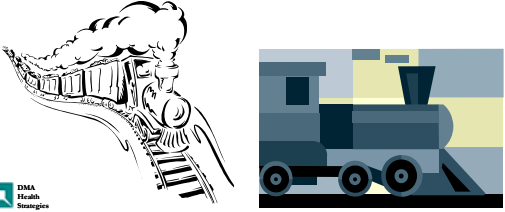
LAUNCH - http://projectlaunch.promoteprevent.org/html/rhode_island.htm

- 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

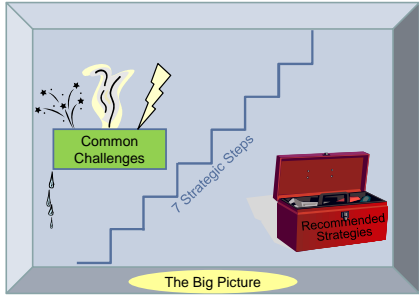



Large Group Discussion What is your state doing?

- 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

Leadership

- IECMH Champions
- Dedicated Funding
- Trained Workforce

IECMH Consultants | **Parent Partners**

Families

Resources | **Practice**

Science | **Policy Makers**

Nation Vision Closing the Gap

Welcome


- Universal Screening
- Diagnostic System
- Training
- Payment

Outcomes

- Positive Pathways
- Healthy Relationships
- Education
- Employment
- Justice Involvement



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."



Acknowledgements

Co-authors
Wendy Holt and Richard Dougherty,
DMA Health Strategies
Ed Schor, Commonwealth Fund
Neva Kaye, NASHP
Barbara Gebhardt, Zero To Three
Deb Perry, Georgetown
Key Informants

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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