Policies to Advance Infant and Early Childhood Mental Health (IECMH): a National Perspective

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ZERO TO THREE

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• We help babies and toddlers benefit from the family and community connections that are critical to their well-being and development.

• Our mission is to ensure that all babies have a strong start in life.

• We envision a society with the knowledge and will to support all infants and toddlers in reaching their full potential.
• Federal advocacy:
  • Health Care Reform: Affordable Care Act, Medicaid, and CHIP
  • Infant and Early Childhood Mental Health Legislation
  • Early Head Start Expansion
  • Child Care Quality, Accessibility, Affordability
  • Paid Family Leave

• Think Babies Campaign and Strolling Thunder

• Communications research

• State policy convening and technical assistance
IECMH State Policy Convening

- October 2016 – Minneapolis, MN
- 10 state teams
- Minnesota as expert advisors
- Focus on financing developmentally appropriate assessment, diagnosis, and treatment

- Alaska
- Louisiana
- Massachusetts
- North Carolina
- Virginia

- Colorado
- Illinois
- Indiana
- Oklahoma
- Oregon
Released in December 2016...

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Today’s Presentation

- IEMCH Overview
- Describe National IECMH Policy Context
- Set the Stage for Breakout Groups
  - DC:0-5
  - Mental Health Consultation and Preschool Expulsion
  - IECMH Competencies and Workforce Development
- Systems Development/Integration
IECMH is defined as the capacity of a child from birth to age five to:

• Experience, express and regulate emotions;
• Form close, secure interpersonal relationships; and
• Explore his/her environment and learn.

All within the context of family and cultural expectations.
IECMH Continuum

- **Promotion:** Raise awareness to encourage positive IECMH development.

- **Prevention:** Identify risk factors, mitigate the impacts of ACEs, and intervene in child/caregiver relationships that threaten healthy development.

- **Treatment:** Provide evidence-informed services and supports intended to directly address mental health disorders.
Prevalence & Early Manifestation of I-ECMH Disorders

- Experienced by 9.5%-14.2% of children age 0-5

- Heightened risk for children living in families coping with certain stressors, including:
  - Parental loss
  - Parental substance abuse
  - Parental mental illness
  - Exposure to trauma

- Early warning signs of I-ECMH disorders include:
  - Developmental delays
  - Inconsolable crying
  - Failure to seek comfort from caregivers
  - Lack of curiosity

- Mental health problems include:
  - Depression
  - Anxiety
  - Post-traumatic stress disorder
  - Attention deficit hyperactivity disorder
  - Obsessive compulsive disorder
Impacts over Time

- **Increased risk for poor physical and behavioral health outcomes**, including:
  - Physical ailments, such as heart disease and cancer, in adulthood;
  - Mental health conditions, such as depression; and
  - Alcoholism and drug use.

- **Negative impact on school readiness and educational attainment**, resulting in increased rates of:
  - Pre-school expulsion;
  - Absenteeism;
  - Repeating a grade; and
  - Dropping out of high school.

- **Increased risk for juvenile justice and lifelong criminal justice involvement**, resulting, in part, from diagnosable mental health needs and/or serious emotional disturbance.
What Can Policymakers Do to Advance IECMH?
State Actions to Advance IECMH

1. Establish cross-agency IECMH leadership
2. Ensure Medicaid payment for IECMH services
3. Embed a focus on IECMH in child-serving systems
4. Train workforce on IECMH
5. Raise public awareness of IECMH
1. Establish Cross-Agency IECMH Leadership

- **Fund an IECMH Division or full-time Director** responsible for developing and driving implementation of State’s IECMH strategic plan.

- **Form an inter-agency IECMH Task Force** to ensure IECMH priorities and metrics are integrated into all relevant agencies’ agendas.

- **Map the continuum of early childhood care and services across State agencies** to identify opportunities to leverage funding and build cross-agency initiatives targeted at IECMH.

- **Perform an annual assessment of IECMH services, service utilization, and outcomes** to inform policy and funding decisions, monitor progress against IECMH goals, and identify opportunities for continued improvement.

**Colorado** established the Office of Early Childhood and designated a Director of Early Childhood Mental Health to drive the State’s IECMH policy agenda.
2. Ensure Medicaid Payment for IECMH Services

- **Allow Medicaid payment** for best practices in IECMH screening, prevention, and treatment in diverse settings and for dyadic (parent-child) treatment.

- **Require use of age-appropriate diagnostic classification system** (e.g., DC:0-5) for diagnosing IECMH disorders in infants and young children. Crosswalk to adult diagnostic codes, as needed.

- **Update outpatient rules for diagnostic assessment and treatment** to permit clinicians three or more visits, as necessary, before making a diagnosis for all children under five years of age.

- **Incentivize IECMH quality initiatives** through MCO contracts and Value-Based Payment arrangements.

- **Educate IECMH providers** about becoming administratively equipped to bill Medicaid.

**The Minnesota Mental Health Outpatient Rule** requires the use of DC:0-5 for children under age 5.

**Oregon’s “at-risk” billing code** allows health providers to bill for services to children ages 0-3 identified as at risk of developing of a mental health condition.
The Balancing Act

Identify children with clinically impairing disorder to increase chance of access to evidence-based treatments.

Avoid pathologizing children demonstrating normal variations of typical development.
3. Embed IECMH in Child-Serving Systems

SUPPORT EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

- Fund statewide system of mental health consultants
- Embed mental health consultation as a prevention strategy in existing state plans related to early childhood

INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY PEDIATRIC CARE

- Address barriers to Medicaid or private insurance reimbursement for integrated services.

**Illinois** provides child/family-level, classroom-level, and program-level consultation in varied settings (ex. child care, home visiting, early intervention). The state is currently seeking a Medicaid waiver that would finance ECMH consultation.

**Massachusetts** has leveraged several grants to implement a model in which a mental health specialist and a family partner with lived experience are embedded in a pediatric medical home. State leaders are currently exploring options to support this model statewide with Medicaid reimbursement.
4. Train Workforce on IECMH

- Implement competency standards and endorsement for professionals serving infants, young children and their families.

- Embed IECMH education into state child care licensing training requirements and within state core knowledge and competency statements for the early childhood workforce.

- Embed IECMH education in Managed Care credentialing requirements for pediatricians.

- Train child-serving workforce on use of the DC 0-5 diagnostic classification and in providing evidence-based IECMH services.

The Michigan Association for Infant Mental Health (MI-AIMH) created a 4-level workforce development process, the MI-AIMH Endorsement®, to recognize all infant and family professionals within the diverse and rapidly expanding infant mental health field. Endorsement® verifies an individual's attainment of a specific level of education, service provision to infants and families, participation in specialized in-service trainings, receipt of guidance and reflective supervision or consultation, and the ability to deliver high quality, culturally-sensitive IECMH services.
5. Raise Public Awareness of IECMH

- **Conduct public awareness campaigns** to promote infants and young children’s positive social and emotional development.

- **Develop parent educational materials**

- **Distribute parent education materials through public benefit programs.**

- **Encourage public-private partnerships** with local foundations to support IECMH efforts.

- **Host learning collaboratives for stakeholders** to share best practices in advancing the State’s IECMH goals.

In April 2015, New York City launched the “Talk to Your Baby” initiative to teach parents and caregivers about the importance of communicating with preverbal infants to their brain development.

“LAUNCH Together” is a privately-funded initiative that supports Colorado’s communities to expand evidence-based prevention and promotion strategies and build public/private capacity around infant and young children’s’ social and emotional development.
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