ZERO TO THREE
Early connections last a lifetime

Minnesota

A Commitment to Both Strategic and Serendipitous Opportunities to Build an Infant and Early Childhood Mental Health System of Care

This policy vignette examines how leaders in Minnesota pursued an agenda of strategic and serendipitous opportunities to build an infant and early childhood mental health (IECMH) system of care. This was guided by a strong commitment to and recognition of the interplay between research, policy, and practice as well as the importance of interagency collaboration. The vignette also shares key lessons learned.

the Innovation

With a steady commitment to building recognition of the need for early screening and evidence-based treatment for very young children, Minnesota was able to build an early childhood mental health system of care.

the Impetus

In the early 2000s, the Commonwealth Fund launched the Assuring Better Child Health Development (ABCD) Program with an intentional focus on the importance of developmental screenings for young children. By 2003, the state of Minnesota became an ABCD grantee and over a period of nine years used the ABCD opportunity to bolster research, practice, and policy to focus on an early childhood system of care that is inclusive of mental health screening and treatment. This work provided a pathway for dialogue and action that contributed to a strong infrastructure for IECMH:

- agreement on state-approved screening tools;
- reimbursement for screening as part of Medicaid;
- incentives in managed care contracts for providers to screen and treat;
- training for providers on DC:0-3;
- introduction and training of the first evidence-based treatment, Parent Child Interaction Therapy (PCIT); and
- collaboration across mental health, Medicaid, Part C, social services, and others.

This work continues to provide the fuel for ongoing dialogue and action, evidenced by recent efforts to expand maternal depression screening as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

the Process

From the beginning of the ABCD program, the state and key stakeholders took advantage of every opportunity to maximize impact and grow a system that would support the behavioral health needs of young children. As a result, there has been a focus on:

- **Building State Agency Collaboration**. Unlike all other ABCD grantees that had the state Medicaid office as the recipient of the award, the Minnesota Mental Health Authority stepped to the plate to apply for the grant, with the support of the Medicaid office. It was a collaboration between the two agencies from the start, and over time this collaboration extended to Part C, social services, and other state agencies.

  A serendipitous opportunity presented with respect to Part C. The program was under review by the federal government for low enrollment. Glenace Edwall, then the state's Child Mental Health Program Manager, was able to help the agency understand that if they expanded their net beyond a narrow focus on physical and cognitive disability to identify children on the basis of mental health needs, their Part C numbers would increase. Even more importantly, they would be able to help children early and then may avoid the need for Part B services, which would be more costly for the state. As a result of this, they were able to add eleven DC:0-3 diagnosis definitions to Part C eligibility.

- **Shifting Mindsets**. Assessing developmental milestones for physical growth was a given for pediatric providers and policymakers alike. It took some time, though, to recognize the importance of screening for behavioral health as well. Part of the problem was that there was little confidence that a child who may screen of concern would have access to the requisite behavioral health services in the community. Also, there was concern about labeling young children. Edwall and others insisted that just because there may be a lack of services, that did not justify a decision to not screen. They recognized that screening may, in fact, become a driver for expanding access to evidence-based behavioral health services for children that might avoid more intensive and costly services later. "The director of Medicaid at the time understood and ultimately said, 'Of course we should do this and what do you need to get it done,'" remembered Edwall.
- **Briefing Policymakers**. The provider community, the state chapter of the National Alliance on Mental Illness (NAMI), and Jane Kretzmann at the University of Minnesota worked to unite research with policy to create a broad appeal for infant and early childhood mental health. Kretzmann played a key role in raising awareness among policymakers about brain research and adverse child experiences (ACEs). With strong connections to members of the state legislature, the NAMI chapter was able to offer suggestions for legislation. Further, health plan

> "The mindset shift was enormous. Medicaid said 'Yes you can do this, and we will help you.'" — Glenace Edwall

> Briefing policymakers about brain science and ACEs was critical. Then they could understand the need for addressing this in legislation," said Catherine Wright, Early Childhood Mental Health Program Coordinator.

administrators, mental health professionals, and state agency leaders came together as part of the public-private Minnesota Mental Health Action Group (MMHAG) to identify policy needs (e.g., resources for training and other infrastructure enhancements, a model benefit set) and advance recommendations to policymakers. More than 3,000 people across the state weighed in on the MMHAG's recommendations, demonstrating to the Governor and state policymakers the broad appeal for improvements in the mental health system, including IECMH.

- **Building Capacity of Providers**. Efforts have focused on training community providers (e.g., community mental health, early intervention, child welfare, Head Start) on DC:0-3R/DC:0-5, evidence-based practices, developmental trajectories, neurodevelopment and the effects of toxic stress, trauma, and resilience; offering an Infant Mental Health certificate; developing regional centers of best practice; pursuing multigenerational interventions, including development of partial hospitalization programs for mothers and infants and more integrated care models; and providing consultation to child care and supporting routine screening and referral in home-visiting programs.
  - Since 2004, approximately 3,000 clinicians across the state have been trained in DC:0-3R/DC:0-5.
  - The state offers a free consultation meeting once a month on the use of the DC:0-3R/DC:0-5.
  - Since 2008, the state has trained early childhood mental health professionals in the following evidenced-based interventions: Attachment Bio-behavioral Catch-Up, Child Parent Psychotherapy, and Parent Child Interaction Therapy. The state is working with the developers of those interventions to also train certified clinicians as supervisors and trainers in their clinics.

Financing

Minnesota is looking toward the national data that indicates early childhood mental health investments are cost-effective. Based on prevention literature, it is understood that early identification enables providers to address emerging mental health challenges, avoiding the more intensive and higher-cost services that may be needed later. In addition, the state is completing a mental health rate study to better understand the costs associated with providing evidenced-based interventions for children and adults struggling with mental health issues.

next Steps

Minnesota has recently invested in a statewide early childhood mental health consultation system for child care centers and family child care providers participating in the state's quality rating program.

important Lessons

- Stay focused and take advantage of every opportunity that may present to bring you closer to an integrated statewide system of care for IECMH.
- Make friends broadly. Learn their systems. Look for ways to infuse IECMH into their work.
- Create an agenda where research, policy, and practice are in continuous cycles of communication and mutual improvement.

for more Information

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