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Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health

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Cindy Oser, Director, Infant-Early Childhood Mental Health (I-ECMH) Strategy, ZERO TO THREE



- Ms. Oser is Director of I-ECMH Strategy at ZERO TO THREE and Co-Director of the Project LAUNCH Resource Center, part of the National Resource Center on Mental Health Promotion and Youth Violence Prevention. She is an experienced pediatric nurse with a focus on building comprehensive early childhood systems, early intervention for infants and toddlers with disabilities, and I-ECMH policy. Ms. Oser leads ZERO TO THREE's state and federal I-ECMH policy work, including overseeing the revision of DC:0-3R. Ms. Oser previously held positions in state government and higher education. She served as the first president and founding board member of the IDEA Infant Toddler Coordinators Association and is currently a Board member of the Ohio Association for Infant Mental Health.

Melinda Dutton, Partner, Manatt Health



- Ms. Dutton is a partner with the healthcare division of Manatt, Phelps, & Phillips, LLC and plays a leadership role within Manatt Health, an interdisciplinary policy and business advisory practice within the firm. She has extensive experience working with public health insurance programs and the healthcare safety net, and advises foundations, state governments and providers on navigating issues related to Medicaid, CHIP, the ACA and delivery system transformation. Prior to joining Manatt, Melinda worked at the Children's Defense Fund in New York, where she helped develop and secure passage of legislation expanding publicly funded health insurance programs for children.



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Today's Agenda

- **Introduction & Project Background** 1:00 – 1:15 pm
- **What is I-ECMH?** 1:15 – 1:20 pm
- **Why is I-ECMH Important?** 1:20 – 1:25 pm
- **What Can Policymakers Do to Advance I-ECMH?** 1:25 – 1:50 pm
- **Q&A** 1:50 – 2:00 pm



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Let's Take a Poll

Q1: Is this your first webinar?

- Yes
- No





Let's Take a Poll

Q2: What is your primary professional role?

- Advocate
- Elected Official or Staff
- Health Insurer (including Medicaid)
- Higher Education Faculty
- Mental Health Provider
- Other Service Provider (e.g., Early Care and Education, Early Intervention, Home Visitation, etc.)
- Philanthropy/Foundation Representative
- Physician
- Private Program Director
- Public Program Director
- Researcher





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Project Background

ZERO TO THREE engaged Manatt Health to develop a brief for policymakers that makes the case for investments in infant and early childhood mental health (I-ECMH) and identifies actionable strategies to support the healthy development of young children.



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Project Methodology

- **Methodology**
 - Reviewed research, policy analysis and advocacy materials focused on early child development and mental health;
 - Consulted with targeted I-ECMH experts; and
 - Leveraged expertise of ZERO TO THREE and Manatt experts on issues related to I-ECMH, Medicaid payment and state policy.



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Debbie Weatherston, Executive Director, Michigan Association for Infant Mental Health

Catherine Wright, Early Childhood Mental Health System Coordinator, Minnesota



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What is I-ECMH?



Let's Take a Poll

Q3: Are you familiar with the term “infant and early childhood mental health”?

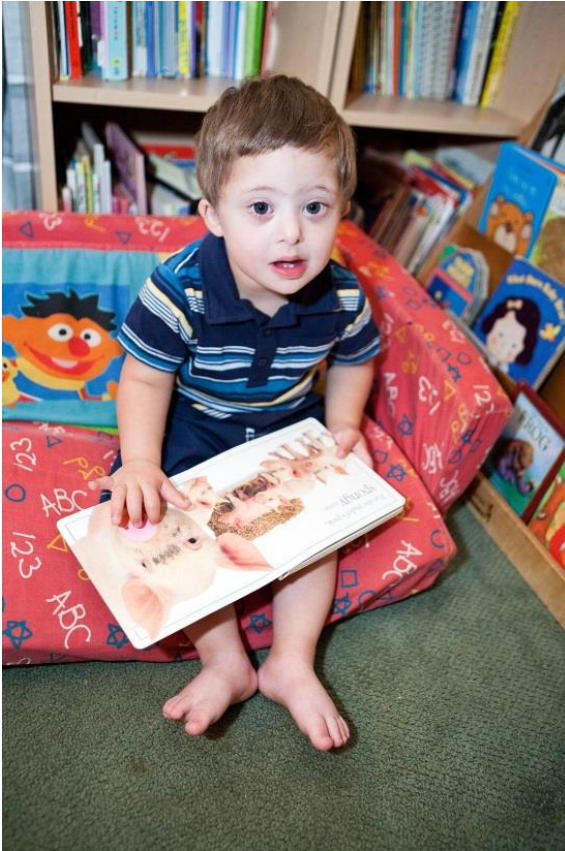
- Yes
- No





Defining I-ECMH

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- Early experiences influence children's brain development and impact their social, emotional, and physical health, as well as societal outcomes.
- While positive experiences promote favorable I-ECMH development, certain negative environmental experiences can adversely impact brain development.
- I-ECMH 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, within the context of family and cultural expectations.



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I-ECMH Continuum

- **Promotion:** Raise awareness to encourage positive I-ECMH 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.



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Why is I-ECMH Important?



Prevalence & Early Manifestation of I-ECMH Disorders

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- 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



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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.
- **Increased state spending across multiple programs**, linked to lifetime costs of approximately \$200,000/child.



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What Can Policymakers Do to Advance I-ECMH?



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Actions to Advance I-ECMH

1. Establish cross-agency I-ECMH leadership
2. Ensure Medicaid payment for I-ECMH services
3. Invest in prevention through mental health consultation
4. Train workforce on I-ECMH
5. Raise public awareness of I-ECMH



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Establish Cross-Agency I-ECMH Leadership

- **Fund an I-ECMH Division or full-time Director** responsible for developing and driving implementation of State's I-ECMH strategic plan.
- **Form an inter-agency I-ECMH Task Force** to ensure I-ECMH 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 I-ECMH.
- **Perform an annual assessment of I-ECMH services, service utilization, and outcomes** to inform policy and funding decisions, monitor progress against I-ECMH goals, and identify opportunities for continued improvement.

CO

Colorado established the Office of Early Childhood and designated a Director of Early Childhood Mental Health to drive the State's I-ECMH policy agenda.



Ensure Medicaid Payment for I-ECMH Services

- **Mandate that Medicaid providers follow Bright Futures pediatric guidelines** to screen for, and if indicated, further evaluate, a child for I-ECMH disorders.
- **Require use of age-appropriate diagnostic classification system** (e.g., DC:0-3R) for diagnosing infants and young children for payment and utilization review purposes.
- **Cross-walk DC:0-3R and adult diagnostic codes** (i.e., DSM-5 and ICD-10) to facilitate billing through Medicaid, if billing system cannot accommodate DC:0-3R.
- **Update outpatient rules for diagnostic assessment and treatment** to permit clinicians three or more visits, as necessary, with a child before making a diagnosis for all children under five years of age.



The Minnesota Mental Health Outpatient Rule requires the use of DC:0-3R for children under age 5.



Ensure Medicaid Payment for I-ECMH Services, cont.

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- **Permit Medicaid payment for:**
 - I-ECMH prevention and treatment in diverse settings;
 - Mental health services provided to families and children both together and separately under the child's Medicaid number;
 - Multiple screenings for parent and child in the same setting and/or on the same day.
- **Incentivize I-ECMH quality initiatives** through MCO contracts and Value-Based Payment arrangements.
- **Educate local I-ECMH providers** about becoming administratively equipped to bill Medicaid.



Minnesota permits Medicaid payment for two-generational treatment for infants, young children and their families, either together or individually. The State also covers maternal depression screening under EPSDT using the child's Medicaid number; child developmental and socio-emotional screening can also be billed for the same visit.



In Colorado, the post-partum visit is a key performance indicator used to measure and reward providers through Regional Care Collaborative Organization contracts.

Invest in Prevention through Mental Health Consultation



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- **Fund statewide system of mental health consultants** (on-site or on-call I-ECMH experts) in all Early Intervention programs, home visiting, primary care and early care and education settings, as well as non-traditional settings, such as WIC offices and domestic violence shelters.
- **Embed mental health consultation as a prevention strategy in existing state plans related to early childhood.**

AZ

Arizona's network of local councils uses tobacco tax money to fund mental health consultation across the majority of the state.

OH

In Cuyahoga County, Ohio, 89% of children at high risk for preschool expulsion remained in their child care setting for at least six months following mental health consultation as part of the Invest in Children partnership.



Let's Take a Poll

Q4: Does your state or tribal nation have adequate numbers of trained I-ECMH clinicians who can provide evidence-informed treatments?


- Yes, I-ECMH workforce is available throughout the state or tribal nation
- Yes, but only in some areas
- No, we do not have enough I-ECMH providers
- No, but we do have a plan for building capacity
- Don't know





Train Workforce on I-ECMH

- **Implement competency standards and endorsements for mental health professionals serving infants, young children and their families at-risk for or with I-ECMH disorders.**
- **Embed I-ECMH education into state child care licensing training requirements and within state core knowledge and competency statements for the early childhood workforce.**
- **Embed I-ECMH education in Managed Care credentialing requirements for pediatricians.**



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 I-ECMH services. To date, more than 20 states have adopted the MI-AIMH Endorsement® through their infant mental health associations.



Raise public awareness of I-ECMH

- **Conduct public awareness campaigns** to promote infants and young children's positive social and emotional development and educate families at-risk about available supports.
- **Develop parent educational materials** for distribution by health care providers highlighting ways parents can promote child well-being, care for their own mental health, recognize signs of postpartum depression, and identify community resources for help.
- **Distribute parent education materials through public benefit programs.**
- **Encourage public-private partnerships** with local foundations to support I-ECMH efforts.
- **Host learning collaboratives for stakeholders** to share best practices in advancing the State's I-ECMH 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.



Let's Take a Poll

Q5: Which of the following has the most potential for success in your state or tribal nation?

- Establish cross-agency I-ECMH leadership.
- Ensure Medicaid payment for I-ECMH services.
- Invest in prevention through mental health consultation.
- Train workforce on I-ECMH.
- Raise public awareness of I-ECMH.





Concluding Takeaways

- **Closing Tips:**
 - Be brief!
 - Be factual!
 - Avoid jargon!
 - Be directive!
- **Additional I-ECMH Resources:**
 - [Infant and Early Childhood Mental Health: Promotion, Prevention, and Treatment](#)
 - [ZERO TO THREE Policy Network](#)
 - [ZERO TO THREE Annual Conference](#)
 - Planting Seeds in Fertile Ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health (*Forthcoming*)
 - Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities (*Forthcoming*)
 - Infant-Early Childhood Mental Health Policy Toolkit (*Forthcoming*)
- For more information about actions you can take to advance I-ECMH in your state, please visit ZERO TO THREE's [website](#).



Let's Take a Poll

Q6: What resources from ZERO TO THREE might be most useful in your work?

(Limit to 5 answers)

- Awareness Campaign on I-ECMH
- Consultation
- Convening (Conference) on I-ECMH Policy
- I-ECMH Planning Tool
- On-Site Training - I-ECMH Topics
- On-Line Training - I-ECMH Topics
- Opportunities for Advocacy
- Policy Briefs on I-ECMH Topics
- Policy Briefs on Best Practice Strategies in I-ECMH
- Policy Pre-Institute at ZERO TO THREE Annual Conference
- Virtual Learning Collaboratives
- Webinars





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Q&A

Thank you!



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*For questions, comments or
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