

Integrating Infant and Early Childhood Mental Health into Certified Community Behavioral Health Clinic Model:

A Toolkit for Action

Brought to you by the Infant and Early Childhood Mental Health
Financing Policy Project

November 18, 2025



ZERO to THREE

Welcome! Today we will...

Explore how CCBHCs can meet the mental health needs of young children and their families

Introduce a new resource:
“Integrating IECMH into the CCBHC Model: a Toolkit for Action”



Integrating IECMH into the CCBHC Model: a Toolkit for Action

- Inform early childhood leaders and practitioners about the CCBHC model
- Encourage leadership engagement in shaping IECMH service arrays and partnerships
- Support CCBHC leaders in connecting with the existing early childhood infrastructure and developing innovative approaches to integrating IECMH into the CCBHC model



Why Does This Matter?

- Infants and toddlers thrive when their caregivers thrive.
- Early mental and relational health is an integral part of behavioral health care.
- Integration improves access, quality and outcomes for families.



Panelists



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Why CCBHC?

Increasing behavioral health needs
among children & youth

Justice system involvement

Disproportionate school discipline

Inconsistent availability of
evidence-based practices (EBPs)

Unnecessary hospitalizations

Burden falls on other systems

Long stays in inpatient facilities

Out-of-home placements

Persistent, high levels of unmet
need

Source: Adapted from the forward of the [HHS National Guidelines for Child and Youth Behavioral Health Crisis Care](#)



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What is a Certified Community Behavioral Health Clinic (CCBHC)?

CCBHC is a model of care that aims to improve service quality and accessibility. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence or age – including developmentally appropriate care for children, youth and their families. CCBHCs do the following:



Provide integrated, evidence-based, trauma-informed, recovery-oriented and person- and family-centered care.



Offer the full array of CCBHC-required mental health, substance use and primary care screening services.



Coordinate care with other behavioral health, physical health, and social services systems in the community.



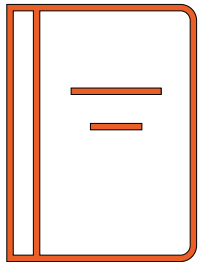
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CCBHC requirements reflect best practices

- Requires **greater scope of services** than most clinics previously provided
- Establishes standards and expectations of **active collaboration** with health and non-health partners, aimed at producing measurable improvements in clients' lives
- Supports services and staffing **driven by state/local needs**, not financial constraints
- Supports delivery of services **outside the four walls of the clinic** with innovative use of clinical and non-clinical staff to engage with individuals in the right place at the right time

Federally Defined



State Driven



Locally Achieved



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CCBHC Criteria: 6 Domains & 9 Core Services

Staffing

Availability &
Accessibility

Care
Coordination

Scope of
Services

Quality &
Reporting

Organizational
Authority

9 Core Services



Crisis
Services



Screening,
Assessment
and Diagnosis



Person-
centered
and Family-
centered
Treatment
Planning



Outpatient
Mental
Health and
Substance
Use Services



Primary Care
Screening
and
Monitoring



Targeted Case
Management
Services



Psychiatric
Rehabilitation
Services



Peer
Supports
and Family/
Caregiver
Supports



Community
Care for
Uniformed
Service
Members and
Veterans

Provision of all services are person- and family-centered.

To view the full criteria, visit <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>



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CCBHCs Today



Today, there are **over 500 CCBHCs** operating in 46 states, the District of Columbia and Puerto Rico.



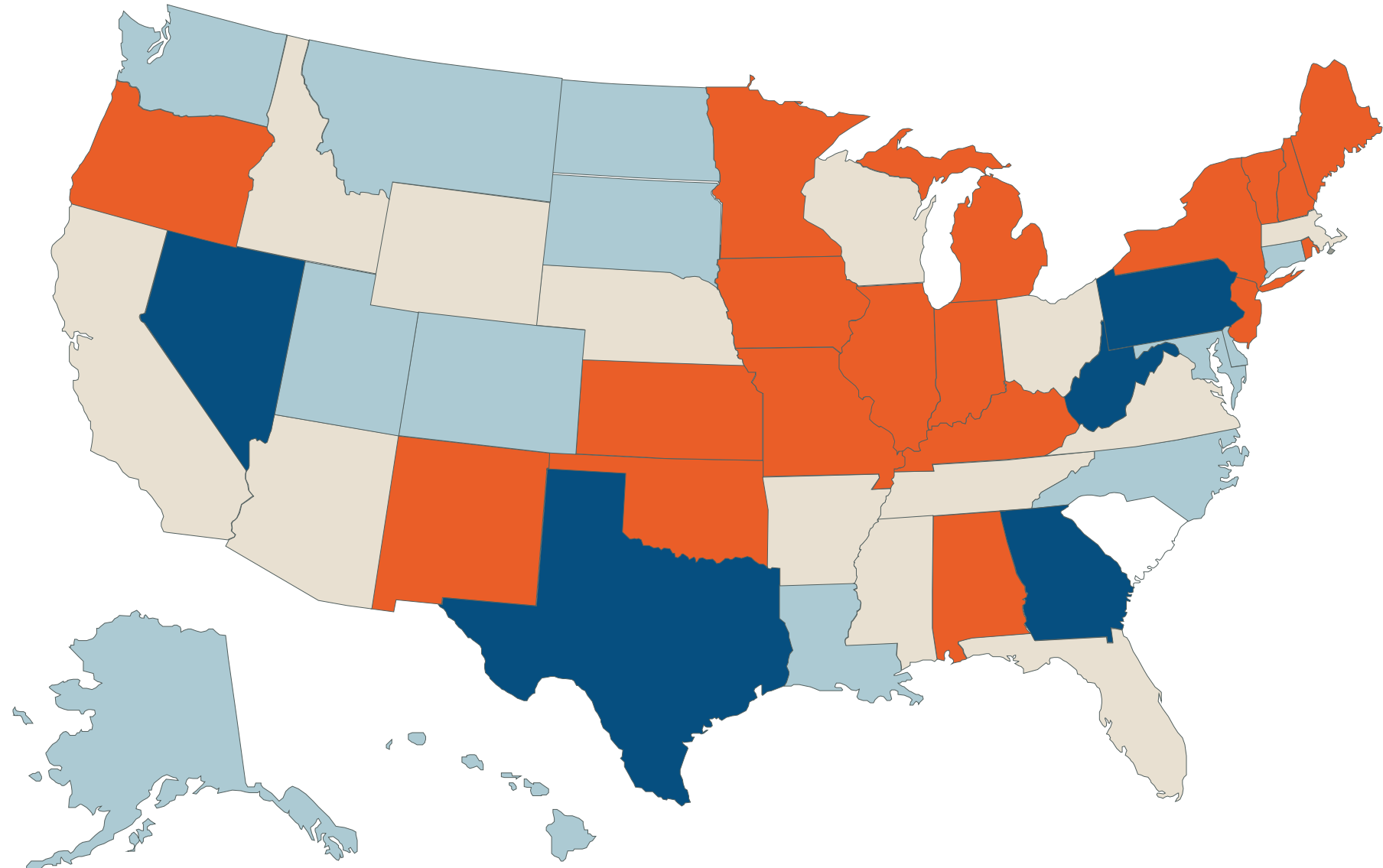
CCBHCs currently offer services in **40% of all U.S. counties**, covering **over 60%** of the nation's population.

Source: Mauri, et al (2024). [Proportion of US Counties and Population Served by CCBHCs](#). JAMA Health Forum.



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- **18 States**
Active CCBHC demonstration states
- **5 States***
CCBHC Model approved under an independent Medicaid pathway
- **15 States^***
2025 State Planning Grant Recipient^
- **13 States**
At least 1 Clinic-level SAMHSA CCBHC Grantee
- **1 State**
No State Certified or CCBHC Grantees



* Overall state count across categories is greater than 51 due to West Virginia having both a planning grant and an independent Medicaid pathway.
^ Planning grant states also include West Virginia and Washington, D.C. Planning grants were awarded December 31, 2024, but for simplicity are referred to as 2025 Planning Grants given that they primarily cover the 2025 calendar year.
To learn more about the types of CCBHCs, visit: <https://library.samhsa.gov/sites/default/files/ccbhc-pathways-fact-sheet-pep25-01-007.pdf>



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Key Takeaways: CCBHC is a Lifespan Model Inclusive of Developmentally Appropriate Care

- **Lifespan means lifespan:** Developmentally appropriate services should be available for all ages from infants and toddlers to youth transitioning into adulthood
- **Needs assessment drives service development:** The community needs assessment will inform what the child and family population looks like in the CCBHC's service area as well as the need for those families. This informs the service array and staffing needs of the CCBHC for children, youth and family services.
- **There is flexibility in identifying developmentally appropriate care:** The CCBHC criteria leave flexibility to meet community needs. Evidence-based and evidence-informed practices exist for all ages, including young children, and can be incorporated into the CCBHC service array and payment model.



Infant and Early Childhood Mental Health

The developing capacity of a child from birth to five years old to

- form close and secure adult and peer relationships,
- experience manage and express a full range of emotions,
- explore the environment and learn,

all in the context of family, community, and culture.



Early Experiences Matter

- Relationships are at the heart of everything: The health and well-being of babies and young children is firmly rooted in early relationships that are nurturing, responsive, and supportive, and which are nested in their community, culture, and language.
- Babies and young children can and do experience mental health conditions caused by trauma, neglect, biological factors, and environmental situations.
- We can support healing with developmentally-specific, culturally resonant approaches to supporting families & treating mental health conditions – and it makes financial sense!
- We need to be nimble with our language and use terms that resonate with different audiences. ZTT understands this work to be encompassing of Social Emotional Development and Early Relational Health.



Infant and Early Childhood Mental Health

The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure **adult and peer relationships...**



Experience, manage and express a **full range of emotions...**



Explore the environment and learn...

...all in the context of family, community, and culture.



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Early connections



last a lifetime.





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What's inside the toolkit?



Implementing IECMH Services within the Certified Community Behavioral Health Clinic: A Companion to the Certification Criteria



Certified Community Behavioral Health Clinics and Infant and Early Childhood Mental Health



Overview and Purpose

What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. Source: [National Council for Mental Wellbeing](#)

The CCBHC model has rapidly grown nationwide and is transforming the public behavioral health safety net system. This model, which requires behavioral health clinics to serve the entire lifespan, provides high-quality and timely care through a required set of [nine core services](#) and a modern reimbursement structure called the [Prospective Payment System \(PPS\)](#).



1. Behavioral health is defined here as the mental health and substance use needs of the population served.

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Integrating Infant and Early Childhood Concepts into the Nine Certified Community Behavioral Health Clinic (CCBHC) Services



Introduction

Certified Community Behavioral Health Clinics (CCBHCs) are transforming behavioral health care by providing high-quality mental health and substance use services to individuals of all ages, regardless of location or ability to pay. Since the model's launch in 2017, CCBHCs have expanded significantly with over 500 CCBHCs now providing timely, high-quality care across 46 states, the District of Columbia, and Puerto Rico. CCBHCs adhere to the Substance Abuse and Mental Health Services Administration (SAMHSA) [Certified Community Behavioral Health Clinic \(CCBHC\) Certification Criteria](#), which establishes a minimum set of nine core outpatient behavioral health services CCBHCs must provide. In addition, each CCBHC delivers:

- Comprehensive, coordinated mental health and substance use services developmentally appropriate for individuals across the life span.
- Increased access to high-quality community mental health and substance use care, including crisis care.
- Integrated person- and family-centered services, driven by the needs and preferences of people receiving services and their families.
- A range of evidence-based (EB)* practices, services, and supports to meet the needs of their communities.¹

While CCBHCs are designed to serve individuals across the lifespan, many focus primarily on adolescents and adults, with few targeting the needs of infants and young children (ages P-5) and their families. CCBHCs may have challenges coordinating with parents and caregivers when assessing and planning treatment. Significant opportunities exist for communities to collaborate with CCBHCs to develop a comprehensive continuum of Infant and Early Childhood Mental Health (IECMH) services — from promotion and prevention to assessment, diagnosis, and treatment.

This resource is intended for state and local leaders across early childhood and CCBHCs. It provides a table of the nine required CCBHC core services, framed through the lens of established IECMH approaches to support more integrated and developmentally appropriate care for infants, young children, and their families.

*Evidence-based practices are those that have empirical research supporting their efficacy.

¹ Substance Abuse and Mental Health Services Administration. Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria. Published February 2025. Accessed 12/04/2024 at [Certified Community Behavioral Health Clinics \(CCBHCs\)](#) | SAMHSA

Certified Community Behavioral Health Clinics and Infant and Early Childhood Mental Health



CCBHCs and Infant and Early Childhood Mental Health

Who should read this brief?

- For leaders in early childhood systems and for those designing CCBHC services for the state or local clinic level
- For CCBHC leaders who are considering how to partner with early childhood systems and integrate care for babies and their families



CCBHCs and Infant and Early Childhood Mental Health

Why is it important for infant and early childhood leaders to get involved in CCBHC implementation?

To Inform:

- Planning and Implementation
- Community Needs Assessment
- Prospective Payment System Rates
- Development of Provider Certification Manuals
- Partnering with Child Welfare
- Partnering with State and Local Infant/Early Childhood Systems

Informing the Prospective Payment System Rates

One of the hallmarks of the CCBHC model when implemented at the state level is the PPS rate — a clinic-specific, cost-related rate paid to the clinic when a Medicaid beneficiary receives a CCBHC service. The state can choose either a daily or monthly bundled rate. The unique services and supports needed by families with infants and toddlers should be considered when developing the rate-setting process, including the specialized workforce required to provide clinical and non-clinical care for infants and toddlers. These services and supports can be directly provided by the CCBHC or through a contract arrangement (referred to in the CCBHC criteria as a designated collaborating organization [DCO]).

Under either scenario, the CCBHC can build the costs for these services into its rates. For example, if a CCBHC contracts with an IECMH clinician or an IECMH group practice to provide two-generation clinical mental health treatment, the CCBHC can then build that into its proposed cost report.³ Alternatively, the CCBHC can build internal capacity to directly provide IECMH treatment by directly hiring clinical IECMH staff. Either way, costs can be captured in the PPS rates.

The PPS rate may also cover workforce training and professional development to ensure there is skill and knowledge related to infants and toddlers or competence in recommended or required evidence-based practices. The rate may cover professional development costs where the training/education and reflective supervision directly relate to the provision of quality care.

Infant and early childhood systems leaders provide expertise in developing a daily or monthly cost-related payment rate (see [PPS cheat sheet](#)). These rates are negotiated by each clinic with the state in those states with a statewide implementation effort.

Key Questions

- Is there a state-level office coordinating infant and early childhood services for health, early care and education, early intervention, and Medicaid?
- What priorities for prevention, assessment and treatment have been identified in the state?
- Are there established evidence-based treatment models operating in the state that could be considered for DCOs?
- What is the existing local and state structure for making referrals (e.g., United Way, Unite Us, Help Me Grow etc.)?
- Is there an early childhood system-wide approach to assessing for and collecting data on social determinants of health, intimate partner violence, parental depression and substance use?
- Do CCBHCs have a relationship with Association of Infant Mental Health or individual pediatric offices for referrals and follow-up?

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³ The CCBHC cost report is a tool used by clinics to detail operational costs. The state reviews cost reports to determine clinic-specific PPS rates.

What You'll Find in the Brief

Does language in state CCBHC certification manuals address the needs of babies and their families?



Policies Analyzed:

- **Community Needs Assessment**
- **Comprehensive Evaluation and/or Diagnosis**
- **Services (Treatment, Consultation)**
- **Providers (for IECMH service array)**

- **Key Finding:**

“As states continue to develop guidelines for CCBHC implementation, ...[there is a need for the] creation of policy language that addresses the unique, urgent mental health and developmental needs of infants and toddlers. State CCBHC policy manuals do not currently reflect these needs.”

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- Both CCBHC and IECMH services promote patient- and family-orientation.
- CCBHC 9 core services are matched with IECMH evidence-based/informed approaches that support integrated and developmentally appropriate care for infants, young children and their families.
- Opportunities to connect state and local early childhood systems and CCBHC systems
 - Services and Partnerships
 - Workforce Development

Screening, Diagnosis & Risk Assessment

“The CCBHC directly, or through a DCO, provides screening, assessment and diagnosis, including risk assessment for behavioral health conditions. In the event specialized services outside the expertise of the CCBHC are required for purposes of screening, assessment, or diagnosis (e.g., neuropsychological testing or developmental testing and assessment), the CCBHC refers the person to an appropriate provider. When necessary and appropriate screening, assessment and diagnosis can be provided through telehealth/telemedicine services.”
(p. 29)

- A comprehensive evaluation includes assessment of social supports, pregnancy and parenting status, trauma history, social service needs and a physical exam by a primary care provider

Substance Abuse and Mental Health Services Administration. Certified Community Behavioral Health Center (CCBHC) Certification Criteria. Published February 2023. Accessed [insert access date] at Certified Community Behavioral Health Clinics (CCBHCs) | SAMHSA.



IECMH Integration in Screening, Diagnosis and Risk Assessment

Services or Community Partnership

- *Identify age-appropriate screening and assessment tools for infants and young children (0-5) to be used in clinical work.*
- *Develop referral protocols between pediatricians and CCBHCs for full assessment after a pediatric health care provider identifies an infant or young child (0-5) as at-risk.*
- *Adopt DC:0—5™ as the diagnostic classification system for infants and young children (0-5).*
- Consult with pediatricians or other clinicians on the type of assessment and screening tools appropriate for 0–3-year-olds, (e.g., CANS, CASII, ASQ, ASQ-E, SWYC).
- Offer specialized assessment and developmental testing by IECMH endorsed providers.
- Provide IECMH Consultation for clinical providers on assessment and treatment planning for infants and young children (0-5).

IECMH Integration in Screening, Diagnosis and Risk Assessment

Workforce Development

- *Provide training to clinical staff who serve adult populations on IECMH concepts and a range of interventions.*
- *Provide DC:0—5 training to all clinical staff treating families with infants and young children (0-5).*
- *Deliver training on the selected assessment tool(s) and process to identify family strengths and needs.*

Key Questions for CCBHC Planning

Integration with the Early Childhood System

- **Early Childhood System Collaboration**
- **Internal CCBHC Operations**
 - Are staff trained or certified in age-appropriate screening and assessment tools or EB/evidence-informed interventions for young children and their families?
 - How do CCBHC treatment plans reflect a relationship-based approach when working with infants, toddlers and their families?
 - Is IECMH Consultation (IECMHC) routinely scheduled for clinical staff and supervisors?
- **CCBHC Data and Evaluation**

Program Requirements

1. Staffing
2. Availability and Accessibility
3. Care Coordination
4. Scope of Services
5. Quality and other Reporting
6. Organizational Authority,
Governance and Accreditation

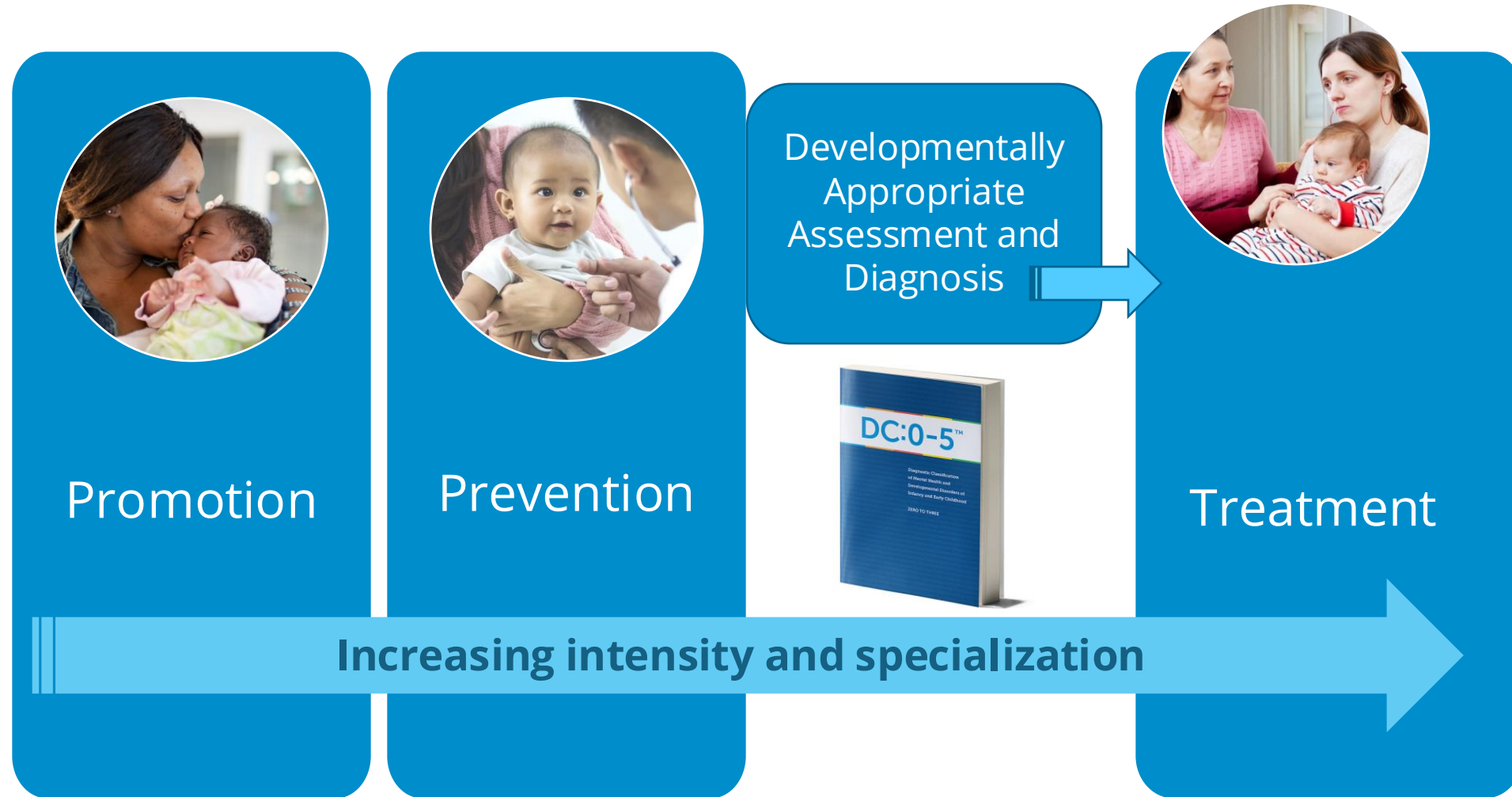


**Implementing IECMH Services within the
Certified Community Behavioral Health Clinic:**
A Companion to the Certification Criteria



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Early connections last a lifetime

Implementing IECMH Services into the CCBHC Service: Continuum of IECMH Supports & Services



Program Requirement 2:

Availability and Accessibility of Services

Key Strategies:

- Coordinate with existing organizations to expand access to IECMH services.
- Develop IECMH capacity in crisis management services.
- Leverage telehealth platforms to make IECMH services more accessible

Program Requirement 4: Scope of Services

- Criteria 1: Crisis Services

Promote infant and child well-being through timely Interventions during crisis events. (5 sub-strategies)

- Criteria 2: Screening, Assessment and Diagnosis

Adopt age-appropriate, validated screening and assessment tools.
(9 sub strategies)

Appendices

- Appendix A:
Screening and Assessment Tools
- Appendix B:
Selecting IECMH Parent Education, Home Visiting and
Treatment Models
- Appendix C:
Resources



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State & Local CCBHC Implementation and Integration



State and Local CCBHC Panelists



Linda Buchheister

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Behavioral Health Services
Commission
Kansas Department for Aging
and Disability Services



Sarah Kelly-Palmer

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Services
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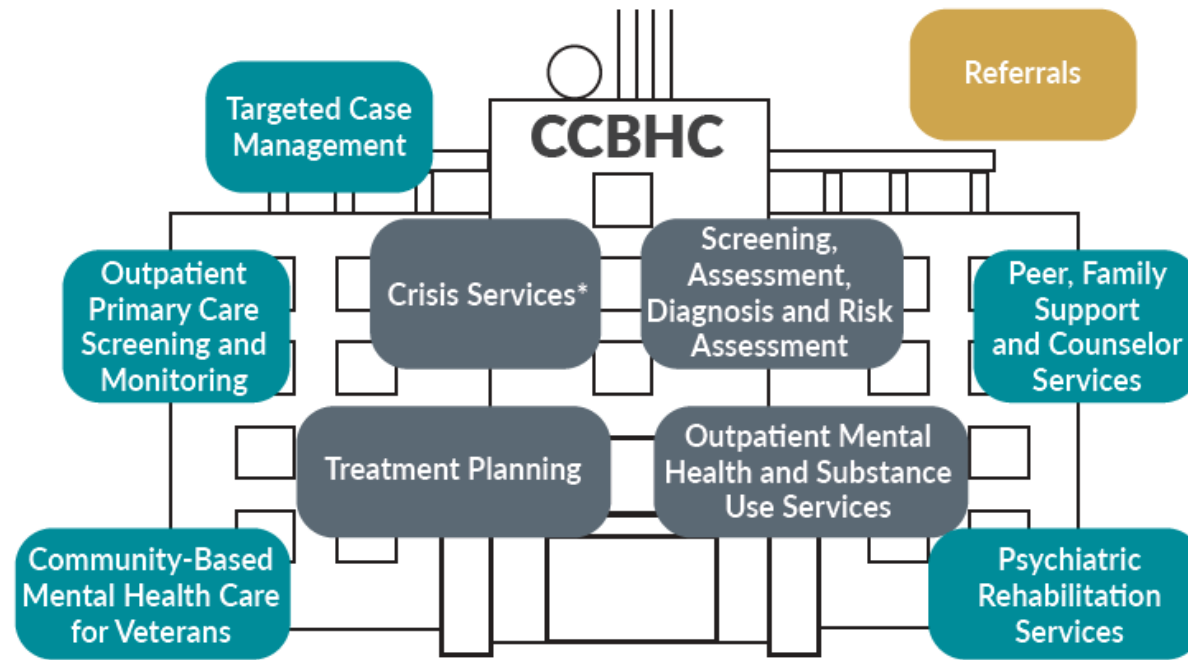
Christine March

Executive Vice President
Child Abuse and Trauma Services
and Legislative Affairs
Family & Children's Services
Tulsa, Oklahoma

Kansas State CCBHC



Kansas Children's Continuum of Care and CCBHC



Where we are

State Plan Amendment effective 1/1/2026 for implementation of DC:0-5
State Policy – Billing Guidance – Training, implementation and sustainability

Bringing all voices to the table

- Children's Cabinet

- Children's Subcommittee

- State Interagency Coordinating Council

- Local Interagency Coordinating Council

- Behavioral Health Policy – Child Welfare, Justice, Education, Health and Behavioral Health

- Future Fellows – PDG

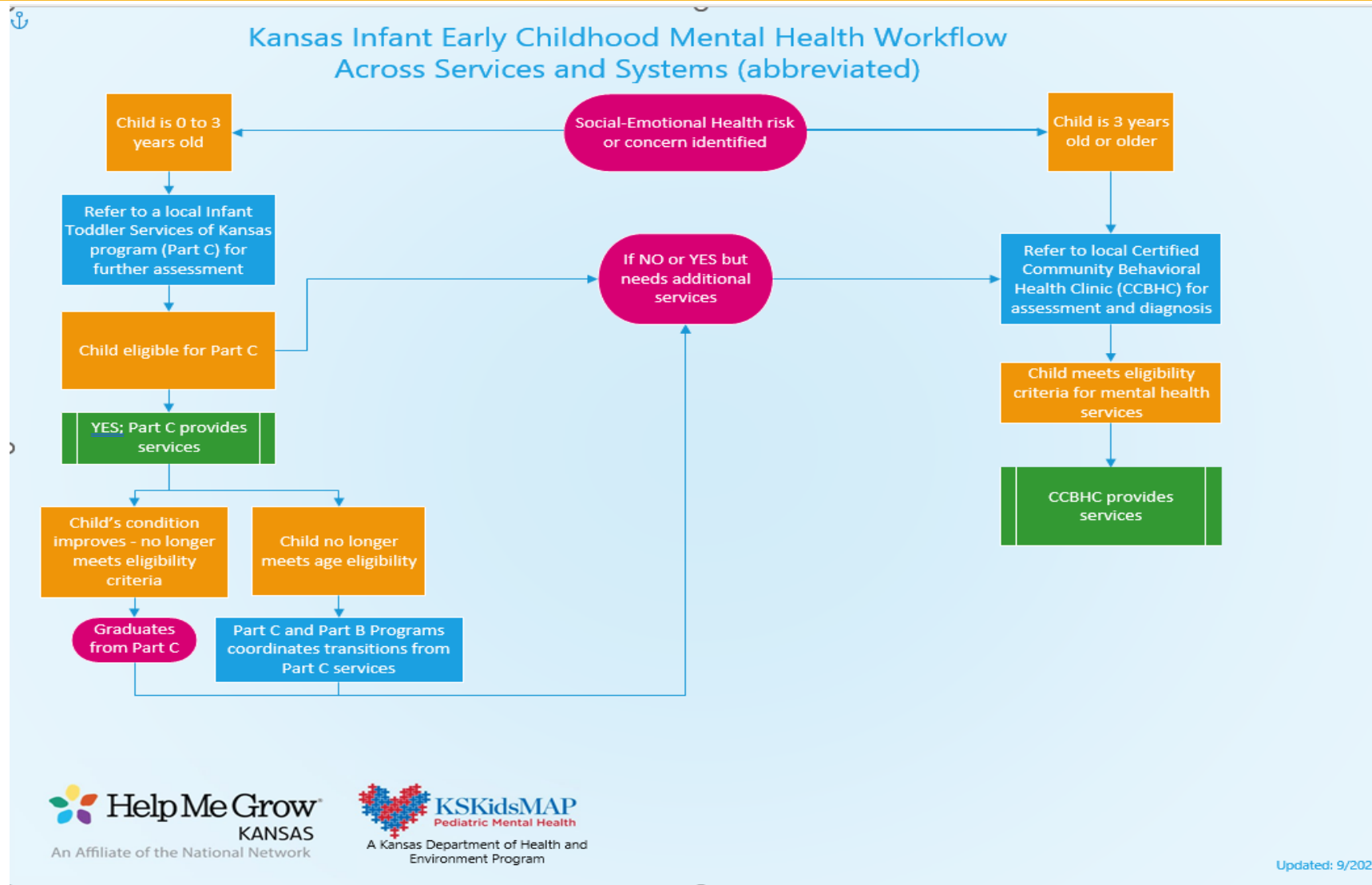
- Zero to Three FPP – Cohort 4

- Part C Providers

- Part B Providers

- Non-profits

IECMH System WorkFlow (Draft)



How to Leverage CCBHC for IECMH

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CCBHC Criteria	Actionable IECMH Opportunity
Access & Availability	Track % of 0–5 children screened (developmental & social-emotional) via pediatric/WIC/home visiting referrals.
Care Coordination	Include pediatric, early education, EI/Part C, and child welfare in MOUs and care teams.
Scope of Services	Train intake to document developmental, bonding, and attachment concerns; expand caregiver supports.
Quality & Reporting	Add 0–5 access and caregiver MH engagement as state-level QA indicators.
Governance & Partnerships	Add KAIMH/early childhood seats on local advisory councils; formalize data-sharing workplans.

Knowing When We are Moving the Needle

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- **Process:** % 0–5 screened; % caregivers screened; # cross-sector agreements; time-to-first appointment for 0–5.
- **Capacity:** # staff trained in IECMH; # centers adopting DC:0–5 or KAIMH competencies in treatment planning.
- **Outcomes:** increased caregiver engagement; improved child functioning; reduced wait times for 0–5 referrals.

**Providence
Rhode Island
CCBHC**

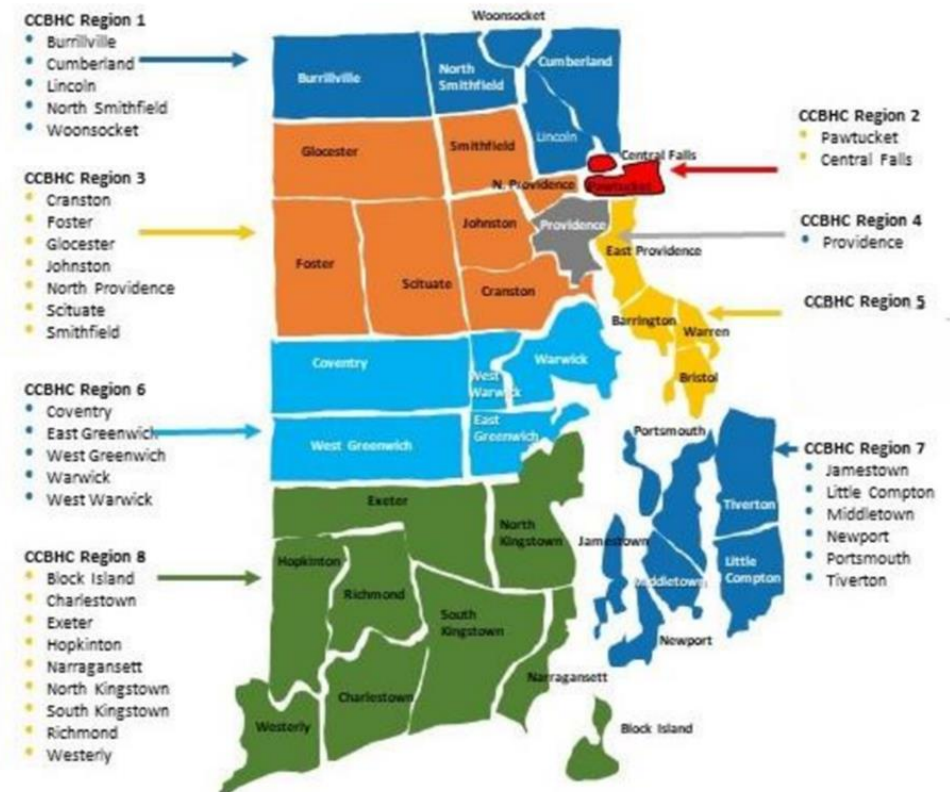


Family Service of Rhode Island (FSRI) is a behavioral health and human service organization supporting Rhode Islanders across the state from infancy to adulthood through over 30 trauma-informed, evidence-informed and evidence-based programs and services. Founded in 1892, FSRI's long history of non-profit service has always been tailored to meet the unique and ever-changing needs of the diverse Rhode Island communities in which we serve.

FSRI'S CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC

- FSRI is one of eight CCBHCs in Rhode Island
 - Two CCBHCs have specialized mental health services for IECMH.
- Education around IECMH is an on-going process

State of Rhode Island CCBHC Regions



NEEDS ASSESSMENT

- All CCBHC's are required to complete a Community Needs assessment every three years
- This is an opportunity to reach out to the Early Childhood Community
 - Home-visiting programs
 - Early Head Start and Head Start
 - Preschools
 - Day Care Centers
 - Pediatric Practices
- In the statewide needs assessment completed for Rhode Island, children were found to be in most need of assistance- with a specific focus on children under the age of three being a gap in the service array

Young Children in Medicaid Assistance with Serious Emotional Disturbance Year % of Children (Ages 1-5) Enrolled in Medical Assistance Presenting with SED

2017	12%
2018	15%
2019	16%
2020	16%
2021	17%
2022	20%

RI Infant and Early Childhood Mental Health Plan (EOHHS, 2023)

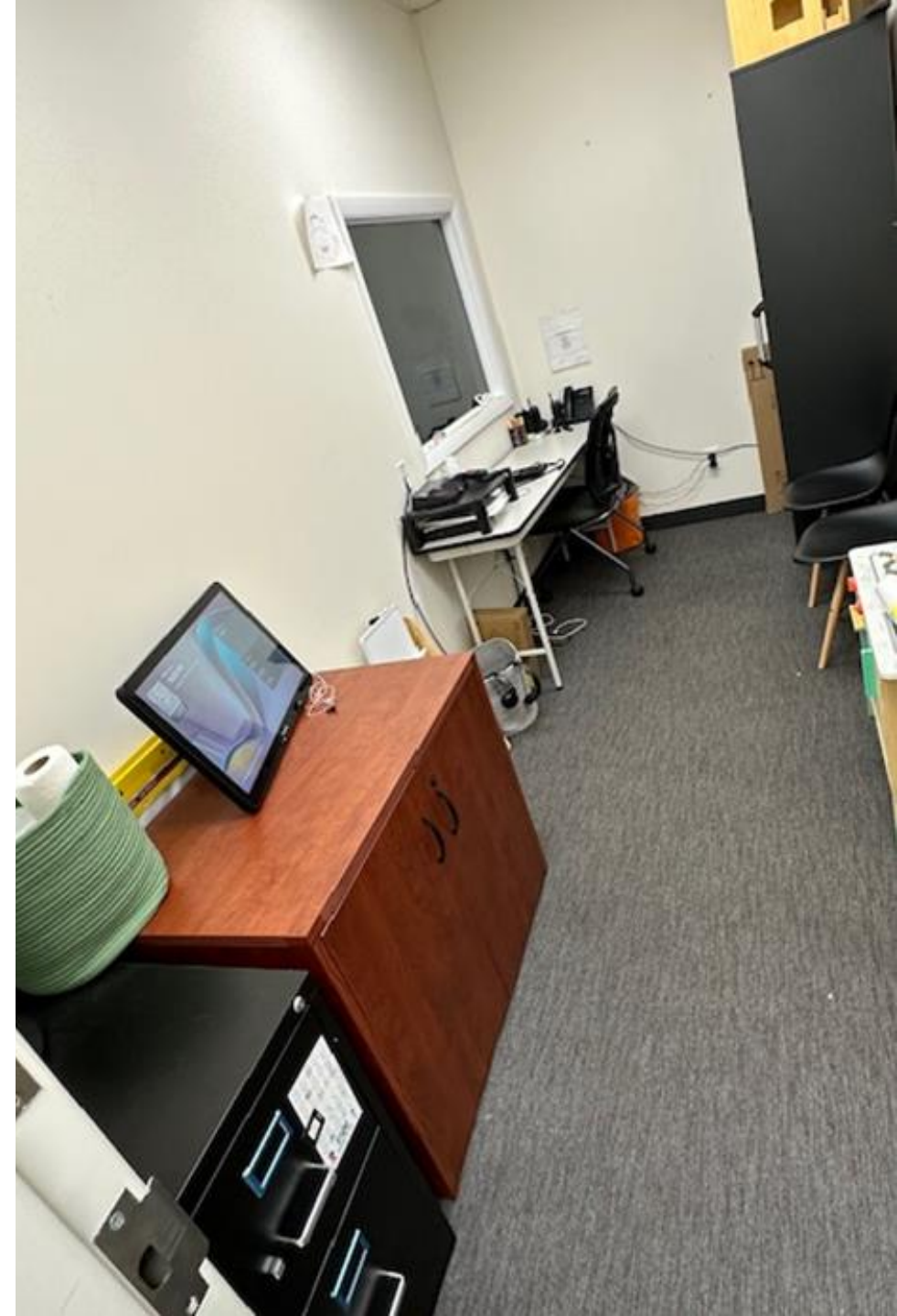
PARENT CHILD INTERACTION THERAPY

- **PCIT Key Components:** PCIT uses a two-stage approach with the goal of improving the parent/caregiver-child relationship by changing patterns of interactions and implementing a positive discipline program
- **Phase One of Treatment:** Child Directed Interaction, the parent/ caregiver is taught relationship-building skills: Praise, Reflection, Imitation, Description, and Enthusiasm (PRIDE) and receives live coaching and feedback as skills are practiced with the child in session
- **Phase Two of Treatment:** Parent Directed Interaction, In this phase of PCIT, the parent/caregiver is taught and coached in a positive discipline program. All skills are gradually expanded for use in a structured home setting to unstructured home setting to public settings. Live coaching, a unique feature of PCIT, is conducted through a one-way mirror or closed circuit live video system. Using a validated coding system, parents/caregivers are provided immediate feedback of skill mastery and provided coaching to improve skills. Homework is assigned each session (length is between 5-10 minutes per day, depending on phase of treatment).
- **PCIT typically lasts between 16-24 sessions.**





PCIT TREATMENT & OBSERVATION ROOM



MOBILE RESPONSE & STABILIZATION SERVICES

Mobile Response and Stabilization Services (MRSS) is a crisis response program for children up to 21 years of age

- Available 24/7/365
- Family-defined crisis
- In-person response within 1 hour of request for service
- Clinical team follows the child/youth for 30 days to ensure connection to services
- MRSS Program has a 93% success rate of diverting children/youth from hospitalization/higher level of care
- Currently outreaching Early Childhood Providers to connect as a resource

Tulsa Oklahoma CCBHC





The CCBHC Model as a Solution



» Onboarding Staff



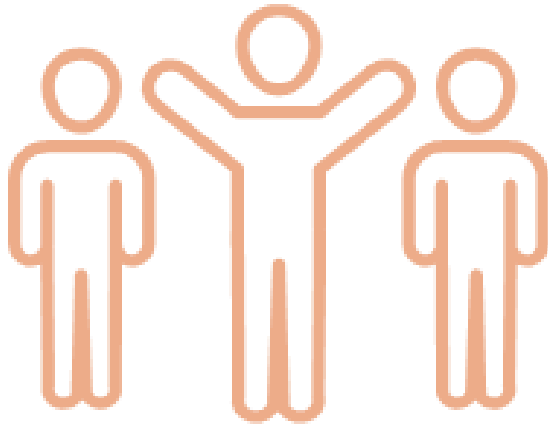
» Interdisciplinary Teams



» Peer Consultants



Onboarding Staff



- » Interviewing
- » Training Specific to CCBHC Model and Position
- » Collaborative Service Goals
- » Supervising



Interdisciplinary Team

addressing the
WHOLE CHILD
with a
**TEAM
APPROACH**



Internal Team:

Therapist, Care
Coordinator, Family Peer
Specialist, Nurse, Child
Psychiatry

- » Collaborative Care
- » Family Services
- » Other Providers

Peer Consultants

Peer Consultant: A person with similar lived experiences provides help to the identified individual(s) receiving services.

- »Reduction in stigma
- »Improves mental health outcomes
- »Sense of belonging and connectedness
- »Practical coping strategies



Discussion





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Certified Community Behavioral Health Clinics and Infant and Early Childhood Mental Health



Overview and Purpose

What is a CCBHC?

A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated provider that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. Source: [National Council for Mental Wellbeing](#)

The CCBHC model has rapidly grown nationwide and is transforming the public behavioral health safety net system. This model, which requires behavioral health clinics to serve the community, provides high-quality and timely care through a required set of nine core services and a reimbursement structure called the [Prospective Payment System \(PPS\)](#).



1. Behavioral health is defined here as the mental health and substance use needs of the population served.

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The toolkit is live!



Infant and Early Childhood Concepts Certified Community Behavioral Health (CCBHC) Services



Implementing IECMH Services within the Certified Community Behavioral Health Clinic: A Companion to the Certification Criteria



a focus on the nine required CCBHC core services, framed through the lens of established IECMH approaches to support more integrated and developmentally appropriate care for infants, young children, and their families.

*Evidence-based practices are those that have empirical research supporting their efficacy.

1. Substance Abuse and Mental Health Services Administration, Certified Community Behavioral Health Clinic (CCBHC) Certification Criteria. Published February 2023. Accessed 12/04/2024 at Certified Community Behavioral Health Clinics (CCBHCs) | SAMHSA



ZERO to THREE

Coming Soon:

Webinar: *Fetal Alcohol Spectrum Disorder: Minnesota's work on Assessment, Treatment, and Building a Workforce from the Clinician, Parent, and Research Perspectives*

December 4, 2025

2:00pm ET-3:30pm ET/ 11am-12:30pm PT



Thank you!

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ZERO to THREE
Early connections last a lifetime

Presenter Bios

Lindsay Usry, MPH, Director, Infant & Early Childhood Mental Health Strategy ZERO TO THREE

Lindsay leads ZERO TO THREE's perinatal, infant, and early childhood mental health policy and systems building efforts, working at the federal and state levels to increase access to and utilization of high-quality mental health supports and services for young children and their caregivers. She was previously on the faculty of Tulane University School of Medicine in the Department of Psychiatry and Behavioral Sciences, where she served as Director of Special Projects for the Tulane Institute of Infant and Early Childhood Mental Health and helmed federally and philanthropically funded efforts focused on the mental health of young children and their caregivers. Lindsay holds a Master of Public Health from Tulane University and a Bachelor of Science in Neuroscience from The College of William and Mary. lusry@zerotothree.org

Ann Mukherjee, M.P.P. Advisor, State CCBHC Initiatives, National Council for Mental Wellbeing

Ann provides consultation and technical assistance to state Medicaid and Behavioral Health agencies to support their state-level CCBHC planning and implementation. Ann has expertise in system design and financing, children's system of care, and value-based payment models. Prior to joining the National Council, Ann worked in Georgia and New Hampshire as a health policy researcher and policy advisor for behavioral health initiatives. She served as Senior Policy Advisor in Georgia's Health Policy Center leading a policy and finance portfolio of children's behavioral health projects and advising the state's behavioral health reform commission. Ann holds a Master of Public Policy in health policy from Brandeis University and a Bachelor of Business Administration in Economics from Georgia Southern University. AnnM@nationalcenter.org

Lisa McGarrie, MSW, LCSW, Lead Policy & Finance Specialist, Safe Babies, ZERO TO THREE

Lisa McGarrie is a social worker and policy team member with Safe Babies, a program of ZERO TO THREE. She has over 20 years of experience working with children and families and child-serving systems. The majority of her professional career has been focused on facilitating systems level change within children's mental health in partnership with local experts, including families with lived experience. Lisa has worked with state leaders to develop solutions across policy, funding strategies, and program implementation. Lisa has a MSW from the University of Maryland Baltimore and a bachelor's degree in international business from University of Maryland College Park. LMcGarrie@zerotothree.org

Catherine Bodkin LCSW, MSHA, IMH-E Policy Senior Technical Assistant, ZERO TO THREE

For 14 years, Cathy has provided technical assistance to communities and states on federal and projects, including MIECHV, Healthy Start, Project LAUNCH, Early Childhood Comprehensive Systems, the IECMH Federal Financing Project, and Infant and Early Childhood Mental Health Technical Assistance Center. Previously she was executive director of a multi-service, non-profit community agency serving a five-county region with family counseling, USDA food program, runaway shelter, problem pregnancy counseling, childcare resource and referral, a parent drop-in center and a school crisis response network. As the Virginia Department of Health's program manager of four statewide home visiting programs, she standardized screening protocols and basic professional development modules across models. She led the integration of the Bright Futures Guidelines into the procedures of five state agencies; initiated home visiting for fathers and promoted inclusion of community health workers in health delivery systems. For 23 years, as a weekend social worker in the University of Virginia Medical Center Emergency Department (Level I Trauma Center), she provided family crisis counseling, psychiatric hospital placements, and training on crisis management and served as medical school adjunct faculty. cbodkin@zerotothree.org

Panelist Bios

Linda Buchheister has worked in the Kansas Department of Aging and Disability Services since 2018. She was recently promoted to . In her previous positions, she served as the Children's Community and Inpatient Program Manger, the state Suicide Prevention Coordinator, and Program Manager for the Disaster Relief Grant and the System of Care Grant. She serves as liaison to Community Mental Health Centers (CMHC/CCBHC), evaluates and writes Medicaid State Plan Amendments, is a member of the State Interagency Coordinating Council and the Kansas Maternal and Infant Mental Health Coalition. She has overseen the training and certification of Parent Peers and managed grants to community partners to create new and much needed services (Crisis Respite Programs, Parent, Teacher and Staff Training in EBPs).

Sarah Kelly-Palmer, LICSW is a Licensed Independent Clinical Social Worker and Chief of Behavioral Health Services at Family Service of Rhode Island (FSRI) where she oversees the implementation of FSRI's Certified Community Behavioral Health Clinic (CCBHC). Sarah received her Master's Degree in Social Work at the State University of New York at Albany. Sarah specializes in the implementation of evidence-based treatments and trauma-informed care in mental health and child welfare systems. Sarah is an adjunct faculty member at Fordham University, where she teaches classes in child and adolescent trauma. Sarah provides training and consultation in trauma-informed treatment and practices in mental health, education, and child welfare settings and presents nationally on the subject of trauma-informed practice. Sarah has been the Project Director and/or Principal Investigator on several federal grants related to CCBHC and trauma-informed treatment. Sarah has worked at FSRI for 22 years and lives in North Kingstown, RI with her husband and son.

Christine Marsh is a distinguished social work executive with 30 years of experience in the treatment and prevention of child abuse/neglect/trauma. Currently in the position of Executive Vice President, Child Abuse and Trauma Services and Legislative Affairs at Family & Children's Services (FCS), Christine provides visionary leadership in the development, implementation and evaluation of high-quality child abuse and trauma prevention and treatment services. Christine also works with state legislative system to inform and shape potential legislation. She is recognized for fostering a culture of clinical excellence, developing workforce talent, and advancing innovative, evidence-based models of care. Early in her career, she was a case manager with the Oklahoma Department of Human Services, Child Welfare, supporting family reunification and adoption. She has championed trauma-informed practices and holds a national certification in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), is a registered provider in Child Parent Psychotherapy. A Licensed Clinical Social Worker (LCSW), Christine holds a Master of Social Work from the University of Oklahoma, and a Bachelor of Sociology from Oklahoma State University.