POLICY STRATEGIES
TO ADVANCE
INFANT AND EARLY
CHILDHOOD
MENTAL HEALTH

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Policy Strategies to Advance Infant and Early Childhood Mental Health

October 20, 2016
Today’s Agenda

- Introduction & Project Background
- What is I-ECMH?
- Why is I-ECMH Important?
- What Can Policymakers Do to Advance I-ECMH?
- Q&A
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.
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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What is I-ECMH?
• 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.
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.
Why is I-ECMH Important?
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
• **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.
What Can Policymakers Do to Address 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
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.

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.

- **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

- **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.**

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

  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.
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.
• **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.
**Legislative Activity**

- **Ohio’s** Department of Mental Health and Addiction Services announced $9.1 million in funding that will benefit 75 counties through the agency’s “Whole Child Matters: Early Childhood Mental Health (ECMH) Initiative.” The funding calls for the addition of up to 64 mental health consultants who will work with teachers, staff and families of at-risk children in preschools and other early learning settings (2016).

- Last year, **Washington** lawmakers passed legislation, co-sponsored by members of both parties, that created the Children's Mental Health Work Group to identify barriers to access of mental health services for children and families. In 2012, the legislature directed the Washington State Institute for Public Policy to assess the costs and benefits of implementing the Bright Futures guidelines.

- In 2013, **Connecticut’s** bipartisan Committee on Children passed a bill that requires the state to develop a comprehensive implementation plan, across agency and policy areas, for meeting the mental, emotional and behavioral health needs of all children in the state, and preventing or reducing the long-term negative impact of mental, emotional and behavioral health issues on children.

- The 2007 **Minnesota** Legislature approved funds to enhance early childhood mental health capacity and provide mental health services to young children, ages birth to 5, with a focus on uninsured and underinsured families. In August 2015, DHS awarded [Early Childhood Mental Health Grants](#) to create comprehensive mental health systems and services to meet the needs of their youngest children and their families.
Concluding Takeaways

• **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](#).
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For questions, comments or more information, please contact us or visit our website!
Questions?
An archived version will be available shortly, please visit: www.ncsl.org/research/human-services/advancing-infant-and-early-childhood-mental-health.aspx

Learn more about NCSL’s Early Care and Education project: www.ncsl.org/research/human-services/early-care-and-education.aspx

We hope to see many of your Dec. 6-9, 2016 in Washington, D.C. for the Capitol Forum: www.ncsl.org/meetings-training/2016-ncsl-capitol-forum.aspx

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