Infant Early Childhood Mental Health in Massachusetts

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Starting Strong Summit

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History of State Collaboration

- Ten years of state interagency collaboration on IECMH
  - 2009 Strategic Plan
  - Plan framed the LAUNCH and MYCHILD SAMHSA grants ($13 M over 6 years; $7 M in Expansion grants)
  - State Interagency Systems Workgroup
  - Blending and braiding resources

- Additional Leadership on IECMH:
  - MassAIMH; Children’s MH Campaign; Mass Chapter AAP Children MH Task Force; Post Partum Depression Commission
ECMH Framework

- **VISION:** All children grow up to be healthy, caring, and economically self-sufficient adults

- **MISSION:** Families are supported and empowered so that their young children are emotionally healthy, ready for school, and nurtured to develop to their full potential
Promotion

<table>
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<tr>
<th>Goal 1:</th>
<th>Families with children 0-8 and those who work with them have awareness, knowledge, and understanding of how to PROMOTE and nurture children's healthy growth and development.</th>
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<tr>
<td>Objective 1.1:</td>
<td>The general public perceives behavioral health as an integral part of health for children and families.</td>
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<td>OBJECTIVE 1.2:</td>
<td>Families have knowledge of and access to strengths-based, family centered, and culturally and linguistically competent services and activities.</td>
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CBHI IECMH Guide

Infant and Early Childhood Mental Health Resources and Services
A Guide for Early Education and Care Professionals

A collaboration between the Children’s Behavioral Health Initiative, the Department of Mental Health and the Department of Early Education and Care’s Race to the Top Early Learning Challenge Grant
Additional Progress and Gaps

- MYCHILD/LAUNCH social marketing campaign
- EEC/ESE: Pre-K Social Emotional Learning Guidelines

Continued Gaps:
- Never enough culturally and linguistically accessible services and supports
- Promoting the use of a 2-generation lens

Checking in on her emotions is just as important as checking her heartbeat.
Goal 2: Children and families are supported to develop improved social connection and resilience, and those with risk factors related to behavioral health are identified and served as early as possible through a system of PREVENTION.

Objective 2.1: Screening for social emotional and behavioral health needs is conducted across early childhood settings

OBJECTIVE 2.2: Families have access to a diverse, comprehensive array of community resources and services that are individualized to their needs.
Progress

- CBHI Behavioral Health Screening in well child visits:
  - Increase from 17 to 78% (ch. 6 mos-5) 2008-15
  - New tools to address gaps for infants (under 6 months only 45% screened for BH)

- Common tools across systems: ASQ (EEC-Coordinated Family and Community Engagement) and ASQ-SE (EI)

- Post partum depression screening and MCPAP for Moms

- EEC MH Consultation, using standardized classroom observation and child assessment tools

- Triple P in primary care(DMH/MCPAP)
The LAUNCH/MYCHILD Model
Early Childhood Mental Health within Pediatric Primary Care

- ECMH Clinician and Family Partner embedded in primary care
- Primary Care Champion as liaison
- Administrator (from Pediatrics or Behavioral Health) to promote supportive policy context, identify financing issues
- Team participation in Medical Home Learning Collaborative

Behavioral Health Integrated into Pediatric Medical Home
LAUNCH and YCSOC Expansion Communities

LAUNCH Exp: *Family Health Center of Worcester*

SOC Exp: *Worcester Dept. of Public Health, Community Health Link, Plumly Village Health Services*

LAUNCH Exp: *Bay State High Street Pediatrics*

SOC Exp: *Springfield Department of Health & Human Services, Gandara, Brightwood Health Center and Caring Health Center*


LAUNCH Exp: *MGH Chelsea Health Center*

Green = both LAUNCH and SOC Expansion
Orange= LAUNCH Expansion
Yellow= SOC Expansion
Gaps

- Referral and follow up gaps, especially 3-5 year olds
- ECMH Consultation capacity
- Sustaining prevention models
- Addressing impact of opioid crisis and other toxic stress risk factors on young children and families
Intervention

Goal 3: There is a coordinated, well-resourced system of relationship-based INTERVENTION services for support and treatment of children with social, emotional, and behavioral needs.

Objective 3.1: Children and families receive comprehensive, family centered, assessment of strengths and needs

OBJECTIVE 3.2 Relationship-based intervention services are provided to children and families.
Progress and Gaps

- CBHI Child and Adolescent Strengths and Needs Assessment (CANS) Birth to 4
- DCF’s Mass Child Trauma Project and other grants have trained 200 BH providers in Child Parent Psychotherapy, ARC evidence based treatment (EBT)
- Training of DCF MH Specialists in IECMH (DMH)
- Mass Home Visiting Moving Beyond Depression EBT
- **Gaps:** challenges in diagnosis and reimbursement for dyadic treatment for children under 5; sustaining EBTs
## Workforce

**Goal 4:** There is a coordinated and cross disciplinary system of training that supports Promotion, Prevention & Intervention efforts of all types of early childhood service providers.

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<th><strong>Objective 4.1:</strong></th>
<th>Providers of primary health care to young children and their families are supported in providing an early childhood medical home</th>
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<td><strong>Objective 4.2:</strong></td>
<td>Providers working with young children and their families are trained in using best practices that nurture children’s behavioral health.</td>
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<td><strong>Objective 4.3:</strong></td>
<td>Providers have the knowledge and skills to identify families at risk, provide prevention services, and appropriately refer families if there are indications of risk.</td>
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<td>Objective 4.4:</td>
<td>The workforce is knowledgeable and competent to provide intervention across levels and systems of care.</td>
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Progress

- LAUNCH/MYCHILDL Learning Collaborative and replication toolkit on integration in primary care
- State purchase of Michigan AIMH Competency System supported by DPH, EEC and MassAIMH
- Pyramid Model of Early Childhood Positive Behavior Support implementation in ECE, Preschool Special Education, EI, family support
- System Change for Successful Children (SCSS)-MH Consultation and training for DCF involved children (Collaboration for Education Support)
EEC Race to the Top Partnerships

- Training/TOT on impact of early childhood trauma, parental substance abuse, parental MH issues, and exposure to violence (DPH)
- Training on Infant Toddler MH and Top of the Pyramid Skills in 6 regions (DMH)
- Pyramid for Homeless Shelter staff (DHCD, DPH)
- Training for CBHI In-Home Therapy supervisors on reflective supervision, now replicated by CBH Knowledge Center (DMH)
- Early childhood development training for new DCF staff; DCF continuing to fund EC policy position
Workforce Development Gaps

- Fiscal sustainability of professional development, including coaching and cross systems training
- “Identity” of the IECMH field across systems
- Lack of incentives for educators and practitioners to focus on IECMH and to stay in these fields
Opportunity

- We have so much to build on
- We know the issues
- How do we work together to take IEMCH to the next level in Massachusetts?