Infant Early Childhood Mental Health Planning

IECMH Prevention - Stakeholder Input

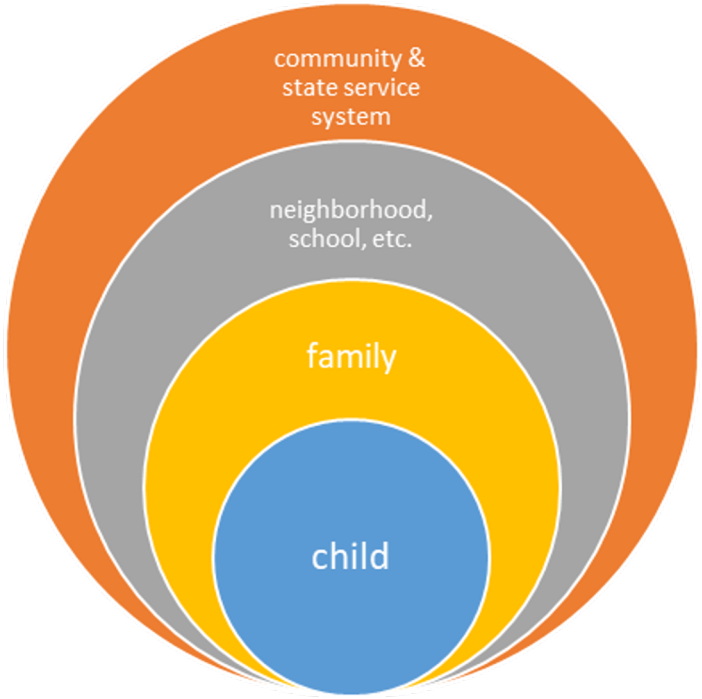
January 18, 2023

RHODE ISLAND

Overview: Prevention for Young Children and Families

Prevention includes services and supports for children and families in which the child is showing early signs of social, emotional, or behavioral issues, and/or is at increased risk of developing issues as a result of things like:

- Family history or presence of mental health issues or substance misuse
- History of trauma or exposure to violence
- Involvement in the child welfare system
- Social determinants of health (e.g., poverty, unemployment, underinsured)
- Experiences of racial discrimination



Treatment of caregiver or family issues (mental illness, substance use, PTSD, violence, abuse) is also **prevention** for children's social, emotional and behavioral issues.

Goals of preventive interventions include:

to support relational health (child's healthy attachment to primary caregivers and caregivers' capacity to provide nurturing and responsive care)

to help caregivers develop strategies to manage children's social, emotional, and behavioral challenges

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Prenatal and Postpartum Settings
Training	• Add training for EI providers on this topic (perinatal mental health) to ensure referrals to these services. (See also system coordination)
Guidance/ Policy/Practice	• Embed a social worker or CHW in OB/GYN practices • Embed mental health consultant in prenatal and postpartum settings. • Provide groups for mental health support. Group prenatal care like Centering Pregnancy model can build community in medical settings and combat isolation.
Funding/ Payment	• Payment for parental leave for families w/ new children • Establish sustainable funding for mental health consultation • Sustaining and spreading provider-level supports offered by the RI MomsPRN program to identify and address mental health and SUD concerns in programs encountering perinatal patients
Equity	• Ensure availability of translation and interpretation services • Invest in multicultural education for existing providers (pediatricians, OBGYNs, and therapists) so they recognize the ways that depression (and other mental health problems) present in black and brown women and utilize accurate screening tools and resources (some of this could be done through MomsPRN).
Data Sharing and System Coordination	• Better connections between doulas and the rest of the medical system and recognition of their role; doulas are a wonderful RI resource and paid by Medicaid and commercial nsurance. • EI services exist, making these easier to access + increase referrals - could be a great benefit to postpartum concerns • There needs to be a transitional referral program to support families leaving the W&I day program.

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Pediatric Settings
Training	• Train pediatric residents using *Promoting First Relationships in Pediatric Primary Care* • Reimburse and train on the neonatal behavioral assessment scale - https://www.brazelton.co.uk/courses/nbas and Touchpoints/NBO • Embed IECMH content into medical training practice, particularly for primary care practitioners • Encourage pediatricians to get level 1 or 2 IMH endorsement • Train providers and parents on the importance of bonding; group care builds community, connection, trust, a continuity of a conversation about mental health and parenting.
Guidance/ Policy/ Practice	• Embed mental health consultants. • Follow examples of Oregon and Massachusetts who recently received federal 1115 approval to ensure primary care rates do not fall below a specific benchmark. • Federal Medicaid also recently clarified guidelines for inter-professional consultation so both parties can be reimbursed • Work on policies that prevent waitlists (which can detour families from asking for help again) and be flexible in timing to offer services to families at times that are good for them - not just 9-5 when they are working. • Have a stable cohort of mental health workers who are in community health centers that can help buffer the instability in the medical workforce in these settings (e.g. very high rates of turnover and low continuity of care). Critical to forming relationships. • Legislation to require the state to pursue Birth to 5 continuous eligibility for children with Medicaid insurance which is important for families' continuous access to their primary care team and for specialized care. [**NOTE:** work on this is in process currently; Congress passed permanent, mandatory, 12-month continuous eligibility in Medicaid and CHIP for children up to age 19 in all states effective Jan 2024]

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Pediatric Settings (Cont.)
Funding/ Payment	• Establish a reimbursement mechanism for embedded assessment and intervention. • invest in breastfeeding supports (since it benefits health and mental and physical wellbeing for mom and baby) • Establish sustainable funding for mental health consultation. • improve payment models for primary care staff - payment mechanisms that pay for care teams (e.g., collaborative care models; MA primary care subcap is a good model to look at)
Equity	• Targeted interventions that put more resources into families of color - everything is under-resourced for families of color. (Could Health Equity Zones help facilitate this?) • Expand models that incorporate in-depth behavioral health screening and supports into pediatric practices (e.g. DULCE, which has a specific anti-racist focus or mental health consultation). • DULCE should be targeted to practices serving financially stressed and minority communities • Make services more community-centered and family-centered.
Data Sharing and System Coordination	• Train and use health navigators or social workers to help families connect with services.

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Family Visiting Settings
Training	• Add resources and trainings for EI and other home visiting programs including having clinicians on staff who can be accessed to bridge family needs. • Require credentialing of staff in Infant & Mental Health and use social workers already engaged in program
Guidance/ Policy/ Practice	• Expand the mental health consultant workforce to support Family Visiting. • Expand use of Mothers and Babies in family visiting programs (Note: this already being implemented in HFA and PAT) • Ensure that family visiting has integrated relationship-based practices (IMH) into service delivery • Consider implementing Incredible Years parenting program within family visiting (as is currently being piloted in RI) • Implement Child First model (great outcomes working with high needs populations, including families referred from child welfare that may or may not have been indicated for neglect). Fund through MIECHV, Medicaid, philanthropic funds and/or state general funds.

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Family Visiting Settings (cont.)
Funding/ Payment	• Establish sustainable funding for mental health consultation. • Sustain Early Head Start, First Connections, NFP, and add Healthy Families. • Expand family visiting services to all RI families who are interested. • Expand First Connections to be universal, voluntary program (like Family Connects model in other states)
Equity	• Recruit and retain a workforce that reflects the communities in which they work.
Data Sharing and System Coordination	• Increase coordination and communication between family visitors and other early childhood providers working with families.

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Early Care and Education	Recommendations to Date - Early Intervention Settings
Training	• Expand the mental health consultant workforce. • Implement universal EBPs, such as the Pyramid model, to offer training and coaching to ECE providers. • Partner with local universities and create internship or practicum experiences for psychology and social work graduate students in Head Start or other state-based ECE programs.	• Build capacity of EI agencies and staff to conduct more in-depth assessment of social emotional development and delivery of child and family interventions. • Expand the mental health consultant workforce to support EI.
Guidance/Policy	• Pass the Early Educator Investment Act in order to strengthen the childcare workforce and pipeline. • Improve the Kids Connect program design to make it more accessible to more children on Medicaid as well as to children with commercial health insurance.	• Align Kids Connect service with Early Intervention and Early Childhood Special Education to avoid duplication and strengthen a single system of support.

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Early Care and Education (Cont.)	Recommendations to Date - Early Intervention Settings
Funding/ Payment	• Allow child care facilities and preschool programs to have a licensed clinician who can bill for services while they are on site. • Increase ECE wages in order to support secure and supportive relationships between caregivers and young children. • Continue to invest in mental health consultation and in-class social emotional supports. • Sustain/expand investments in SUCCESS. • Enforce (?) Medicaid payment for inter-professional consultation on specific Medicaid beneficiaries (See https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf)	• Establish sustainable funding for mental health consultation. in Early Intervention.
Equity	• Improve KIDS CONNECT program design to make it more accessible to more children on Medicaid as well as to children with private insurance. • Increase diversity/representation of the mental health consultation workforce • Consider using suspension/expulsion data to target IECMHC services to programs with the highest rates of expulsion (and not just those who are aware of consultation services); make mental health consultation available to informal and home-based child care providers as well.	
Data Sharing and System Coordination	• Train and use health navigators to help families with young children connect with services.	

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Child Welfare Settings
Training	• Consider training in ABC and/or Homebuilders
Guidance/ Policy	• Provide family visiting services and/or parenting groups for young kids (particularly infants) that are referred to child welfare or at risk for CPS involvement. • Fund family support and family resource centers to create one stop hubs that provide parenting resources, economic resources, and are neighborhood-based. (Data shows these are effective in terms of abuse prevention. Most Family Support Centers nationwide focus on 0-5 populations: we in RI are are piloting one but it serves up to age 18). Creating a RI specific model that is rooted in community could support whole families and the workforce that supports them). • Create policy to enable children who are enrolled in Early Head Start to keep their slots when the family is reunified (e.g. policy to hold the space until age 3, even if reunified or the child moves to a new location). • Expand the prevention-based services for infants and young children in RI's Family First program.
Data Sharing and System Coordination	• Strengthen cross-system training to facilitate better connection with other EC systems/providers. • Improve cross-program coordination and collaboration to reduce the burden on families. (Also included in cross-cutting strategies).

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Child Welfare Settings (cont.)
Funding/ Payment	• Map out and detail where and when Medicaid should pay (For eligible parents or kids) and where Families First Prevention funding should kick in in order to maximize federal funding to reach the most in need. (Federal policy clarified that FF may be the payer of last resort for Medicaid coordination purposes).
Equity	• Increase prevention services focused on teen parents.
Data Sharing and System Coordination	• Cross-system training is ongoing but could also be strengthened including better connection with other EC systems/providers • If the programs are better coordinated and working collaboratively it can really reduce that burden on families. Families working with multiple programs are too heavily burdened. (Also included as a cross-cutting strategy)

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	Recommendations: Cross-Cutting Strategies (not sector-specific)
Training	• Make mental health counseling a standard part of the public school curriculum like gym and math. • Incorporate ACES assessments across mental health and substance use treatment services. • Train community health workers (CHWs) in IECMH topics • https://ccf.georgetown.edu/2023/01/13/funding-for-community-health-workers-authorized-in-consolidated-appropriations-act-how-could-this-help-children-and-families
Guidance/ Policy	• Reduce administrative burdens on families, e.g. when applying for and participating in services • Ensure programs are more community-centered and family-centered
Funding/ Payment	
Equity	• Look at specific strategies to address the racial disparities in infant and EC mental health; look into root causes of MH challenges, especially considering adverse effects for communities of color • Target more resources to families of color who are disproportionately under-resources. Consider using health opportunity zones as a vehicle to do this
Data Sharing and System Coordination	• Increase coordination and collaboration across programs to reduce the burden on families, especially those working with multiple programs or with more than one child with special needs.

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	Recommendations to Date - Medicaid/MCO Policy/Incentives
Training	• Work to ensure that providers are well-educated and supported in knowing about medicaid changes (e.g., WA offers office hours, newsletter with updates and training to take advantage of changes).
Guidance/ Policy	• Conduct high touch outreach and engagement to ensure that ECE providers have awareness of health care coverage options and support in accessing. (DC provided subsidies to ECE providers to access coverage; WA boosted outreach and got many people enrolled in Medicaid who didn't know they were eligible). • Provide specific and granular guidance to ensure coordination between Medicaid and MCO's. Clarify not just what needs to happen (e.g. care coordination) but HOW it should happen (e.g. delineation of responsibilities across sectors, etc.)

DISCUSSION: What can we learn from national best practices re prevention that would work in RI? **What is most important?**

	Recommendations to Date - Medicaid/MCO Policy/Incentives (Cont.)
Funding/ Payment	• Submit a state plan amendment and request budget authority from general assembly to use HSI CHIP funds to pay for prevention activities like mental health consultation. • Expand access to lactation support; for instance, increase access in Medicaid to IBCLCs by increasing reimbursement from $25. • Support FV programs with billing for reimbursement [RIDOH says this is in process]. • Increase reimbursement for OT services so that clinicians are available to help with emotional regulation and prevent more serious behavior problems from developing.
Equity	• Fund child care staff at rates that make this sector competitive in the labor market in order to reduce turnover and increase continuity in care.
Data Sharing and System Coordination	