Infant Early Childhood Mental Health Planning

DRAFT Notes on Stakeholder Input - IECMH Promotion

December 16, 2022

RHODE ISLAND

	DRAFT Notes on Recommendations to Date - Prenatal and Postpartum Settings
Training	Train nurses and CNAs to screen and normalize maternal mental health concerns. Support RI-AIMH to more intentionally include the perinatal workforce in community conversations and other events potentially including specific training for the perinatal workforce on maternal mental health and IECMH. Embed mental health consultants in prenatal/postpartum setting to provide training related to maternal mental health.
Guidance/ Policy	Re-issue guidance on coding/billing for mental health and substance use screening. Issue guidance and use incentives to ensure that obstetric providers screen pregnant women at least once during pregnancy and at the 6 week postpartum visit. Implement a mental health messaging campaign for prenatal and post-partum people (e.g. we care about your whole self (physical and mental health; your mental health is important for you and your baby) Create a systematic process/strategy for collaboration between prenatal and postnatal providers to improve care coordination
Funding/ Payment	Identify sustainable funding for MomsPRN.
Equity	Outreach to the ob practices not yet engaged in by Moms PRN (collect and use data to track equitable engagement and outreach efforts especially in marginalized communities/practices serving marginalized communities; address barriers to engagement)
Data Sharing and System Coordination	Embed a social worker in ob/gyn practices (promotion efforts might include screening and linkages with community-based services)

Purple = prior report; black = key informant recommendation; green = stakeholder meetings; red = TA recommendations

	DRAFT Notes on Recommendations to Date - Pediatric Settings
Training	• Consider models to incorporate in-depth behavioral health screening and supports into pediatric practices (e.g. DULCE or LAUNCH) • Train pediatricians to screen for early relational health (includes training and support to ensure appropriate response) • Train pediatric residents using *Promoting First Relationships in Pediatric Primary Care* as per WA state example (FAN training for residents is another EB option) • Train pediatricians to conduct universal ACEs screening and follow up (CA pilot is instructive with regard to training needs for physicians)
Guidance/ Policy	• Promote and incentivize IECMH endorsement for any and all providers working with infants/young children/families • Promote social-emotional screening among specialty care/clinic providers (also family medicine, NPs, MAs, FQHC's and community health centers)
Funding/ Payment	• Increase reimbursement rates for pediatricians to conduct screening using evidence-based IECMH tools. • Ensure that Medicaid policy supports maternal mental health screening in pediatric settings (issue guidance?) • Identify sustainable funding for PediPRN and MomsPRN.
Equity	• Ensure that screening tools are acceptable to diverse communities to address inequities in access to and use of screening • Distribute resources about IECMH promotion and screening in non-traditional spaces (WIC offices, bodegas, etc.) • Prioritize staff training in places where the most vulnerable families seek care. • Use data to track usage of Moms PRN and PediPRN by pediatric providers; do outreach to increase usage in marginalized communities or where disparities exist. • Foster pediatric partnerships with community programs (note: providers who are trusted within communities and can be disseminators of information)
Data Sharing and System Coordination	• Reignite investments in CHADIS (to facilitate sharing of screening information) • Train and use health navigators to help families with infants and toddlers connect with follow-up treatment needed as the result of a positive findings from caregiver screening for depression and/or positive social-emotional health screenings of children under age six. • Track maternal MH screening rates in pediatric settings; offer trainings to support screening practices (e.g. Learning collaborative for peds providers?)

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	DRAFT Notes on Recommendations to Date - Family Visiting Settings
Training	Build core knowledge about IECMH principles among family visiting providers to build shared language and competencies. (Early Intervention providers and family visitors).
Guidance/ Policy	Expand utilization of Mothers and Babies in home visiting programs to prevent maternal depression and reduce depressive symptoms. Prioritize policies and bills that affect caregivers in the workplace (e.g., paid leave, access to child care).
Funding/ Payment	Continue to invest in mental health consultation. Expand Family Visiting services to all RI families who are interested (implement universal brief family visiting such as Family Connects)
Equity	
Data Sharing and System Coordination	Increase coordination and communication with other providers working with family, including primary care connecting with FV and other EC providers Expand access to cross system supports around housing, utilities and child care

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	DRAFT Notes on Recommendations to Date - Early Care and Education (infants/toddlers/preschoolers)
Training	• Build core knowledge about IECMH principles among the early care and education workforce to build shared language and competencies. • Implement foundation/universal EBP, such as the Pyramid Model, to offer training and coaching to ECE providers. • Expand RI-AIMH core IMH learning collaboratives for ECE providers.
Guidance/ Policy	• Consider alternatives to developmental screening through LEAs for ages 3-5 years old, such as state or regional screening teams or pediatricians to remove the burden on school districts who are at capacity with evaluations and delivery of high-quality services. • Offer mental health supports to ECE providers – communicate that their mental health is critical to supporting IECMH; offer mental health promotion and wellness activities for ECE, such as through expansion of the SUCCESS initiative . • Focus on reducing staff turnover (see above for specific strategies, could be part of a larger plan in coordination with Office of Child Care) • Birth to Five: Watch Me Thrive: use national resources including screening passports to empower parents to easily track and share screening info with all their providers
Funding/ Payment	• Continue to invest in mental health consultation and in-class social emotional supports.
Equity	• Improve Kids Connect program design to make it more accessible to more children on Medicaid as well as to children on private health insurance - too limited currently and identify vehicles to better coordinate with EI/ECSE.
Data Sharing and System Coordination	• Reignite investments in CHADIS (to facilitate sharing of screening information) • Expand use of KIDSNET for sharing screening data • Train and use health navigators to help families with infants and toddlers connect with follow-up treatment needed.

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	DRAFT Notes on Recommendations to Date - Child Outreach (children ages 3-5)
Training	
Guidance/ Policy	Focus on strategies to increase rates of Child Outreach screening (including among children not engaged in ECE) and overall. Require LEAs to partner with community-based ECE programs to conduct screening to reach children who are enrolled in ECE settings outside of their resident LEA.
Funding/ Payment	Allow LEA's to bill Medicaid for Child Outreach screenings.
Equity	
Data Sharing and System Coordination	

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	DRAFT Notes on Recommendations to Date - Medicaid/MCO Policy/Incentives
Training	
Guidance/ Policy	• Require or recommend that psycho-social behavioral health screenings are conducted using a validated, reliable screening tool. • Promote the use of specific validated screening tools for each age group and setting. • Expand school-based Medicaid coverage in light of new CMS guidance. • Allow schools to bill for promotion services for children who do not have an IEP/diagnosis.
Funding/ Payment	• Consider having pediatricians do the developmental screens for ages 3 to 5; could remove burden on school districts who are struggling to do the actual evaluations and deliver high-quality services. Lots of screening until age 3; generally don't screen ages 3-5 to date and isn't paid for by MCOs right now • Consider adding a social emotional readiness metric as part of the MCO quality incentives. • Consider using the HSI (Health Services Initiative) to direct CHIP funds toward activities that broadly support low income children - not tied to an individual kid. Some states have used this to fund Reach out and Read.
Equity	
Data Sharing and System Coordination	

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