

# Infant Early Childhood Mental Health Planning

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IECMH Assessment, Diagnosis, and Treatment

February 15, 2023

**RHODE  
ISLAND**

# The Charge: House Bill 7801

The executive office of health and human services shall establish a task force to develop **a plan to improve promotion of social and emotional well-being of young children as well as screening, assessment, diagnosis, and treatment of mental health challenges for children from birth through age five (5) with Medicaid coverage.**

## The plan will include:

- Evidence-based and evidence-informed practices in IECMH
- Mental health promotion and prevention parenting supports
- Screening, assessment and treatment in multiple settings and child-serving programs
- A registry of IECMH professionals
- Strengthening knowledge, skills and practice of providers working with young children (birth to five)
- Addressing and responding to the intergenerational effects of racism, economic insecurity, and toxic stress that influence the health and mental health of young children and families

# Agenda

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**Welcome/Recap/ Today's Focus:** Assessment, Diagnosis, and Treatment

**Overview of Current Medicaid Policy:** DC:0-5 and IECMH Treatment/Services

**Presentation:** DC:-05

- Why it Matters
- Options for Promoting the DC:0-5: Massachusetts' Experience

**Discussion:** DC:0-5

**Discussion:** Strategies for integrating mental health assessment, diagnosis, and treatment into a wide range of settings

# Continuum of care for promoting infant and early childhood mental health

- **Promotes** healthy social and emotional development of young children and family wellbeing
- **Prevents** social, emotional & behavioral problems among young children at increased risk or showing early signs of distress
- **Assesses** and **treats** social, emotional, and behavioral challenges when they arise
- Ensures that all children and families have **equitable access** to services and supports



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# Meeting Schedule and Topics

Meeting Date	Topic
Thursday, November 17th, 9:30-11:30am	Introductory Session <b>TODAY'S FOCUS</b>
Friday, December 16th, 2:30-4:30pm	Promotion
Wednesday, January 18th, 9:30-11:30am	Prevention
Wednesday, February 15th, 9:00-11:0am	Assessment, Diagnosis, and Treatment
Wednesday, March 15th from 9:30-11:30am	Workforce Development and Registry
Thursday, April 20th from 9:00-11:00am	Draft Recommendations - Part I
Wednesday, May 17th from 9:30-11:30am	Draft Recommendations - Part II

# Overview of Current Medicaid Policy: DC:0-5 and Treatment Interventions


	<b>RI Current State</b>	<b>Other States</b>
<b>DC:0-5</b>	<ul style="list-style-type: none"> <li>RI permits the use of the DC:0-5.</li> <li>There is not a requirement in RI to crosswalk the DC:0-5 diagnosis with the DSM-V and ICD-10 codes.</li> </ul>	<ul style="list-style-type: none"> <li>6 states require it; 7 states recommend it; 10 states permit it and the rest do not permit it.</li> <li>Of the 23 states that permit, recommend or require it 15 require a crosswalk.</li> </ul>
<b>Parent - Child Dyadic Treatment</b>	<ul style="list-style-type: none"> <li>RI pays for parent-child dyadic treatment.</li> <li>RI has a family therapy code to bill for this treatment.</li> <li>RI does not require or recommend PCIT, CPP, or ABC.</li> <li>No diagnosis is required to receive this treatment.</li> </ul>	<ul style="list-style-type: none"> <li>36 states pay for it and 7 do not</li> <li>33 states use a family therapy code</li> <li>39 states recommend or require specific evidence-based treatment</li> <li>12 states do not require a diagnosis and 24 states do</li> </ul>
<b>Group Parenting Programs</b>	<ul style="list-style-type: none"> <li>Medicaid pays for IECMH-focused group parenting.</li> <li>RI recommends use of an evidence-based or research-informed group parenting program (such as PPP, IY, CoS).</li> <li>No diagnosis is required to receive this treatment.</li> <li>Family or child risk factors alone is enough to qualify for this service.</li> </ul>	<ul style="list-style-type: none"> <li>17 states pay for this and 26 states do not</li> <li>Of the 17 states, 10 states require or recommend used of an evidence-based program.</li> <li>Some states require medical necessity, and IFSP, or something else</li> </ul>



# DC:0-5 and Why It Matters

Alice Carter, Professor and  
Director of Ph.D. in Clinical  
Psychology

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# Options for Promoting the DC:0-5: Massachusetts' Experience

**Andrea Oliveira**, IECMH Statewide  
Policy and Initiatives Lead, Department  
of Mental Health

Massachusetts Department of Mental  
Health (DMH)

**Aditi Subramaniam**, Associate Director,  
Infant, and Early Childhood Mental  
Health Associate Director, Infant, and  
Early Childhood Mental Health

Massachusetts Society for the  
Prevention of Cruelty to Children  
(MSPCC)



# Discussion: DC:0-5

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To what extent and in what ways should RI promote training in and adoption of the DC:0-5 as a diagnostic tool?

And if so, what would that look like? What are the unique differences by sector?

# Examples of Evidence-Based Infant and Early Childhood Mental Health Treatment Models

Treatment	Description	Target Population
<b>Attachment and Biobehavioral Catch-up (ABC)</b>	10-session home visiting program effective in enhancing parental sensitivity, children’s attachment security, and emotion regulation.. Provides parents practice and feedback in interacting sensitively with their children.	Families with children ages birth – 2 years. Developed primarily for use with low-income African-American, Hispanic, and non-Hispanic White families who have experienced <b>neglect, abuse, domestic violence, and/or placement instability</b>
<b>Child Parent Psychotherapy (CPP)</b>	Involves weekly hour-long sessions for up to one year (can be longer depending on complexity of situation). Sessions include the child and parent/ primary caregiver. The goal is to support and strengthen the relationship between child and caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning.	Families with children aged 0-5 who have experienced at least one <b>traumatic</b> event. Also targeted to parents of young children with histories of trauma or chronic trauma.
<b>Parent-Child Interaction Therapy (PCIT)</b>	Works with parents to strengthen their relationship with their child who is experiencing behavioral challenges (e.g. and build their confidence and ability to effectively guide and direct their child’s behavior, set limits, calmly discipline, and restore positive interactions. Typically 10–20 weekly sessions (1 - 1 ½ hours each).	Caregivers and their young children (2 to 7 years of age)* who are experiencing <b>behavioral and/or emotional difficulties</b> . *NOTE: three age-specific options: PCIT Toddler (12-24 mos), PCIT (2-7 yrs), PCIT Older Child (7-11 yrs).
<b>Positive Parenting Program (Triple P) Level 4 and 5</b>	Parenting and family support intervention with 5 levels of service with increasing intensity and multiple delivery methods (including online, group, and individual counseling). The system’s five levels are organized by the degree of parental need or child behavioral difficulties.	Families with children ages birth to 16. <b>Level 4:</b> For parents of children experiencing <b>severe behavioral issues</b> . <b>Level 5:</b> For families with complex concerns, such as parental conflict, parental mental health issues or risk of child maltreatment.

# Examples: Assessment, diagnosis and treatment across early childhood sectors

Setting	EXAMPLES
<b>Perinatal/ Pediatric</b>	<p><b>Co-located</b> assessment, diagnosis and treatment services. (Co-located services, even if not integrated, reduce stigma and other barriers to accessing care).</p> <p><b>Integrated</b> assessment, diagnosis and treatment services are co-located AND include care coordination, joint treatment planning, data sharing, and ongoing collaboration across providers.</p>
<b>Family Visiting</b>	Some family visiting models are treatment-focused; a collaborative family visiting system can triage families with highest need to these programs (Examples: <b>Child First</b> provides dyadic treatment and care coordination; <b>Power of Two</b> uses the ABC dyadic treatment model along with Community Resource Specialists to address concrete needs and refer parents for additional mental health supports).
<b>Early Intervention</b>	Connecticut includes a mental health clinician on the EI evaluation team if the referral was made for social emotional concerns.
<b>Early Care and Education</b>	South Dakota is implementing the Devereaux Early Childhood Assessment (DECA) in Head Start classrooms and offers theraplay. Idaho offers mental health treatment for preschool teachers on site through Project LAUNCH.
<b>Child Welfare</b>	New Mexico offers <b>CPP</b> to child-welfare involved families, as does Florida through safe babies courts. New York offers <b>Power of Two (ABC treatment model)</b> to child welfare-involved families.
<b>Behavioral Health</b>	Minnesota has invested in creating a IECMH workforce trained in <b>CPP, PCIT, ABC and the DC:0-5</b> .

# Discussion: Assessment, Diagnosis and Treatment

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What strategies should RI prioritize to integrate mental health assessment, diagnosis, and treatment into more settings?

# Continue to Provide Input

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You can use this **Padlet QR code** or **click the link below** to continue provide individual feedback **through Feb 30th**.

**This is OPTIONAL**

Scan the QR Code to open the Padlet on your device:

Click the + button under the question you want to comment on to add your idea.

<https://padlet.com/klehoullier/dc-0-5-and-iecmh-treatment-and-services-4jqt6q37yiln4d59>



# Next Steps

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Please save the dates for upcoming meetings:

Wednesday, March 15th from 9:30-11:30am: **Workforce Development/Registry**

Thursday, April 20th from 9:00-11:00am: **Draft Recommendations - Part I**

Wednesday, May 17th from 9:30-11:30am: **Draft Recommendations - Part II**

# Technical Assistance Team

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**Therese Ahlers**, MS, MPA, IMH-E® (IV- Policy) is a Senior Technical Assistance Specialist for Infant and Early Childhood Mental Health (IECMH) at ZERO TO THREE.

**Elisabeth Wright Burak** is a Senior Fellow at the Georgetown University's McCourt School of Public Policy's Center for Children and Families (CCF) with two decades of experience in federal and state policies to support low-income children and families. She currently leads CCF work on Medicaid and young children's healthy development.

**Sheila Smith** is an early childhood researcher for the National Center for Children in Poverty. She has a special interest in strengthening early care and education programs that serve vulnerable children and families.

**Daniel Ferguson** works as a Research Associate & Project Manager at National Center for Children in Poverty,