Infant Early Childhood Mental Health Planning Taskforce

DRAFT Recommendations

April 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

RHODE ISLAND

Agenda

Welcome/Recap/ Today's Focus:

- Equity and Access
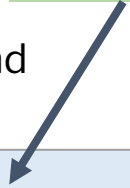- Draft Recommendations

Presentation and Discussion:

Intergenerational Effects of Racism, Economic Insecurity, and Toxic Stress

Presentation and Discussion: Rhode Island's Draft Recommendations

Wrap-Up and Next Steps

Meeting Date	Topic
Thursday, November 17th, 9:30-11:30am	Introductory Session
Friday, December 16th, 2:30-4:30pm	Promotion
Wednesday, January 18th, 9:30-11:30am	Prevention
Wednesday, February 15th, 9:00-11:00am	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	*Focus Group Findings* and Final Draft Recommendations

TODAY'S FOCUS

RHODE ISLAND

Intergenerational Effects of Racism, Economic Insecurity, and Toxic Stress

RI KIDS COUNT

RHODE ISLAND

DRAFT IECMH
RECOMMENDATIONS

RHODE
ISLAND

Infant/Early Childhood Mental Health Task Force Participants

EOHHS was pleased to include a diverse group of community partners and interagency representatives in this planning process. Participants included people from the following types of organizations:

Community-based Organizations:
- Community Action Program Agencies
- Early Intervention Providers
- Family Visiting Programs
- Early Care and Education Providers (Child Care, Pre-K, Head Start)

Healthcare Providers:
- Behavioral Pediatrics
- Behavioral Health Providers
- Community Mental Health Centers
- Hospitals (Bradley, Hasbro, Women and Infants)
- Child and Perinatal Psychologist/Psychiatrists
- Primary Care Pediatricians and Family Medicine Physicians
- Substance Use Disorder Providers

Advocate/Intermediary/Associations
- RI KIDS COUNT
- Rhode Island Association of Infant Mental Health
- Rhode Island Coalition for Children and Families

State Agencies
- Executive Office of Health and Human Services
- Rhode Island Department of Health
- Department of Children, Youth and Families
- Rhode Island Department of Education
- Rhode Island Department of Human Services

Families/Caregivers
Health Equity Zones
Medicaid - Managed Care
Medicaid - Accountable Entities
Private Health Insurance

RHODE ISLAND

Equity and Social Justice Statement

The recommendations of this Taskforce:

- Intentionally consider the foundational components of whole family well-being - a daily life resource determined by social, economic, and environmental conditions, and negatively impacted by the inequitable distribution of resources.

- Seek to improve overall health for young children in RI, particularly those most disenfranchised, by improving disparities in resource allocation to those most susceptible to poor outcomes and promoting anti-racist practices.

The Taskforce is committed to measuring the impact of (our work), and to be intentional and accountable about what we're trying to achieve by when.

The Taskforce acknowledges the history and current policies of institutional and structural racism and its impact on health, especially mental health.

We are committed to improving the quality of life for all Rhode Island residents while eliminating the inequities that threaten the lives of low-income communities and communities of color disproportionately affected by substance use, chronic diseases, disability, toxic stress, and their risk factors.

RHODE ISLAND

Core Principles

- All families can equally access the Rhode Island Behavioral Health System of Care for Children and Youth.

- The System of Care empowers families by making them full partners in the planning and delivery of mental health services.

- The System of Care actively works to reduce racial and ethnic disparities and class inequities in all actions and responses. This includes:

  - Fostering inclusion and countering the effects of discrimination and marginalization jeopardizing healthy development.

  - Providing culturally humble, linguistically appropriate and responsive, strengths-based, trauma-informed mental health services that respect how cultures and ethnic groups may have different views and interpretations, both of the concepts of children's social and emotional development and the type of system needed to address the needs of young children and their families.

- The System of Care strives to strengthen and preserve the child's primary attachment and caregiver relationships.

RHODE ISLAND

Core Principles (Cont'd)

- The System of Care emphasizes prevention and early intervention through timely screening, identification, and delivery of services to maximize opportunities for the normative development of babies and young children.

- The System of Care supports the stability of the young child's family, whether biological, adoptive, or foster, including attention to social determinants of health and mental health.

- Services and supports in the System of Care are evidence-based/informed and embedded in a wide range of settings.

- Services and supports in the System of Care are delivered by a high-quality, well-trained, racially and ethnically diverse workforce reflective of the communities they serve.

- Services and supports are coordinated, aligned, and integrated at the state and local/community levels.

- The workforce is supported with appropriate compensation and workloads, training, consultation/coaching, and attention to wellness to increase continuity and stability of care and avoid burnout and turnover.

Proposed Plan Introduction

The following slides outline the recommendations for building capacity across 8 areas of best practice for infant early childhood mental health systems.

Some of what needs to change would require little funding but will necessitate fundamental changes in how people think, work together, interact with families and partners, and make decisions.

Other changes would require new investments.

- We will need to invest in new thinking and systems change efforts to ensure that the decisions we are making, the policies we are developing, and the services we are funding are reducing racial disparities and are not overtly or covertly creating further inequities.
- We must support a system responsive to the diverse needs of children and families of different races, languages, and cultures that intentionally address racial and economic disparities.
- More resources are needed, and more can be done with existing resources to develop a more effective approach to meeting young children's needs.

Proposed Plan Framework

For each IECMH best practice, the participants in this planning process have offered perspectives on priority focus areas and identified a set of recommendations. The recommendations for each area of best practice and focus are organized into three buckets:

- Recommendations already prioritized, funded, or could be accomplished within 12 months
- Recommendations that could be supported through reallocation of resources or policy change
- Recommendations requiring additional resources

The type of investment required is coded as follows:
- One-time investments
- Ongoing investments

The Plan Includes Recommendations Regarding the Following Best Practices for Infant Early Childhood Mental Health Systems

Address structural and institutional racism and social determinants of health and prioritize equity and diversity-informed practices in the planning and implementation of services and supports.

Universally Promote IECMH	Provide a Robust System of Prevention Services and Supports	Integrate Behavioral Health in Perinatal and Pediatric Care	When Needed, Ensure Developmentally Appropriate Assessment and Diagnosis	Provide Access to Evidence-Based Dyadic IECMH Treatment

Ensure Strong System Coordination and Linkages

Implement a Coordinated Workforce Development Strategy

RHODE ISLAND

Discussion Question Preview

Do these recommendations address the most important areas of focus? If not, what would you add or change?

Do these recommendations address and respond to the intergenerational effects of racism, economic insecurity, and toxic stress? If not, what would you add or change?

Detailed Recommendations from IECMH Task Force Participants

RHODE ISLAND

Addressing Equity, Access, SDOH and Anti-Racist Practices

Recommendations already prioritized, funded, or could be accomplished within 12 months.

- **Review existing disparity data** in birth outcomes, child welfare involvement, and preschool suspensions and expulsions to identify populations and regions with the greatest need for IECMH services and **prioritize services** and supports to these communities.

- Identify family visiting programs, Early Intervention, early care and education, and child welfare **providers serving the populations experiencing adversity and prioritize their receipt of IECMH mental health consultation services and provide equity-focused reflective supervision.**

Addressing Equity, Access, SDOH, and Anti-Racist Practices

Recommendations that could be supported through reallocation of resources or policy change.

- **Update certification requirements and contract language to direct agencies to implement anti-racist policies and best practices** that improve the cultural responsiveness of the agency and service delivery.

- **Build analytical capacity to identify disparities and bias** in Rhode Island IECMH systems **and identify strategies with accountability mechanisms** to interrupt bias and increase equity and access to services.

- **Build analytical capacity to better understand strengths and resiliency in marginalized communities** and create and implement evidence informed or evidence based strategies that **promote protective factors and support family and community wellbeing.**

- Encourage the building of analytical capacity around the landscape of SDOH, their effect on IECMH, and support the building of infrastructure for robust response to SDOH without gatekeepers.

RHODE ISLAND

Addressing Equity, Access, SDOH and Anti-Racist Practices
Recommendations requiring additional resources.

- **Prioritize workforce development training** identified in these recommendations **for providers who reflect the cultural diversity of their community.**

- **Prioritize workforce development training** identified in these recommendations **for providers who serve populations experiencing adversity.**

- **Universally train staff and providers** in all settings (pre-service and continuing education) **in Diversity Informed Tenets and foundational IECMH competencies.**

- **Address social determinants of health and decrease child poverty by** implementing enhanced RI Works supports and coordinating state policies and programs for job training, adult education, higher education, housing, and food access to support families to achieve economic self-sufficiency. (Gov's 2030 plan)

Universal Promotion

Recommendations already prioritized, funded, or could be accomplished within 12 months.

✓ Update the EPSDT schedule to add **evidence-based, culturally-considered developmental/ behavioral health screenings for children at ages 3, 4, and 5 by pediatric and family medicine practices**. (in process)

✓ **Expand school-based Medicaid coverage and reimburse schools for screening and promotion services** delivered in LEAs, child-care, and non-public school-based preschools for children with no IEP/diagnosis. (in process)

● In partnership with Medicaid and MCOs, **develop billing guidance documents and training to ensure clinicians understand how to bill for developmental, behavioral health, and SDOH screening** and how to respond appropriately.

● Explore a quality incentive to improve rates of SDOH screening.

RHODE ISLAND

Universal Promotion

- Expand **promotion of maternal depression and anxiety screenings** during pregnancy and postpartum per ACOG guidance.

- **Sustain and grow the MomsPRN program model so that more perinatal practices and community health professionals have access to information, education, and consultation** that enables early identification of behavioral health-related concerns, helps develop treatment plans, and assists in helping patients connect to appropriate care.

- **Develop and distribute data, information, and personal testimony to policy-makers** to improve understanding of the importance of early infant childhood mental health among decision-makers.

Universal Promotion

Recommendations that could be supported through reallocation of resources or policy change.

- Consider the feasibility of **updating the EPSDT schedule and guidance to require validated, culturally-considered, reliable behavioral health screening tools.**

- In partnership with Medicaid and managed care organizations (MCOs), **explore strategies for compensating perinatal, pediatric, family medicine providers for more complex well-child or postpartum visits focused on behavioral health and IECMH.**

- Implement a communications campaign targeted to parents, grandparents, and caregivers of children and perinatal and pediatric providers to **promote the importance of infant early childhood mental health and decrease stigma around IECMH.**

- Work with OHIC and Medicaid to **add a social-emotional readiness metric to their quality measure sets.**

Universal Promotion
Recommendations requiring additional resources.

- **Identify new or leverage existing community-based, culturally sensitive family resource hubs** (such as HEZs, CAP agencies, etc.) to provide a range of parenting and economic resources and supports to address SDOH based on the needs and interests of families.

- **Distribute and promote educational resources on the importance of infant early childhood** mental health through community centers, child care centers, health equity zones, libraries, health care settings, and other neighborhood spaces that families regularly access. Resources could include Welcome Baby packets, books that promote social and emotional wellbeing, website resources, newsletters, screening passports, evidenced-based programs promoting bonding through reading such as Reach out and Read, and/or a texting service with weekly tips to parents for building key mental wellness skills in their young children. Additionally, use media and relationships with trusted community influencers to promote awareness of these resources.

- **Prioritize rate increases for behavioral health screening** (based on OHIC's rate review) (Gov's 2030 plan

Robust System of Prevention Services and Supports

Recommendations already prioritized, funded, or could be accomplished within 12 months.

✓ **Redesign the Kids Connect program eligibility criteria to serve children with and without Medicaid, with less severe social, emotional, and behavioral needs** and prioritize services for children involved in the child welfare system. **(in process)**

✓ **Align Kids Connect service with Early Intervention and Early Childhood Special Education** to avoid duplication and strengthen a single support system. **(in process)**

Robust System of Prevention Services and Supports

Recommendations that could be supported through reallocation of resources or policy change.

- **Explore the feasibility of funding infant and early childhood mental health consultation as a Medicaid prevention direct service** (learn from Michigan's approach).

- **Expand evidence-based parenting support and education groups such as Incredible Years and Circle of Security to young children and their families referred to child welfare** or at risk for child welfare involvement. (aligned with Gov's 2030 plan)

- **Explore the feasibility of Medicaid authority and authorization to reimburse for group visits in medical settings** such as Centering Pregnancy. Centering Pregnancy delivers basic prenatal risk assessments and guidance related to nutrition, infant care, postpartum adjustment, self-care and mental health in a group format designed to build community and reduce social isolation.

Robust System of Prevention Services and Supports
Recommendations requiring additional resources.

- **Offer First Connections universally to all Rhode Island families.** Continue to triage families with greater need into longer-term evidence-based programs.(Gov's 2030 plan)

- **Sustain Medicaid rate increase for First Connections.**

RHODE ISLAND

Integrated Behavioral Health in Perinatal and Pediatric Care

Recommendations already prioritized, funded, or could be accomplished within 12 months.

✓ Pilot the expansion of integrated behavioral health (IBH) programs in pediatric and family medicine practices by training Community Health Workers (CHWs) in behavioral health care coordination and supporting a practice's IBH team. (current Care Transformation Collaborative grant-funded initiative)

● In partnership with Medicaid and MCOs, issue guidance on billing for integrated behavioral health for perinatal, pediatric and family medicine practices.

Integrated Behavioral Health in Perinatal and Pediatric Care

Recommendations that could be supported through reallocation of resources or policy change.

- Expand integrated behavioral health in primary care settings by exploring **sub-capitated Medicaid payment models for primary care practices to provide behavioral health services and address SDOH on an at-risk basis.**

Integrated Behavioral Health in Perinatal and Pediatric Care
Recommendations requiring additional resources.

Identify and expand pilots focused on integrated behavioral health care in perinatal settings.

Support partnerships between perinatal/pediatric/family medicine practices and outpatient behavioral health providers to:

- embed behavioral health clinicians in perinatal and pediatric/family medicine practices

OR

- BH providers offer consultation and reserve appointment time for referrals from the practice(s)

Expand intensive outpatient programs and partial hospital programs in perinatal and pediatric/family medicine settings

Embed perinatal services in community mental health clinics.

RHODE ISLAND

Access to Evidence-Based Dyadic IECMH Treatment

Recommendations already prioritized, funded, or could be accomplished within 12 months.

✓ Extend Medicaid eligibility periods to offer 12 months of continuous eligibility for young children birth to six to ensure consistent access to health care, including mental health care. (will start Jan 2024)

✓ Expand school-based Medicaid coverage and reimburse schools' mental health treatment delivered in LEAs, child-care, and non-public school-based preschools for Medicaid-eligible children with no IEP/diagnosis. (in progress)

● In partnership with Medicaid and MCOs, **develop billing guidance documents and training** to ensure that (1) clinicians understand when a diagnosis is not necessary for referral to IEMCH treatment or interventions, (2) how to bill integrated behavioral health and/or IECMH treatment (such as dyadic therapies), (3) billing staff are educated about the appropriate and allowable billing codes, and (4) barriers to successful reimbursement for IECMH services identified by clinicians are addressed.

● Identify funding streams to sustain the MomsPRN program and PediPRN

RHODE ISLAND

Access to Evidence-Based Dyadic IECMH Treatment

Recommendations that could be supported through reallocation of resources or policy change.

- **Provide evidence-based dyadic treatment and interventions for young children involved in Child Welfare**, including Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), and Attachment and Biobehavioral Catch-up (ABC) through the Family First plan.

- **Prioritize rate increases for behavioral health treatment services** (based on OHIC's rate review).

- Update CCBHC certification requirements to **require CCBHCs to offer evidence-based dyadic treatment.**

Access to Evidence-Based Dyadic IECMH Treatment
Recommendations requiring additional resources.

- **Offer** *Attachment and Biobehavioral Catch-up (ABC)* **through Early Intervention (**where indicated in the Individual Family Service Plan) **and long-term family visiting programs (Nurse-Family Partnership, Healthy Families America, and Parents as Teachers).**

RHODE ISLAND

Ensure Strong System Coordination and Linkages

Recommendations already prioritized, funded, or could be accomplished within 12 months.

- Ensure a single point of access and no wrong door to IECMH services and supports for families, providers, and community-based programs by:

    - Identifying a single point of access for parents and providers to find information about resources and referrals to services.

    - Ensuring that the point of access uses reliable data sources on providers trained in IECMH services and supports (PediPRN/MomsPRN database, RIAIMH, MCO listings, and national databases of certified providers).

- Support providers to use UniteUs and explore 988 to improve the system's adoption and ability to facilitate referrals and communication between IECMH settings (e.g., PCP, Obstetrics, ECE settings, CBOs, CHW's). Work with UniteUs to improve the system's ability to store detailed information about providers (e.g., credentials and training) and make referrals to IECMH services.

RHODE ISLAND

Ensure Strong System Coordination and Linkages
Recommendations that could be supported through reallocation of resources or policy change.

- In partnership with Medicaid and MCOs, **develop billing guidance documents and training** to ensure that pediatric, family medicine and perinatal practices understand how to bill for community health workers services to increase access to basic needs and help families navigate early childhood and family service systems.

- Update of certification of CCBHCs to **include Care Coordination for Pregnant and Parenting Patients and** ensure that DCO agreements include access to eligible Family Visiting Services.

Developmentally Appropriate Assessment and Diagnosis

Recommendations already prioritized, funded, or could be accomplished within 12 months.

- Align MCO and FFS practices around utilizing Z codes to maximize access to IECMH services without a diagnosis.

- Revise Medicaid and DCYF policies to say that when a diagnostic system is helpful for treatment planning and accessing and providing services, **DC:0-5 is recommended** to support relationship-based assessment and appropriate treatment selection.

RHODE ISLAND

Developmentally Appropriate Assessment and Diagnosis

Recommendations that could be supported through reallocation of resources or policy change.

- Issue guidance to providers that when a diagnostic system is helpful for treatment planning and accessing and providing services, the use of the DC:0-5 system is recommended (similar to MA) and develop a RI-specific DC:0-5 crosswalk for billing.

- Offer state-supported DC:0-5 Overview Training (for non-clinical staff) ①

RHODE ISLAND

Developmentally Appropriate Assessment and Diagnosis
Recommendations requiring additional resources.

- Offer state-supported training in DC:0-5 relationship-based assessment and diagnosis for clinicians to support appropriate treatment selection. ①

RHODE ISLAND

Coordinated Workforce Development Strategy
Recommendations already prioritized, funded, or could be accomplished within 12 months.

✓ Develop a **perinatal specialization for certified community health workers** and certified peer recovery specialists. (in process)

✓ Sustain **Reflective Practice and Mental Health Consultation in long-term family visiting programs and early care and education** (currently supported with Preschool Development Grant (PDG) funding and will be sustained with MIECHV funding)

✓ **Pilot compensation strategies for Early Childhood Care and Education professionals,** including the Pandemic Retention Bonus for early learning professionals (DHS, State Fiscal Recovery Fund (SFRF)-funded), the WAGE$ tiered supplemental compensation pilot for early educators based on credentials (DHS, PDG-funded), and retention bonuses for the family visiting workforce (RIDOH, PDG-funded).

D

RHODE ISLAND

Coordinated Workforce Development Strategy

Recommendations that could be supported through reallocation of resources or policy change.

- Expand mental health training as part of existing professional development offerings.

RHODE ISLAND

Coordinated Workforce Development Strategy
Recommendations requiring additional resources.

- Universally train staff and providers in all settings (pre-service training and continuing education) in Diversity Informed Tenets/Anti-Racist and foundational IECMH competencies. Prioritize providers who serve populations experiencing adversity.

- Expand mental health consultation to all settings, including family visiting, Early Intervention, and Child Welfare. Expand the SUCCESS model in early care and education settings.

- Expand training in evidenced-based parenting support and education group facilitation (e.g., Incredible Years* and Circle of Security, Mothers, and Babies). Prioritize providers who serve populations experiencing adversity, including families involved with child welfare.

- Create capacity in Rhode Island to provide professional development and training on *Child-Parent Psychotherapy (CPP) and Attachment and Biobehavioral Catch-up (ABC)*

- Expand training in *Attachment and Biobehavioral Catch-up (ABC)* to family visiting and Early Intervention providers.

- Increase the number of mental health clinicians, Early Interventionists, family visitors, early care and education providers, and child welfare caseworkers who identify as BIPOC through focused recruitment strategies and targeted investments. For example, tuition and wraparound supports, loan repayment, holding, and training program slots.

RHODE ISLAND

Coordinated Workforce Development Strategy
Recommendations requiring additional resources.

- **Ensure sustainable, fair compensation for the early care and education workforce.** $$$ (Gov 2030 plan)

- **Strengthen family-friendly workplace policies** such as paid sick leave and economic support for families.(Gov 2030 plan)

Discussion

Do these recommendations address the most important areas of focus? If not, what would you add or change?

Do these recommendations address and respond to the intergenerational effects of racism, economic insecurity, and toxic stress? If not, what would you add or change?

Continue to Provide Input

You can use this **Slido QR code** or **Visit Slido.com and enter code** 2007784 to continue provide individual feedback **through May 5th. This is OPTIONAL.   If you have any trouble, email klehoullier@gmail.com.**

Join at
slido.com
#2007 784

Next Steps

Please save the dates for upcoming meetings:

Wednesday, May 17th from 9:30-11:30am:

Focus Group Findings and FINAL Draft Recommendations

RHODE ISLAND

Appendix

—

RHODE
ISLAND

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

Continuum of IECMH Supports & Services

ZERO TO THREE

Promotion | Prevention | Developmentally Appropriate Assessment and Diagnosis | Treatment

DC:0-5

Increasing intensity and specialization of services and supports

Copyright © 2020 ZERO TO THREE. All rights reserved.

RHODE ISLAND