Infant Early Childhood Mental Health Planning Taskforce

DRAFT Recommendations

April 2023

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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

Revisions to Draft Recommendations Based on Taskforce Input

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Equity and Social Justice Statement

The recommendations of this Taskforce:

- Intentionally consider the foundational components of 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 acknowledges the history of institutional and structural racism and its impact on 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, and their risk factors.

Core Principles

- Children's mental health is first and foremost about supporting, promoting, enabling communities and families with young children to thrive.
- When a child needs support for mental health or behavioral challenges, all families can equitably access a family-centered IECMH system of care (as a component of the Rhode Island Behavioral Health System of Care for Children and Youth).
- The IECMH system of care empowers families by making them full partners in the planning and delivery of services.
- The IECMH 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 competent, linguistically responsive, strengths-based, trauma-informed services that respect how different cultures and ethnic groups may have different views and interpretations, both of the concepts of children's social and emotional development and wellness, and the type of system needed to address the needs of young children and their families.
    - The IECMH system of care strives to strengthen and preserve the child's primary attachment and caregiver relationships.

Core Principles (Cont'd)

- The IECMH system of care emphasizes prevention and early intervention through timely screening, identification, and delivery of services to maximize opportunities for babies and young children to thrive.
- The IECMH system of care supports the stability of the child's family, whether biological, adoptive, or foster, including attention to social determinants of health and mental health.
- Services and supports in the IECMH system of care are evidence-based/informed and embedded in a wide range of settings.
- Services and supports in the IECMH 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 underneath 10 priorities.

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.

Plan Framework

For each priority, the participants in this planning process have identified a set of recommendations.

The recommendations for each priority are differentiated by the type of recommendation and investment required.

- Recommendations that could be accomplished within 12 months and/or supported through reallocation of resources or policy change. 
- Recommendations requiring additional resources:
  - One-time investment 
  - Ongoing investments 

Recommendations important to parents and caregivers are denoted with: 

10 Plan Priorities

1. Implement Coordinated IECMH Workforce Development And Support: IECMH Clinicians
2. Implement Coordinated IECMH Workforce Development And Support: Broader Early Childhood Workforce
3. Advance Policies To Address Underlying Inequities And Root Causes Of IECMH Challenges
4. Universally Promote The Importance Of IECMH
5. Screen, Evaluate, And Connect Parents and Caregivers to Treatment
6. Screen And Refer Children To Evaluation And Treatment For IECMH Challenges
7. Ensure A Robust and Coordinated System Of Preventive Interventions And Support
8. Provide IECMH Consultation In Early Childhood Settings
9. Expand Access To Evidence-Based, Family-Based Dyadic IECMH Treatment
10. Promote Developmentally Appropriate Assessment and Diagnosis

Detailed Recommendations from IECMH Task Force Participants

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1. Coordinated Workforce Development Strategy (IECMH Clinicians)

- Create train-the-trainer capacity in Rhode Island to offer training on evidenced-based, family-based dyadic treatment (such as Child-Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), and Attachment and Biobehavioral Catch-up (ABC)).

- Offer state-supported training in evidenced-based, family-based dyadic treatment for clinicians and other relevant early childhood providers.

- Increase the number of mental health clinicians who identify as BIPOC through focused recruitment strategies and targeted investments. For example, tuition and wraparound supports, loan repayment, holding, and training program slots.

- Establish infrastructure for training and supporting infant/early childhood mental health professionals in RI, as well as:
  - Maintaining a registry of professionals;
  - Monitoring the availability of services, new national recommendations, and advancements in interventions/therapies, and;
  - Making recommendations to Medicaid and behavioral health systems to fill gaps.

- Embed education on Diversity Informed Tenets/Anti-Racist Practices and foundational IECMH competencies in higher education programs leading to licensure to practice as a mental health clinician.

2. Coordinated Workforce Development Strategy (Other Early Childhood Workforce)

- Universally train staff and providers in all settings in Diversity Informed Tenets/Anti-Racist Practices, parent engagement and relationship building, and foundational IECMH competencies. Prioritize providers who serve populations experiencing adversity.

- Expand training in evidenced-based parenting support and education group facilitation. Prioritize providers who serve populations experiencing adversity, including families involved with child welfare.

- Increase the number of 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, and holding training program slots.

- Ensure sustainable, fair compensation for the early care and education workforce.

- Develop and implement strategies to improve the mental health of early childhood workforce who are often key attachment figures for infants and young children, and train/support child care programs.

3. Advance Policies To Address Underlying Inequities And Root Causes Of IECMH Challenges

- Address social determinants of health, systemic racism and inequity, child poverty, and chronic stress on families with babies and young children by improving state policies and expanding state investments to reduce stress on families with children under age 6 and to promote stable, healthy, nurturing relationships between young children and parents/caregivers by:
    - Ensuring families with babies and young children have consistent support to meet their basic needs including affordable housing, health care coverage, healthy food, safety at home and in the community, cash assistance when needed, and living wages. 
    - Strengthening family-friendly workplace policies such as paid family medical leave and economic support for families. 
- Update certification requirements and contract language to direct agencies contracting with the state (including Medicaid) to implement anti-racist policies and best practices that improve the cultural responsiveness of the agency and service delivery. 

3. Advance Policies To Address Underlying Inequities And Root Causes Of IECMH Challenges (Cont'd)

- Identify family visiting programs, Early Intervention, early care and education, and healthcare providers serving the populations experiencing adversity and prioritize their receipt of IECMH professional development and mental health consultation services and provide equity-focused reflective supervision.
- Prioritize training for providers who reflect the cultural diversity of their community.
- Build data and analytical capacity to more comprehensively identify equity, disparity, and racial bias in Rhode Island's IECMH systems and identify strategies to increase equity and access to services.
- Review existing disparity data in birth outcomes, child welfare involvement, and early care and education suspensions and expulsions to identify populations and regions with the greatest need for IECMH services and prioritize services and supports to these communities.

4. Universally Promote the Importance of IECMH

- Implement a communications campaign targeting 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. Ensure that parents/caregivers are involved in the development of the campaign.

- Identify new or leverage existing community-based, culturally sensitive family resource hubs (such as Health Equity Zones, Community Action Programs, etc.) to provide a range of parenting and economic resources and supports, including peer supports, to de-stigmatize mental health concerns, and address Social Determinants of Health, 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, early care and education programs, 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 well-being, 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 mental wellness in their young children.

- Work with Medicaid to modify Managed Care Organization (MCO) contracts to require promotion of IECMH, linkages to community resources, and engagement in the Read Out & Read Initiative.

- 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.

5. Screen And Connect Parents and Caregivers to Treatment

- Provide clear guidance and training to perinatal, family medicine, and pediatric providers on maternal, paternal, parent/caregiver mental health screening, including valid and reliable screening tools, screening frequency, billing for screenings (including billing the child's insurance), and implement a quality incentive to promote maternal/ caregiver mental health screening and referrals to evaluation and treatment (including IECMH dyadic therapies).

- Sustain the MomsPRN program so that more perinatal practices 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.$ current legislative proposal)

- In partnership with Medicaid and managed care organizations (MCOs), explore strategies for compensating perinatal providers for more complex postpartum visits focused on behavioral health.

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

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

- Expand partial hospital programs for pregnant people and parents of young children struggling with mental health and substance use challenges.

6. Screen And Connect Children To Assessment And Treatment For IECMH Challenges

- Update the EPSDT schedule to include evidence-based developmental/ behavior health screenings and family-strengths assessments for children at ages 3, 4, and 5 by pediatric and family medicine practices. 
- In partnership with Medicaid and MCOs, develop billing guidance documents and training to ensure pediatric and family medicine providers understand how to bill for developmental/ behavior and SDOH screening and how to respond appropriately. 
- Consider updating the EPSDT schedule and guidance to require validated, reliable social and emotional screening tools. 
- In partnership with Medicaid and managed care organizations (MCOs), explore strategies for compensating providers for more complex well-child visits focused on mental health. 
- Prioritize rate increases for psychosocial/behavior screening (based on OHIC's rate review) 

7. Ensure a Robust System of Preventive Interventions and Supports

- Offer First Connections universally to all Rhode Island families. Continue to triage families with greater need into longer-term evidence-based programs. Sustain Medicaid rate increase for First Connections. 
- Expand evidence-based parenting support and education groups, such as Incredible Years, Strong Roots or Circle of Security, to young children and their families referred to child welfare or at risk for child welfare involvement. 
- 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. 
- Sustain the MomsPRN program and PediPRN (leverage Medicaid reimbursement for inter-professional consultation as a component of funding) 

7. Ensure a Robust System of Preventive Interventions and Supports (Cont'd)

- Build capacity within pediatric and family medicine to implement IECMH preventive practices such as those included in models like Healthy Steps or DULCE, to support parents and young children's mental health. 
- In partnership with Medicaid and MCOs, develop billing guidance documents and training to ensure that pediatric and perinatal practices understand how to bill for community health worker and peer support specialist services to improve care coordination and increase access to basic needs to help families navigate early childhood and family service systems. 
- Explore the feasibility of Medicaid authority and authorization to reimburse for group visits in medical settings such as Centering Pregnancy. 

8. Provide IECMH Consultation In Early Childhood Settings

- Explore the feasibility of funding infant and early childhood mental health consultation as a Medicaid preventive direct service (learn from Michigan's approach).
- Expand mental health consultation to Early Intervention, Child Welfare and healthcare settings.
- Expand the SUCCESS model in early care and education settings. SUCCESS provides mental health consultation to early learning programs (center-based and family child care).

9. Expand Access to Evidence-Based, Family-Based Dyadic IECMH Treatment

- Expand the number of clinicians trained to provide evidenced-based, family-based dyadic treatment (such as Child-Parent Psychotherapy (CPP), Parent Child Interaction Therapy (PCIT), and Attachment and Biobehavioral Catch-up (ABC))

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

- Support partnerships between pediatric/family medicine practices and outpatient behavioral health providers to integrate behavioral health and IECMH clinicians in perinatal and pediatric/family medicine practices OR co-locate behavioral health and IECMH clinicians to offer consultation and reserve appointment time for referrals from the practice(s).

- 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.

- 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.

- Expand the delivery of IECMH treatment, behavioral health services, and SDOH interventions in primary care settings by exploring sub-capitated Medicaid payment models on an at-risk basis for integrated behavioral and IECMH services.

10. Promote Developmentally Appropriate Assessment and Diagnosis

- Align manage care organization (MCO) and fee for services (FFS) practices around utilizing Z codes to maximize access to IECMH services without a diagnosis. 
- Allow IECMH clinicians to bill for evaluation/diagnosis over multiple visits. 
- **Hold for Further Study:** The state needs more time to better understand community concerns about diagnosis before recommending and supporting the use of DC:0-5 to support relationship-based assessment and treatment selection. (Please see following slides for more information on the DC:0-5 and an outline of the concerns raised that are requiring further study.)

Explanation and Discussion on Recommending the DC:05

- Currently, many clinicians are using **Diagnostic Statistical Manual (DSM)** to assess and, when needed, to diagnose children when they have social emotional or behavior concerns requiring treatment and intervention.

- Examples of diagnoses in early childhood include, but are not limited to, post traumatic stress disorder, separation anxiety disorder, sensory processing disorder, early atypical autism spectrum disorder, developmental language disorder, nightmare disorder, and sleep, eating, and excessive crying disorders.

- **DC:0-5 is an alternative diagnostic system to the DSM, developed by Zero to Three, considered to be more age-appropriate for assessing infants, toddlers and preschool children.**
    - Mental health clinicians involved in the Infant Early Childhood Mental Health Task Force planning process largely support recommending the DC:0-5 because the DC:0-5 is:
    - More developmentally appropriate for assessing, diagnosing, and treating young children than the DSM (including age-related guidance for making diagnoses)
    - Relationship-based, including context of family, culture, and other environments in the assessment and diagnostic process and formulation of recommendations. Better at identifying strengths in the child, family and parent/child relationship, as well as in cultural assets, in clinical formulation and in guiding clinicians to develop treatment recommendations in collaboration with the family.

Explanation and Discussion on Recommending the DC:05 (Cont'd)

- Community participants in the Task Force also noted that the assessment process does not always result in a diagnosis, but still has value in helping a clinician understand the child's behavior, development, relationships, and strengths from the family's perspective in order to guide development of any treatment or other recommendations to address concerns being raised.

- It important to note that there has not been adequate cross-cultural validation of either the DSM or the DC:0-5. Cross-cultural validation refers to whether the diagnoses (in most cases psychological constructs) that were originally generated in a single culture are applicable, meaningful, and thus equivalent in another culture. To date that validation does not exist for either diagnostic system.

- However, the DC:0-5 does include a cultural formulation for use with infants and young children. This formulation, developed by Sarche and colleagues (Sarche et al., 2019), includes attention to the cultural identity of child and caregivers, cultural explanations of the child's presenting problem, cultural factors related to the child's psychosocial and caregiving environment, cultural elements in the relationship between caregivers and practitioners, and an overall cultural assessment for the child's diagnosis and care.

- Recommending the DC:0-5 for use in Rhode Island will require significant system investments. Before a decision is made it is important to make sure that family and caregiver voices have been fully heard and that all clinical perspectives have been considered. (Please see the following page for an outline of community concerns raised to date)

Outline of Community Concerns Around Diagnosis

- The Task Force meetings included significant discussion on the benefits and challenges of diagnosis itself, and on the relative values of both diagnostic systems.

- There were positive responses to DC0:5 in general: *"With the DC:0-5, you're much more likely to have real conversations with families that acknowledge their life circumstances. Also, you are looking for competencies and strengths in the environment as well as what's not going well."*

- However, when the Taskforce examined the D-C:0-5 in March, some community members raised concerns that mental health diagnoses (regardless of the diagnostic system used) could potentially harm children of color by mislabeling and stigmatizing of children and families who have experienced discrimination and prejudice.

- The concern is NOT specific to the type of diagnostic system used (e.g. the **DC:0-5 or DSM**) but rather about diagnosing young children in general.

- There were also questions about what happens if a diagnosis is given and the family disagrees, e.g., where do they go to make a complaint about this? Where do families go for advocacy if a provider won't deliver services without the diagnosis?

Holding on a Recommendation for DC:05

- While the DC:0-5 is more developmentally appropriate, we recognize that recommending the DC:0-5 will require significant system investments. As noted above, before a decision is made it is important to make sure that:
  -Family and caregiver concerns about diagnosis in general have been fully heard.
  -All clinical perspectives about the best diagnostic system have been considered.

- **Since the concerns outlined above were raised towards the end of the planning process, it is the position of EOHHS and our interagency partners that more discovery time is needed to understand and explore the community concerns before making recommendations that will change current practices, professional development, and systems around diagnosis.**

Related/Aligned Initiative Already Underway

- 1a. Implement Coordinated IECMH Workforce Development and Support (IECMH Clinicians):
  - Provide training and guidance to Early Intervention providers on implementing social-emotional assessment practices.
- 1b. Implement a Coordinated IECMH Workforce Development and Support (Other Early Childhood Workforce)
  - Develop a perinatal specialization for certified community health workers and certified peer recovery specialists.
  - Pilot compensation strategies for Early Childhood Care and Education professionals, including the Pandemic Retention Bonus for early learning professionals (DHS, 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).

Related/Aligned Initiatives Already Underway

- 2. Advance policies to address underlying inequities and root causes of IECMH challenges.
  - 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)
- 6. Ensure a robust System of Prevention/Intervention Services and Supports
  - Sustain Reflective Practice and Mental Health Consultation in long-term family visiting programs and early care and education (currently supported with PDG funding and will be sustained with MIECHV funding.)
  - Align Kids Connect service with Early Intervention and Early Childhood Special Education to avoid duplication and strengthen a coordinated support system. (scheduled)
  - 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 CTC grant-funded initiative)
  - Sustain investments in the Conscious Discipline professional development series for RI Pre-K staff.

Appendix

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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

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