



**ZERO TO THREE**  
Early connections last a lifetime

# Massachusetts

An Inside-Outside Strategy to Put Early Childhood Mental Health First

**T**his policy vignette examines how an inside-outside government strategy has been used to define and advance an infant and early childhood mental health (IECMH) agenda in Massachusetts. Strong trusting relationships driven by a common interest support active engagement that includes families, mental health providers, early educators, advocates, and state administrators from the Departments of Mental Health (DMH), Public Health (DPH), and Early Education and Care (EEC). The focus is on working together to leverage and maximize a limited set of resources. The vignette also shares **key lessons learned**.

## the Innovation

Advances in IECMH are shaped by collaboration between multiple state agencies and a statewide coalition of parents, advocates, mental health providers, and educators.

## the Impetus

Interest in advancing an IECMH agenda was front and center for many stakeholders in Massachusetts during the past decade. State leaders reflect that there was a lot of excitement and opportunity, with robust collaboration happening around the state's implementation of the federal Race to the Top – Early Learning Challenge (RTT-ELC) grant and other initiatives. But a long-term coherent strategy for capturing and coordinating this goodwill was missing. As a result, the potential for widespread impact was limited. “We realized that the field would be able to make more progress in the future if we could coordinate and align efforts in a way so that we all are working in a similar direction,” said Kate Roper, Assistant Director of Early Childhood Services, Massachusetts Department of Public Health.

A tipping point for legislators and advocates alike was recognition that the state ranked 9th in the nation on expulsion in early childhood settings.<sup>1</sup> “Walter Gilliam’s study shocked policymakers and spurred programmatic innovation. The Children’s Mental Health Campaign (CMHC) knew that supporting these services had to be a top priority,” said Nancy Allen-Scannell, Director of External Affairs, Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)/CMHC.

There were many assets on which to build:

- The Children’s Mental Health Campaign<sup>2</sup> – a statewide coalition of more than 160 supporting organizations with representation of parents, advocates, mental health providers, educators, and other stakeholders building on 10 years of success in advancing children’s behavioral health through both policy and practice, including early childhood mental health consultation – had formed a workgroup to more deeply impact infant and early childhood mental health.
- An IECMH strategic plan was developed in 2009 by a multi-commissioner interagency workgroup on children’s mental health. This workgroup has been meeting for more than a decade.
- In 2009, the state received both a Project LAUNCH (Linking Assets for Unmet Needs in Children’s Health) grant as well as a Systems of Care grant from the federal government. With these grants, the state was able to consider ways to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality promotion and prevention services. The model that emerged – LAUNCH/ MYCHILD – embeds an early childhood mental health clinician and a family partner with lived experience within pediatric practices in community mental health medical home settings.<sup>4</sup>
- The 2011 Race to the Top – Early Learning Challenge (RTT-ELC) federal grant provided a unique opportunity to improve the administration and coordination of mental health programs and services for young children and their families and strengthen the partnership

1 Gilliam, W.S. (2005). Prekindergartners Left Behind: Expulsion Rates in State Prekindergarten Systems. Yale University Child Study Center. [https://www.researchgate.net/publication/228701481\\_Prekindergartners\\_Left\\_Behind\\_Expulsion\\_Rates\\_in\\_State\\_Prekindergarten\\_Systems](https://www.researchgate.net/publication/228701481_Prekindergartners_Left_Behind_Expulsion_Rates_in_State_Prekindergarten_Systems)

2 Children’s Mental Health Campaign. <https://www.childrensmentalhealthcampaign.org/>

3 A list of the supporting organizations can be found here: <https://www.childrensmentalhealthcampaign.org/about/supporting-organizations-cmhc>

4 Association of Maternal and Child Health Programs. (2016). Massachusetts Partnership for Early Childhood Mental Health Integration: LAUNCH/ MYCHILD/System of Care Model. <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/SDocs/MA%20Partnership.pdf>

between the EEC, DMH, and DPH, as well as MassHealth, the Massachusetts Medicaid program. Together, the agencies engaged in focused work on several fronts around IECMH. This work included enhancing the capacity of an existing EEC-funded statewide early childhood mental health consultation network to improve training and support for early childhood educators, including use of the Pyramid Model to address challenging behaviors.

Similarly, RTT-ELC funds were used to enhance the IECMH capabilities of the DMH-funded Massachusetts Child Psychiatry Access Program (MCPAP), a statewide consultation network of child psychiatrists that supports pediatricians to better care for their patients who have behavioral health needs. Pediatricians are able to call a MCPAP regional team and ask questions about how to best support a child in their care, and

where the family can access resources in the community. While other states have adopted the MCPAP model, “Massachusetts’ MCPAP is the only statewide, insurance-blind program available to all pediatric primary care practices, including community mental health centers,” said Christina Fluet, Director of Planning and Policy Development, Division of Child, Youth, and Family Services of the Massachusetts Department of Mental Health. With RTT-ELC funding, MCPAP surveyed pediatricians across the state about their needs relating to young children in their care who have behavioral challenges. A significant number of pediatricians reported they would like to help parents understand early childhood development and child behavior in that context, and develop effective skills to respond to their children’s behavioral

// The RTT-ELC grant was instrumental in solidifying and launching the partnership with the Departments of Early Education and Care, Mental Health, and Public Health around IECMH and social-emotional wellness. It provided an essential springboard for more effectively and actively working with state partners.” – Christina Fluet



challenges and manage family issues. Based on those findings, MCPAP implemented Triple P, the Positive Parenting Program®, within pediatric primary care practices and community behavioral health agencies.

Another example stemming from the RTT-ELC multi-agency partnership was focused work to infuse the Medicaid children's behavioral health provider system with information about IECMH and the resources available. Further, trainings were offered to providers of MassHealth in-home therapy programs to improve organizational capacity to support staff in addressing the mental health needs of young children. RTT-ELC also supported trauma-informed care for children who are part of the Department of Children and Families.

### the Process

Early childhood leaders in the state participated in the ZERO TO THREE IECMH Learning Community that began in 2016. Representatives from MassHealth, EEC, DMH, DPH, the Children's Mental Health Campaign, and a child psychiatrist formed the state team. They wanted to use the technical assistance offering as an opportunity to work across public and private sectors to coordinate and align efforts. More stakeholders were brought on board following the October 2016 Learning Community meeting and together they decided that as a next step they should convene an IECMH Summit. It was believed that the summit could build a "coalition of coalitions" and reach consensus on actionable steps to move the IECMH field ahead in the coming year.

With coordination provided by the Children's Mental Health Campaign (the principal "outside" partner), the IECMH Summit was held in June 2017, and nearly 100 people attended. The tone was set by an inequities panel. Participants



Kate is the fairy god-mother of this process. She has kept it alive in and among the various state agencies. She gets people to the table, acts as historian, and looks for grant opportunities to support the work. She knows how to work with people to move an agenda forward, including how to bring people into a process."

— Nancy Allen-Scannell

developed a shared framework acknowledging disparities and inequities, particularly for immigrants and people of color. With this as a foundation, participants then divided into four groups to explore each area and recommend action steps. The four groups included: (1) DC:0-5, (2) workforce development/MassAIMH competencies, (3) mental health consultation/expulsion, and (4) integration. The hope was that these conversations would translate into actions that will improve IECMH capacity across all child-serving systems in the state.

Reflecting on the process used to advance an IECMH agenda over the past decade, Fluet commented, "We came to realize it was important

to have collaboration at multiple levels — an interagency steering committee that could set the agenda, an interagency workgroup that could implement the agenda, and external partners that could extend the work.” This inside-outside strategy helps to leverage and maximize resources to put IECMH first.

## Financing

In FY17, the DMH received funding through state appropriation to continue collaborating with state and external partners to advance the IECMH agenda. The funding supported the June 2017 IECMH Summit and strengthening leadership and collaboration among DMH, DPH, and EEC to move this agenda forward.

## next Steps

The inside-outside partnership continues with weekly phone meetings between the DMH, DPH, EEC, and the Children’s Mental Health Campaign. It is expected that the report of the summit will provide concrete action steps for working on DC:0-5 and reimbursable services, building the workforce, and addressing the other topics that were central to the discussion at the event. “We will continue to come together and connect the dots to find ways to enhance IECMH from inside the state system and through our external partners,” said Fluet.

## updates from Summer 2018

The team’s coordinated approach to IECMH has contributed to state and local funders increasing their investments in early childhood mental health. These include: the doubling of the EEC’s state line item for early childhood mental health consultation; funding to continue IECMH coordination at DMH; and the awarding of local

foundation funding to the Children’s Mental Health Campaign/MSPCC to help strengthen the infrastructure of the MassAIMH, including the purchase and implementation of a professional endorsement system. Follow-up documents to the 2017 Summit will be available on the Children’s Mental Health Campaign webpage: <https://childrensmentalhealthcampaign.org/>

## important Lessons

- Practice patience as you continuously bring people together to get to know one another, share information, strategize, and work towards consensus. The process is important.
- Be clear about roles. State agency staff are not allowed to advocate but can educate and inform.
- Build partnerships with entities that are able to engage in advocacy work.

## for more Information

Kate Roper  
Assistant Director, Early Childhood Services  
Massachusetts Department of Public Health  
617-624-5919  
[Kate.Roper@massmail.state.ma.us](mailto:Kate.Roper@massmail.state.ma.us)

Christina Fluet  
Director, Planning and Policy Development  
Division of Child, Youth, and Family Services  
Massachusetts Department of Mental Health  
617-626-8188  
[Christina.Fluet@massmail.state.ma.us](mailto:Christina.Fluet@massmail.state.ma.us)

Nancy Allen-Scannell  
Director of External Affairs  
MSPCC/Children’s Mental Health Campaign  
614-587-1510  
[nscannell@mspcc.org](mailto:nscannell@mspcc.org)