



# South Carolina

Workforce Awareness and Development are Necessary First Steps  
Toward Growing Infant and Early Childhood Mental Health Services

**T**his policy vignette shines a light on South Carolina's early efforts to increase workforce awareness and capacity for addressing the mental health needs of children birth to 3. With the newly formed South Carolina Infant Mental Health Association (SCIMHA) and a multiagency team that participated in the **ZERO TO THREE Infant and Early Childhood Mental Health Financing Policy Project** (IECMH-FPP), state leaders are exploring opportunities to address workforce readiness across service sectors to support healthy social and emotional development of young children. The vignette also shares key lessons learned.

## the Innovation

Leaders in South Carolina recognize the importance of increasing the workforce's awareness of IECMH and their capacity to support the social and emotional well-being of young children. Both the Department of Mental Health and Department of Social Services identified IECMH workforce goals such as building IECMH expertise among child welfare staff and ensuring at least one person at each community mental health center will have specialized training in serving children under 5 years old. SCIMHA supports these goals and continuously looks for other opportunities that can contribute to strengthening the knowledge, skills, and capacities of the workforce.

## the Impetus

In 2016, a cross-sector group representing child- and family-serving disciplines convened to examine opportunities to build the professional capacity of these workforce sectors to support the healthy social and emotional development of young children. From this and subsequent meetings, they created the SCIMHA, which brought the Michigan IECMH Competencies and Endorsement® system to the state. SCIMHA provides a tangible opportunity to bring partners across systems together to learn the basics of IECMH, to begin to review data to understand current efforts and gaps, and to focus on integrating IECMH competencies across the workforce. "We realized that a large number of children in the child welfare system were under 3 years old, yet, of the children served by the Department of Mental Health, only a small

fraction were infants and toddlers. Further education efforts are likely needed for child welfare staff and foster parents on when it is appropriate to refer a child under 3 for mental health services, and further training is needed for all child-serving staff regarding assessment and treatment methods for children under 3," said Kerrie Schnake, Director of the South Carolina Program for Infant/Toddler Care and President of SCIMHA.

## the Process

The South Carolina IECMH-FPP team identified the need to strengthen the workforce, from clinicians to teachers, so that all professionals who serve young children and families are aware of IECMH practices along the continuum of promotion to prevention and treatment. With equal amounts of nudging and technical support from SCIMHA, leaders across agencies set out to increase awareness and capacity of those serving infants and toddlers. Where possible, they tapped workforce development set-asides in existing programs (e.g., the Child Care and Development Fund) and situated the issue within new applications for funding, whether through private philanthropy (e.g., Pritzker Children's Initiative) or public competitions (e.g., [Linking Actions for Unmet Needs in Children's Health](#), or Project LAUNCH).

For example, they are using the infant/toddler set-aside in the Child Care and Development Fund to support the infant mental health promotion practice of relationship building between child care teachers and children. The Preschool Development Grant Birth through Five is being

used to create a mental health consultation model. The Pritzker planning grant provided the state an opportunity to plan for how they would expand high-quality services by 25 percent for low-income infants and toddlers by 2023, and 50 percent by 2025. SCIMHA, in partnership with leaders in state agencies serving young children, continues to target funding opportunities that would allow for staff at local mental health centers to be trained in Child Parent Psychotherapy, expand IECMH consultation, and bring the Safe Babies Court Team<sup>1</sup> model to the state, among other IECMH-focused efforts.

Recognizing that change starts from the top, Ann-Marie Dwyer, Director of Behavioral Health at the South Carolina Department of Health and Human Services (SCDHHS) organized a training on Adverse Childhood Experiences (ACEs) for the executive leadership in the Department. “It was not easy to manage schedules and get key deputies in a room,” said Dwyer, but she did—and she believes the training will play an important role in making evidence-based policy decisions related to IECMH.

Signals from new leadership at the Department of Social Services bode well for increased attention on IECMH within that department as well. Still, the first step is to raise awareness. According to Gwynne Goodlett, Director of Child Health and Well-Being at the Department of Social Services, “Child welfare is still very much in the raising awareness phase. We are working to build internal capacity and may have a training track on IECMH in the future.” SCIMHA is working hand-in-hand with the Department to support this with a long-term goal of reaching all ranks of child welfare workers and foster parents as well.

## Financing

Thus far, efforts to grow IECMH workforce awareness and training are funded by tapping existing resources or weaving workforce development goals into new proposals. Departments are not yet advocating for new funds to support their respective IECMH work. Though SCIMHA is emerging as the backbone for IECMH work, the association is not funded.

// Partners are looking to SCIMHA as the hub for IECMH work in the state.”

— Kerrie Schnake, President of South Carolina Infant Mental Health Association



<sup>1</sup> The Safe Babies Court Team is a community engagement and systems change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together to improve and expedite services for young children who are under court supervision.

It has a small grant from BlueCross BlueShield of South Carolina Foundation to promote the Infant and Early Childhood Mental Health Competencies and Endorsement<sup>®</sup>, but otherwise depends on membership fees and volunteers.

### next Steps

Addressing workforce awareness and development is an ongoing process. State leaders plan to continue to increase capacity within the community mental health system as well as the child welfare system. When the state undertakes a redesign of the behavioral health benefit, there may be an opportunity to incorporate knowledge of IECMH as a requirement.

Finally, with a growing cadre of state leaders aware of the importance of IECMH, there will surely be champions speaking out to protect and grow a commitment to supporting the social and emotional development of the youngest children. That happened recently with respect to interpretation of guidance from the Centers for Medicare and Medicaid Services. Because of the groundwork she had laid in raising awareness about ACEs, Dwyer was able to clarify to Department leadership that Z codes<sup>2</sup> are appropriate and indefinitely allowable in behavioral health for children ages birth to 6. According to Dwyer, “The Deputy Director of Health Programs at SCDHHS considered the importance of the correct and medically necessary service getting to beneficiaries, and this ultimately informed the decision to continue using Z codes.” Losing the Z codes would have significantly impacted beneficiary access to behavioral health services. Dwyer’s own awareness of

the issue and commitment to IECMH helped to ensure an informed decision was made.

### important Lessons

- External experts can make an important impression. Invite colleagues in other states to share their experiences so your team can hear their stories and envision a path forward.
- Patience is important; doggedness is important too! It can take time for partners to move from brainstorming promising ideas to taking meaningful, funded action. Sometimes it is best to weave this work into other initiatives and reform efforts so that it does not become just another unconnected thing to move along.
- Do not be overwhelmed and intimidated by Medicaid. Build relationships with Medicaid staff and ensure that they understand the critical role IECMH plays in healthy development. Infant mental health supporters need to learn how infant mental health interventions are covered under Medicaid and find ways to partner. Understand that Medicaid agencies are like very large ships and cannot turn quickly.

### for more Information

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<sup>2</sup> Z codes are often used when a circumstance or problem is present that influences the person’s health status but is not in itself a current illness or injury. This can include a wide range of psychosocial problems and other conditions that may need clinical attention.