



Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health

ZERO TO THREE Webinar
June 5, 2013

Agenda

- Welcome
- Overview of ZERO TO THREE'S new paper -- *Nurturing Change*
- State strategies for improving infant and early childhood mental health (I-ECMH)
 - Wisconsin
 - Florida
- Facilitated conversation on key strategies
 - Proactive and Comprehensive Approach
 - Cross-Cutting Nature of Infant and Early Childhood Mental Health
 - Financing
- Questions and answers

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Polling Question #1

Which of these core components of a solid I-ECMH state plan is strongest in your state? (choose one)

- Leadership
- Financing
- Systems integration
- Improved strategies
- Professional development
- Public awareness

Nurturing Change: State Strategies for Improving Infant and Early Childhood Mental Health

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ZERO TO THREE



Overview of *Nurturing Change*

Trilogy of I-ECMH Papers:

- *Laying the Foundation*
<http://www.zerotothree.org/laying-the-foundation>
- *Making it Happen*
<http://www.zerotothree.org/making-it-happen>
- *Nurturing Change*
<http://www.zerotothree.org/nurturing-change>

Overview of *Nurturing Change*

Nurturing Change includes:

- State profiles (CA, FL, LA, MI, OH, WI)
- Strategic questions
- State policy recommendations



Overview of Nurturing Change

BARRIER	STRATEGY	STATE
Systems Level	<ul style="list-style-type: none"> Develop a proactive and comprehensive approach to building an I-ECMH system 	Wisconsin
Access	<ul style="list-style-type: none"> Enable providers to treat and receive Medicaid reimbursement for dyadic therapy by adding definitions such as “Individual and Family Therapy.” Use Medicaid funding to reimburse for dyadic therapies for infants, toddlers, and their families. 	Florida California
Delivery	<ul style="list-style-type: none"> Create competency guidelines and endorsement to build capacity for I-ECMH service delivery. Develop a state I-ECMH workforce system. Build I-ECMH into the infrastructure of the early childhood system so that a broad band of providers understand and are able to implement I-ECMH principles and practices. 	Michigan Wisconsin Louisiana

Overview of Nurturing Change

BARRIER	STRATEGY	STATE
Financing	<ul style="list-style-type: none"> Develop and adopt a crosswalk from DC:0-3R to ICD-9-CM and DSM-IV to aid Medicaid reimbursement for I-ECMH services. Recognize DC:0-3R for reimbursing I-ECMH services, including in-home services. Create an infant mental health endorsement to enable Medicaid to recognize and reimburse for I-ECMH. Ensure that the Medicaid waiver covers I-ECMH home-based services. Ensure Medicaid and EPSDT reimbursement for I-ECMH services. Secure TANF funds for I-ECMH direct services. 	<p>Florida</p> <p>Wisconsin</p> <p>Michigan</p> <p>California</p> <p>Louisiana</p>
Incorporate Evidence of I-ECMH into Practice and Policy	<ul style="list-style-type: none"> Develop a Maternal Depression Screening and Response Program to ensure that maternal depression screening and response is embedded in the statewide home visiting system. 	<p>Ohio</p>

Strategic Planning Questions: Examples

Systems-Level Issues:

- Do I-ECMH issues have traction in your state?
- Can you link I-ECMH to other issues that are high on the policy agenda?

Access:

- What are the diagnostic barriers that stand in the way of access? Are providers encouraged to use DC:0-3R?

Delivery:

- Does your state have a plan for embedding I-ECMH services in Part C early intervention, home visiting including MIECHV, and pre-K?

Financing:

- Does Medicaid pay for I-ECMH services? Are the coding and documentation procedures well-known to providers and payers?

Evidence-Based Approaches:

- How are evidence-based practices reflected in state public policy?

State Policy Recommendations

1. Promote the Cross-Cutting Nature of I-ECMH
2. Encourage Greater Attention to Early Identification and Response
3. Increase Access to I-ECMH Services and Financing
4. Build Capacity and Competence in I-ECMH
5. Promote Public Awareness of the Impact of Early Experiences on Success in School and Life

Nurturing Change in Your Own Backyard

Some starting points:

- Share the paper with policy leaders in your community or state
- Adopt one or more of the recommendations for a state advocacy agenda
- Host a conversation about promoting social-emotional development in school readiness initiatives
- Work with your state AAP chapter to link health and mental health outcomes

<http://www2.aap.org/member/chapters/chaplist.cfm>

Nurturing Change

Nurturing Change is available at:

<http://www.zerotothree.org/nurturing-change>

For more information,
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Polling Question #2

What do you see as the greatest barrier your state faces in promoting and prioritizing I-ECMH? (choose one)

- Public systems concerned with the health and well-being of young children lack capacity to deliver the continuum of I-ECMH promotion, prevention, and treatment services
- Eligibility determination and diagnosis are limited and pose a barrier to access of services for very young children
- Systemic reimbursement issues hinder the ability to pay for I-ECMH services through Medicaid and other funding mechanisms
- Public policy does not incorporate the evidence base for I-ECMH into practice and policy

Presenters

Therese Ahlers

Executive Director

Wisconsin Alliance for Infant Mental Health



Kathryn Shea

President and Chief Executive Officer

The Florida Center for Early Childhood, Inc.





WISCONSIN: Infant and Early Childhood Mental Health Efforts

Therese Ahlers

Executive Director

Wisconsin Alliance for Infant Mental Health

Overall Goal

Integrate infant and early childhood practices into the day-to-day activities of people who touch the life of infants, young children, and their families



Proactive and Comprehensive Infant and Early Childhood Mental Health Plan

- Wisconsin Alliance for Infant Mental Health convened a summit. State policymakers from early intervention, mental health, Medicaid and child care, plus private service providers from across disciplines, attended. Parents also participated.
- Collected information on current infant mental health activities and efforts focused on promotion, prevention, early intervention, and treatment.
- Formed three work groups (professional development, service delivery, policy) to develop recommendations for a state plan.

Benefits of Plan Development

- Increases awareness
- Develops relationships and understanding among systems and disciplines
- Promotes common language
- Helps create investment among participants

Lessons Learned

- Relationships are key – build alliances across service delivery systems
- Continually focus on messaging and public awareness
- Align practice, policy, and science
- Focus effort at both the state and local levels



FLORIDA: Infant and Early Childhood Mental Health Efforts

Kathryn Shea

President and Chief Executive Officer
The Florida Center for Early Childhood, Inc.

Overview of Key Accomplishments

- 2000 - Key partners came together to begin discussions, strategize, and discuss data/needs.
- Group developed the Florida Strategic Plan for Infant Mental Health. The plan targets promotion, prevention, and intervention/treatment.
- 2001 - State Medicaid office (AHCA) revised the Community Behavioral Health Services Handbook to include Section 5, “Services for Children 0 through 5.” The revision encouraged use of DC:0-3 for assistance in determining ICD-9-CM code.

Overview of Key Accomplishments (Continued)

- Provider agency developed a “crosswalk” from DC:0-3 to ICD-9-CM codes so services could be billed. Crosswalk was accepted by Medicaid and state Mental Health agency and disseminated statewide. It was updated in 2006 and 2010.
- Handbook revision changed treatment from “individual” to “individual/family” therapy, allowing client (child) to be seen individually, with parents, or the parents could be seen without the child. This change allowed for billing of dyadic work.
- Work in process – Clinician Manual to assist in documenting “medical necessity” for the young child population.

Lessons Learned

- Include all partners at the table from the beginning
- Form a commitment to solve the barriers **NO MATTER WHAT!**
- Offer to write language needed to implement I-ECMH services
- Connect early identification/intervention to research (e.g., Heckman equation)

Proactive and Comprehensive Approach

- Who provided the impetus in your state for the development of a comprehensive plan to address I-ECMH?
- What was the process for developing a comprehensive approach – was it intentional or did the comprehensive nature/aspects of it evolve over time?
- What fuels the work? How do you keep it focused and moving forward?

Proactive and Comprehensive Approach: Response

Wisconsin

- Wisconsin Alliance for Infant Mental Health (WI-AIMH) with direct service providers came together to develop a plan that included promotion, prevention, early intervention, and treatment. Hope was to weave relationship-based practices into the day-to-day activities of all who touch the lives of children and families.
- WI-AIMH participates in many state-level policy groups and continually asks about supporting social and emotional competence of young children.

Florida

- Leadership was provided by the FSU Center for Prevention and Early Intervention, FL Assoc. for Infant Mental Health (FAIMH). Key people (state Medicaid, Dept. of Mental Health, Early Intervention, etc.) were brought together to develop the Strategic Plan.
- FSU and FAIMH continue to “fuel” the work using the Strategic Plan as the guide. Major goal was workforce development. FSU Harris Institute has trained over 240 I-ECMH specialists.

Cross-Cutting Nature of I-ECMH

- What other systems have you worked with to increase access to I-ECMH services along the promotion, prevention, and treatment continuum?
- How did you get partners to want to adopt or align with I-ECMH practices?
- What have been the barriers? How have you overcome them?

Cross-Cutting Nature of I-ECMH: Response

Wisconsin

- Involved with early childhood system development efforts.
- Seek out opportunities to partner with child care, home visiting, early intervention, child welfare, and the court system.
- Provide messages centered around healthy development of the child and support with science.
- Barriers include funding, misconceptions, ignorance, and misaligned efforts.
- Barriers overcome through persistence, opportunities, messaging, and science.

Florida

- Work with Early Intervention, Early Learning Coalition, Head Start/Early Head Start, Healthy Start, Healthy Families, mental health and substance abuse, and child welfare.
- High turnover in systems requires constant training/consultation.
- People stay at table because of focus on early brain development, trauma, return on investment, breaking cycle of abuse, poverty, mental illness and substance abuse, child well-being (FL 39th in nation).
- Barriers result from state and local funding cuts creating workforce reduction and increased needs. Getting policymakers on board is a challenge.

- How did you get the buy-in from Medicaid to support reimbursement for I-ECMH services, dyadic therapy, and in-home therapy?
- What guidance would you offer other states on how to work with Medicaid so that they recognize DC:0-3R?
- What about work with other third-party payers? Any lessons learned yet, or is it too early?
- How has federal funding been helpful to move the work forward?

Wisconsin

- Provide information about science and best practice so those engaged in finance know why I-ECMH is a necessary investment.
- Find champions within state government.
- Develop relationships with state Medicaid staff.
- Understand what services are available, how the services are accessed, and criteria for eligibility.
- Use federal grants to demonstrate effectiveness (e.g., ECCS, Project LAUNCH, home visiting).
- Ask providers on the front line for support.

Florida

- Get Medicaid buy-in. Develop relationships with key Medicaid leaders who have the power to create change. Invite them to speak at I-ECMH conferences on their role/responsibility. Recognize them for positive change.
- Get to HMO's and other third party payers early. Educate them on I-ECMH and DC:0-3R.
- Use federal opportunities to promote I-ECMH (e.g., SAMHSA cooperative agreements, ECCS, Project LAUNCH, MIECHV).

Polling Question #3

Which of the following I-ECMH policy recommendations is most needed in your state? (choose one)

- Promote the cross-cutting nature of I-ECMH
- Encourage greater attention to early identification and response
- Build capacity and competence in I-ECMH practice
- Promote public awareness of the impact of early experiences on success in school and life

Contact Information



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