

## **Questions from Nurturing Change Webinar Participants**

When you say "state plan" does that mean a strategic plan for a Medicaid State Plan Amendment?

WI: I was talking about a plan for WI infant mental health, not a state Medicaid plan amendment.

FL: I was talking about the FL infant mental health plan, not the Medicaid plan.

Where does one get the funding for strategic planning in the current environment?

WI: In WI, we had funds from several sources to develop the plan, including private foundations. Sometimes the private foundations are more understanding and get the importance of early childhood.

FL: The strategic plan process in FL was really just a lot of people coming together and giving their time to formulate the plan.

How are non-Medicaid children helped in your states?

WI: In WI, non-Medicaid children get their health care through private insurance.

FL: That is true in FL, too. If they don't have private insurance and don't meet qualifications for Medicaid, there is the CHIP program. For those who truly fall through the cracks, county and United Way money can also be helpful.

I would like to know if parent educators are being included with Early Head Start and others as far as being trained for mental health screening.

WI: Everyone who touches life of a child needs to understand the importance of mental health. All are appropriate recipients for training.

FL: In FL, we have three levels of training – the first level is for everyone who touches the child; level 2 is more targeted; and level 3 is for clinicians doing the infant mental health work.

What is the source of the national ranking of states for child well-being that was mentioned in the FL presentation?

FL: Source is the Kids Count data book.

What was the funding source(s) for training mental health providers to use the DC:0-3?

WI: We were able to secure money through the Children's Trust Fund and the mental health block grant to fund DC:0-3 training. We have found that if we ask for a little money and then blend or match it, we can make a real difference.

FL: Funds for training clinicians come from a variety of sources including Medicaid. Medicaid pays for clinicians to go through the 10-month infant mental health training. SAMHSA grants have been extremely helpful, too.

With regard to Part C, was there a recommendation as to the criteria for eligibility so that treatment can occur? Or was there a tool used that rates when intervention should occur?

WI: It's challenging because Part C eligibility criteria is determined by each state. For WI, it's a 25% developmental delay, but sometimes this varies from county to county. There has been a push to do more training for identification.

FL: Due to funding limitations, eligibility was changed to two standard deviations below the norm. In addition, children have to have language, motor, or cognitive delay. It's been a real struggle.

How are the children "diagnosed" or identified for these services?

WI: Children are identified in a number of ways. Often providers identify children that may need help through the use of a screening tool such as the ASQ-SE. A licensed mental health clinician would make the diagnosis.

FL: Children are referred to an infant mental health clinician and assessed, using the Medicaid In-Depth assessment of 0-5. If they meet diagnostic criteria, they are given a diagnosis.

I wondered if other states experience their community health providers as "gatekeepers"?

WI: Not in WI. If a community health provider suspected something needed attention, they would refer to the early intervention system.

FL: We train on the 3 levels and hope folks on all levels are gatekeepers and refer for further evaluation as needed.

How have the presenters worked with state mental health professional licensure boards to ensure providers have evidence-based training for I-ECMH?

WI: At this point, WI-AIMH has not worked with regulators. We have worked with Medicaid and the state mental health agency.

FL: This has not happened in Florida. There is no requirement by state mental health or Medicaid that folks providing treatment to young children have I-ECMH training.

How have Wisconsin and Florida identified mental health professionals to provide the services? It can be hard to find professionals in our state who know how to address infant-early childhood mental health issues, especially in rural areas.

WI: It is difficult. WI recently adopted the competency and endorsement system used by Michigan. The Infant Mental Health Specialist, Level III endorsement assures licensed practitioners have the skills, education, and experiences to treat infants, young children, and their families.

FL: Through the FSU Harris Institute trainings, licensed clinicians can apply for the 10-month training. We have now trained over 240 statewide. There have been really no issues in recruiting clinicians.

With regard to Part C, I agree that it is challenging as every state determines its own eligibility. But I was looking to see if there was a best practice to determine truly appropriate eligibility as Part C still allows for clinical opinion as an eligibility criteria.

WI: Sometimes it is clinical opinion and children receive services. Children can receive services without a 25% developmental delay if there is evidence of atypical development.

FL: The ASQ-SE is our accepted tool for validating social-emotional delays. Also, if a child has been evaluated by a licensed clinician and has a diagnosis, that should meet eligibility requirements.

I am interested in the ACES study mentioned. Do you have more information?

ZTT: "ACES" refers to the Adverse Childhood Experiences Study. More information can be found at <http://acestudy.org/home> or at the Centers for Disease Control and Prevention ACE Study page, <http://www.cdc.gov/ace/index.htm>.

WI: WI has its own ACE study and can be found at: <http://wichildrenstrustfund.org>.

FL: You can find much information on the National Child Traumatic Stress Network's website at [www.nctsn.org](http://www.nctsn.org).

The Wisconsin presenter mentioned a 'culturally sensitive - relationship based' professional development component. Could you speak more on the purpose and components of the training?

WI: The official name is Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. This is the system originally developed by Michigan Association for Infant Mental Health. The endorsement is based on competencies. There are four levels of endorsement that roughly correspond to service delivery – promotion/prevention; early intervention; treatment; and leader. The competencies can be used to develop and deliver professional development content specific to meet competencies within the endorsement levels.