



Infant and Early Childhood Mental Health Systems: State Innovations for Change

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D. Russell Lyman, Ph.D.

Wendy Holt, M.P.P.

DMA Health Strategies



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Purpose of the Study

To advance IECMH systems by describing state:

- Signature achievements
- Common challenges
- Lessons learned
- Recommendations

The Current System



Families

- Who asks
- Who opens the door
- Who pays
- Who can provide services
- Who makes the rules

Fragmented Service Systems

Science / Ivory tower

Children falling through the cracks

Families denied participation or payment

Not enough qualified people to provide services

Do we start as early as possible in life?

Practice

Patchwork Pilots
Late Stage
Intervention vs. Prevention
Service Silos



Approach

- Four states were selected based on web search and consultation with CMWF and National Academy for State Health Policy (NASHP)
- Assuring Better Child Health and Development states were not selected
- Literature review
- On-site and telephone interviews of over 70 key informants



The State Profiles

Colorado

- Major SAMHSA systems initiative backed by the highest levels of government

Indiana

- Interagency collaboration in child welfare screening initiative

Massachusetts

- Broad Medicaid change in Children's Behavioral Health Initiative

Rhode Island

- Incremental system building through SAMHSA grants



Colorado

Project BLOOM

- A five-year 2002 SAMHSA Comprehensive Community Mental Health Services for Children and Their Families Program grant.
- Second state in the nation to target 0-5 in 4 of 64 counties.
 - Community based services
 - Consultation and training in child care
 - Training of trainers in DC: 0-3R
 - Comprehensive evaluation

Great use of website for marketing, advocacy and information!

Colorado Website



About Project BLOOM

System of Care

Early Childhood Mental Health

BLOOM Communities

Aurora
El Paso
Fremont
Mesa

Get Involved!

Family Involvement
Youth Involvement

Contact Us

Resources

Useful Documents

Training and Professional
Development



A partnership with the Colorado
Department of Human Services
Mental Health Division.

Project BLOOM Staff Login



Nearly one in five children and youth have emotional and behavioral needs that would benefit from services and supports. Experience and research show that these children and youth can succeed when provided with coordinated family-centered, individualized and culturally competent services and supports.

The first five years of life are, arguably, the richest ones for learning – a short but spectacular window of time when experiences such as a whisper, a hug and a bedtime lullaby literally change the architecture of the developing brain.

- Rocky Mountain News
May 26, 2003

News & Events

- [Blue Ribbon Policy Council for Early Childhood Mental Health - Policy Toolkit](#)
- [No Emotion Left Behind](#)
- [Reading Your Baby's Mind](#)

Did you know...?

Ten in every 1000 children in Colorado are removed from child care due to challenging behaviors.

If you need support in finding resources for your child, please contact the Colorado Federation of Families for Children's Mental Health at 1-888-569-7500 or visit us on the web at www.coloradofederation.org

Project BLOOM provides early childhood mental health services in the city of [Aurora](#), and in [El Paso](#), [Fremont](#) and [Mesa](#) Counties.

Not in a BLOOM community and looking for public mental health services for your child? To get in touch with your local mental health center, please visit: <http://www.cbhc.org/MHC.html> (community mental health centers) or <http://www.cbhc.org/BHO.html> (Colorado's Behavioral Health Organization list)

[Click here](#) to contact our partner, Empower Colorado

If you have concerns and would like further evaluation for your child, contact your local [Child Find](#)

Project Bloom's Vision

The vision of Project Bloom is to ensure the mental health and social emotional well being of Colorado's young children.

Project Bloom works with a statewide coalition of partners to weave family-centered, community-based mental health supports and services into an early childhood system that addresses prevention and treatment needs.



How Colorado Bloomed

A state HHS innovation grant helped Colorado plan, with needs assessments, shared learning and statewide plans.

- Georgetown Policy Academy
- Early Childhood Summit
- Early Childhood Advisory Council
- Ongoing Blue Ribbon Council

IECMH champions; long term stakeholder involvement in needs assessment and planning; cross-system framework; high level support; evaluation; social marketing





Colorado Update

Local Councils evolved through the Blue Ribbon Council and the cross-system Early Childhood Framework

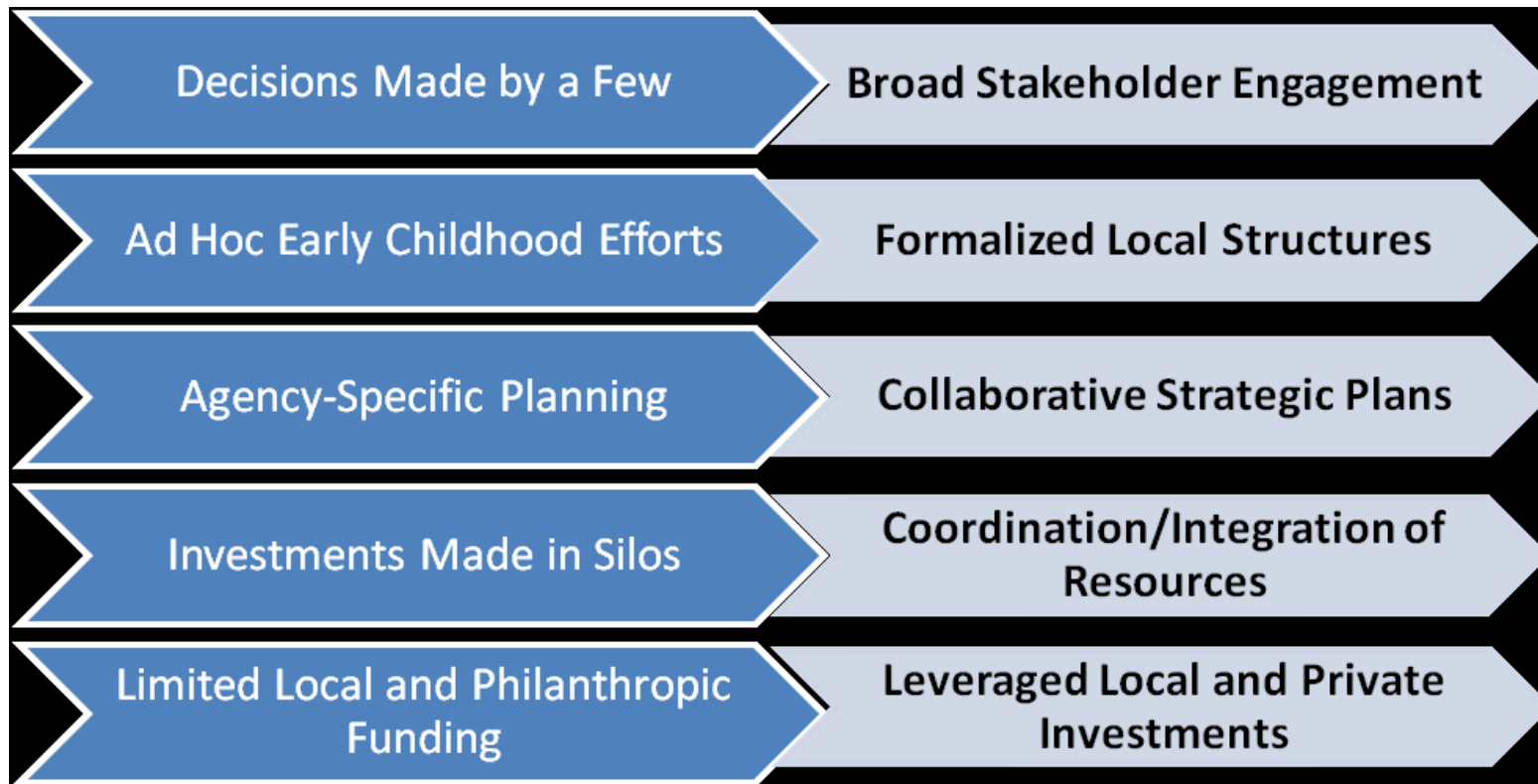
- They are growing – in 2010, 30 councils had 1,000 members representing 650 local organizations, a 15% increase from 2009
- Councils receive several \$million in foundation grants annually – 36% of their budget
- In 2010, 22 councils reported 139 different cross-system alignments
- Councils provided leadership and training to 1,200 participants
- CoAIMH is also pursuing Endorsement



Colorado State Early Childhood Councils – The Process of Change

Before Councils

With Councils

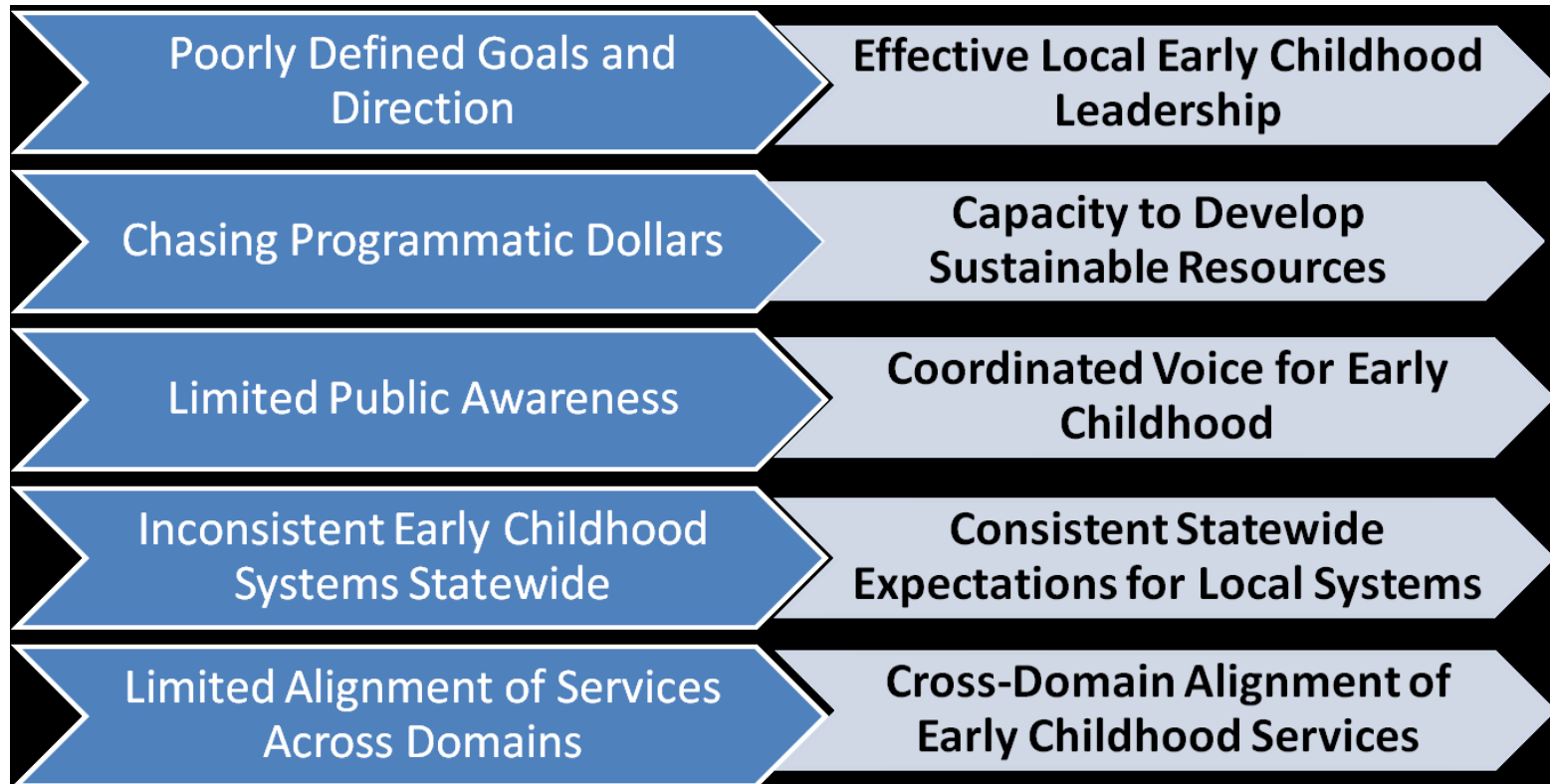




Colorado Staying with the Change Process

Before Councils

With Councils





Indiana

Child Welfare Mental Health Screening Initiative -

<http://www.in.gov/fssa/dmha/4438.htm>

- Collaboration between mental health, child welfare, juvenile justice, and Medicaid to screen children in child welfare using the Child and Adolescent Needs and Strengths survey (CANS 0-5)
- Over $\frac{3}{4}$ of 21,000 removals were screened using the CANS 0-5. Evaluation was conducted by Indiana University-Perdue University Indiana
 - Those with identified risks were more likely to receive treatment.
 - Both screening and treatment were correlated with placement stability and decreased recidivism



Indiana Lemonade from Lemons

Child welfare findings of deficiencies in mental health identification and service led to a Georgetown learning collaborative that resulted in a shared vision, shared resources and shared data in the screening initiative:

- Juvenile justice support
- State line item funding
- Medicaid participation
- Children can now be tracked across the system





Indiana Update

- Unfortunately, no data on screening has been published since April 2008.
- Indiana University – Purdue University Indiana has begun a certificate program with two courses starting this summer
- Indiana AIMH has purchased Endorsement from Michigan and has received funding from the Indiana Head Start Collaboration and Indiana Dept. of Child Services to implement it.

MA Medicaid Children's Behavioral Health Initiative

http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Government&L2=Special+Commissions+and+Initiatives&L3=Children's+Behavioral+Health+Initiative&sid=Eeohhs2&b=terminalcontent&f=masshealth_government_overview_child-bh-hlth-intiative&csid=Eeohhs2

- Statewide change in Medicaid children's mental health services
- Precipitated by a lawsuit
- Intensive care coordination for Seriously Emotionally Disturbed (SED) children with wraparound services for them and for other children not designated as SED
- Use of CANS Birth to Four as an SED screening tool
- Center for Medicaid Services (CMS) approval for 5 proposed wraparound services



Part C

MA Part C

- Serving “at risk”
- “Clinical judgment” waivers
- Commitment to and tracking of MH as an eligibility domain
- IECMH Training
- Screening using the Ages and Stages Questionnaire: Social Emotional (ASQ: SE)
- Budget problems – 50% eligibility possible



Massachusetts Keys for Success

- Nothing like a lawsuit! Statewide mandate for change
- Early Childhood Comprehensive Systems (ECCS) involvement
- High level interagency collaboration
- IECMH champions – MassAIMH; statewide ECMH Committee
- Synergy for two 2009 SAMHSA grants
- **Partnerships with Parents!**





Massachusetts – Update on Keeping the Ball Rolling

“Most rapid scale-up in the history of Wraparound. Seriously.”

Eric Bruns, PhD, University of Washington Medical School, National Wraparound Initiative Evaluation Team

- From 2008 to 2009, behavioral screens increased from 80,000 a year to 300,000 a year
- The number of children with identified behavioral health concerns also more than tripled, from 6,000 a year to 20,000 a year
- MA now is operating two SAMHSA IECMH grants and is applying for a 2011 Children’s Mental Health Initiative Infrastructure grant



Rhode Island

RIPEP – Rhode Island Positive Educational Partnerships

<http://www.ripep.org>

- A six-year 2005 SAMHSA Comprehensive Services for Children and Their Families Cooperative Agreements initiative.
- Age birth to 11 to identify children in schools and early care and education and Early Intervention programs and provide wraparound services, supports and linkages.
- Began with older children and worked downward in age.

LAUNCH – Linking Actions for Unmet Needs in Children’s Health

http://projectlaunch.promoteprevent.org/html/rhode_island.htm

- SAMHSA initiative for children ages birth to 8. Developmental and behavioral screening in primary care supported by on-site mental health consultation, parent training and services for targeted families. A cross-system building on the ECCS statewide plan.



Rhode Island Medical Home

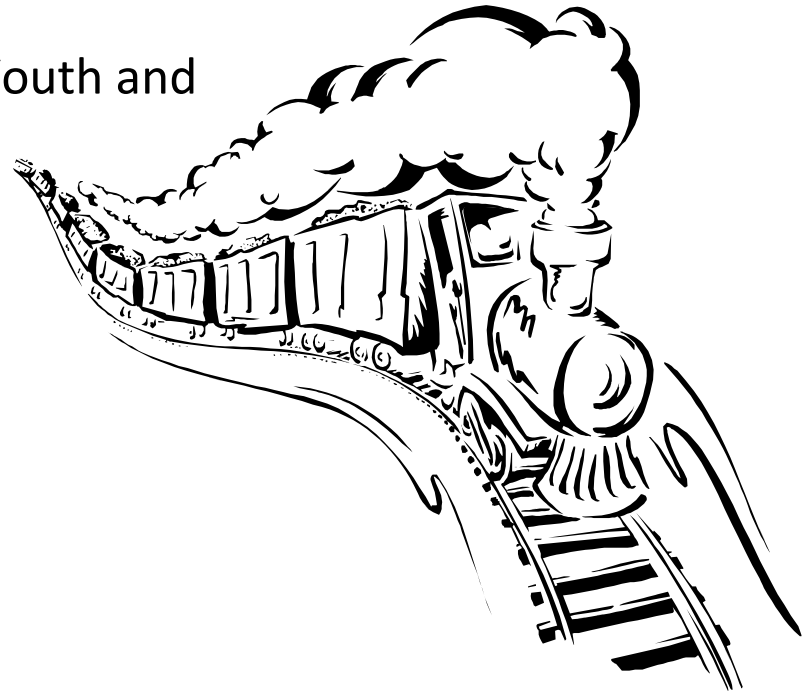
Rhode Island Pediatric Practice Enhancement Project (PPEP)

http://www.health.ri.gov/family/specialneeds/PPEP_brochure1_2.pdf

- A project to implement universal behavioral health screening by placing parent consultants in Medical Home practices
- Potential for Medical Home
- Keys to success
 - Department of Health leadership (ECCS)
 - **Partnerships with parents**

Rhode Island's Little Engine that Could

- Long term vision – Title V and Child and Adolescent Service System Program (CASSP)
- ECCS broad stakeholder involvement
- Interagency collaboration
 - Depts. of Health, Children Youth and Families and Medicaid





Rhode Island Update

- Implemented “cross-institutional billing” so that IECMH consultants can bill in pediatric clinics
- Working with Medicaid and RI Dept. of Education to pay for parenting classes
- In first three months of RI LAUNCH over 1600 Child Wellness Screens were conducted in participating pediatric clinics.



Your Turn!

Small Group Discussion:

- Discuss least 1 special IECMH project that you or one of your states is doing
- If you don't have one, think of where you would like to start
- Your group will select one person to describe the most exciting or innovative project your group found

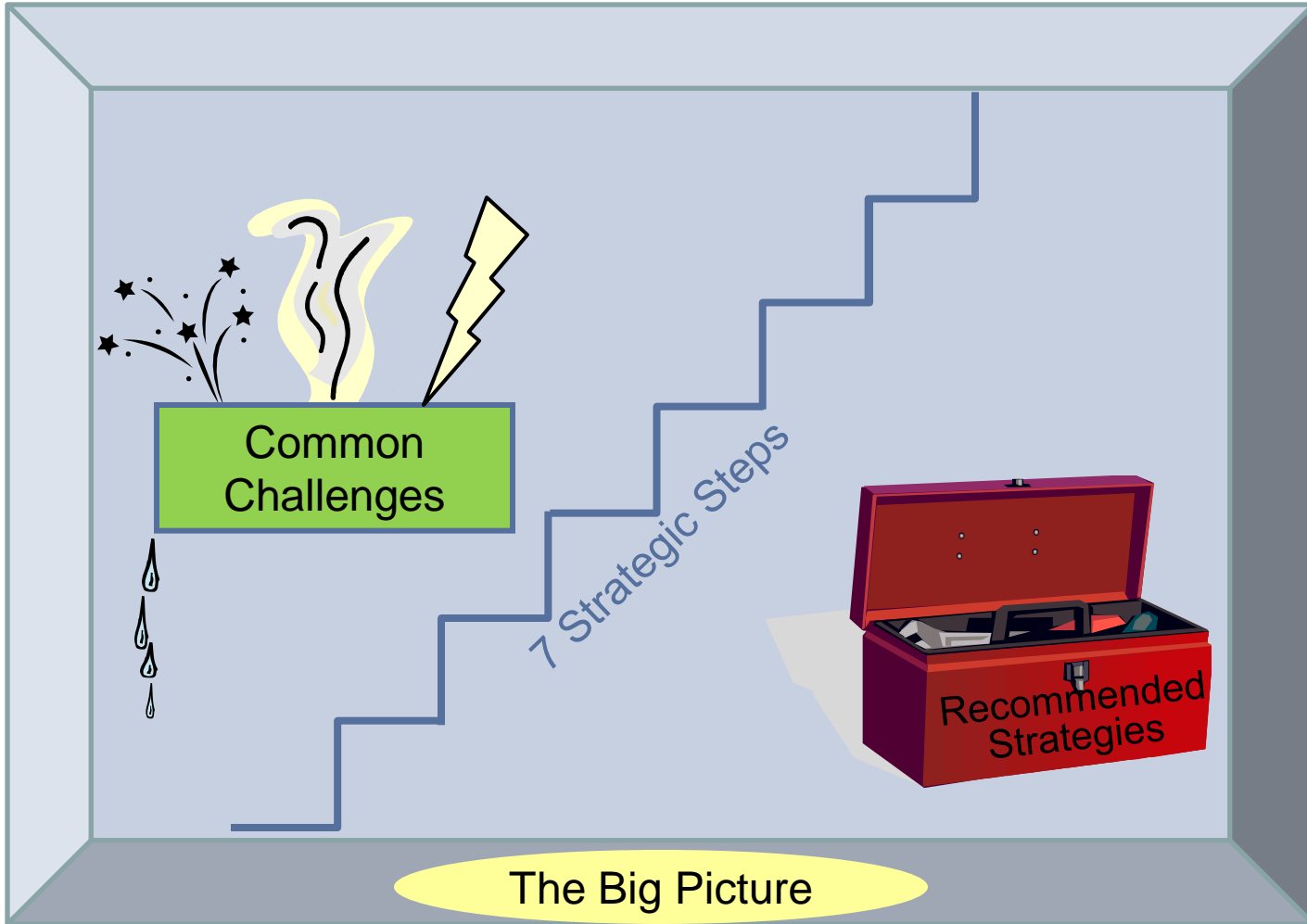


Large Group Discussion

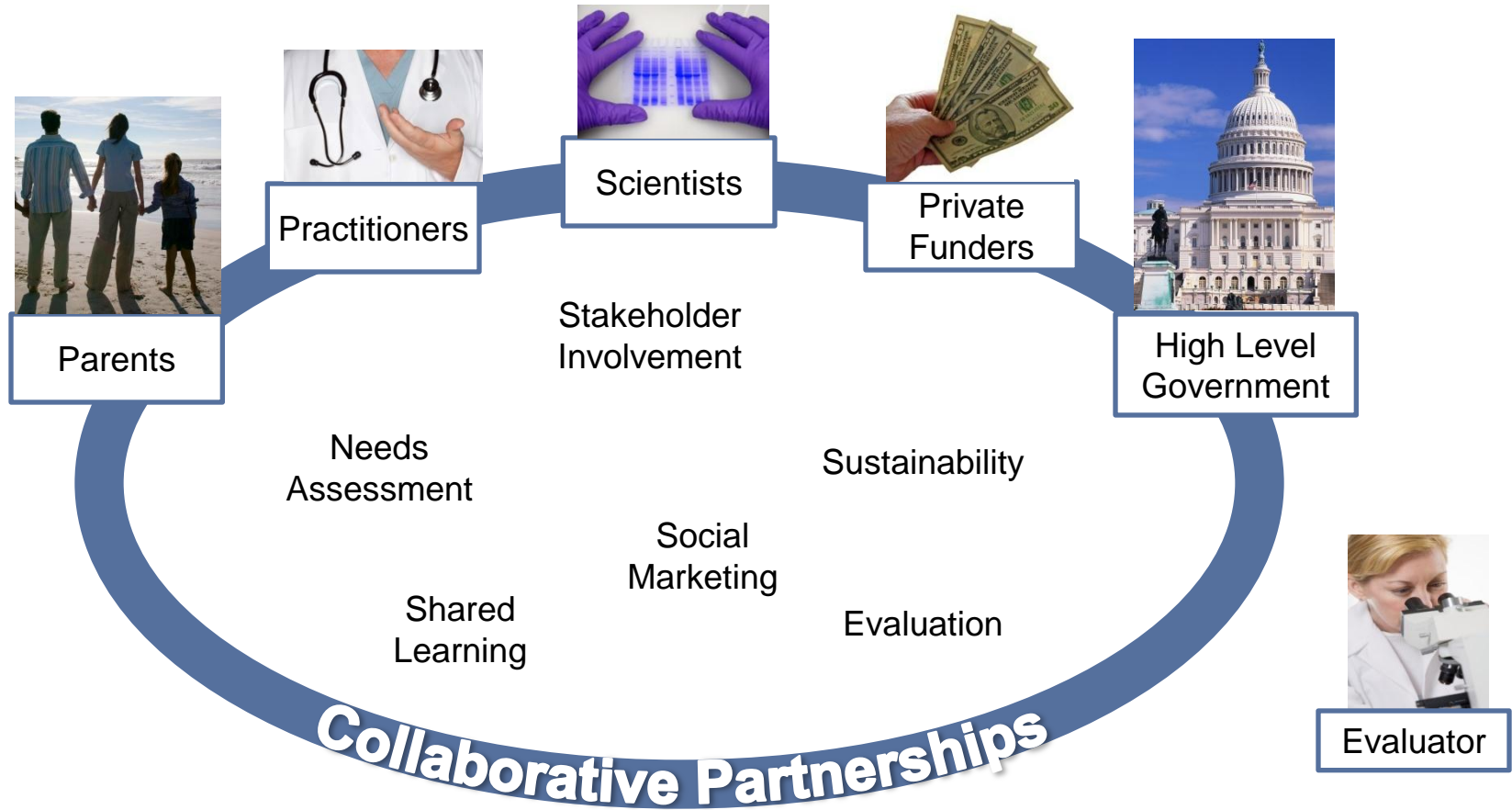
**One person from each group to speak,
followed by general discussion:**

- What exemplary initiatives were found?
- What additional challenges were faced?
- What new strategies found success?
- What new opportunities do we see in health care reform?

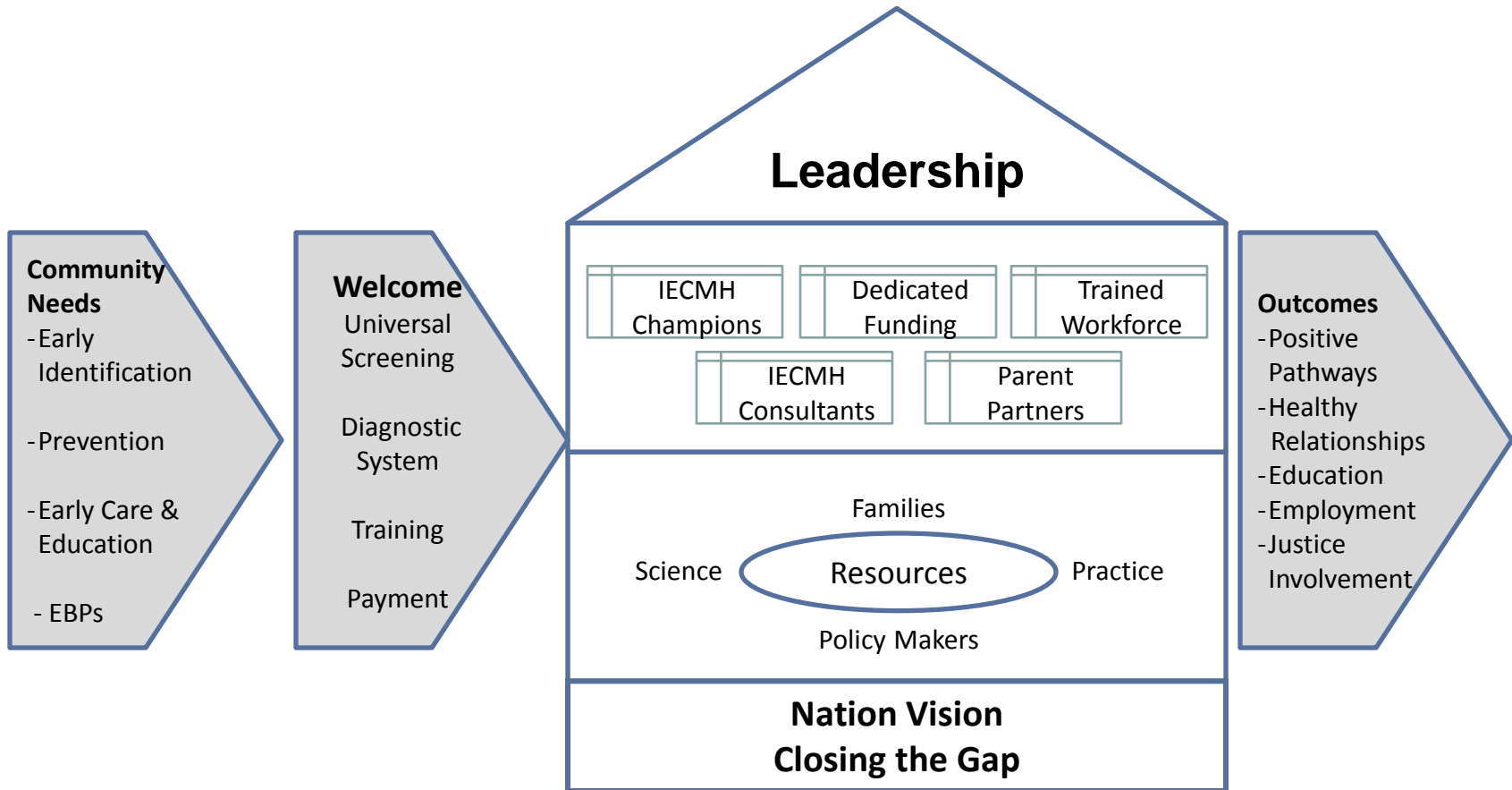
Lessons Learned



Seven Strategic Steps



Model Systems



Stakeholder Involvement → Partnerships → Integrated Services



Relationships, Relationships, Relationships

“True to infant mental health, it’s the power of relationships that we have with each other.”



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Key Informants

In memory of Jane Knitzer,
who suggested the study



Contact Information

To access the report

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2010/Jul/1427_Lyman_state_case_studies_child_mental_hlt.pdf

For questions or comments

Russell Lyman - russl@dmahealth.com

Wendy Holt – wendyh@dmahealth.com

DMA Health Strategies

9 Meriam Street, Suite 4, Lexington, MA 02420

781-863-8003 - www.dmahealth.com