

BUILDING INFANT AND EARLY CHILDHOOD MENTAL HEALTH POLICY AND PRACTICE

children's mental health campaign



MSPCC - BCH - HCFA - HLA - PP&L - M&MH

ACKNOWLEDGMENTS

This project was made possible through funding from the Massachusetts Department of Mental Health. Their support enabled us to consult with individuals with unparalleled expertise in the fields of Early Education and Care, Pediatrics, Behavioral Health and Child Welfare including many who are national and international leaders in the development of the field of infant and early childhood mental and leading experts in addressing racial and ethnic disparities in education and behavioral health. Perhaps our greatest teachers were the families who shared their challenges and experiences to make things better for other children. We deeply are grateful to each of these for generously offering their time and advice.

We are especially thankful to the project Steering Committee who worked tirelessly on every aspect of this effort: Emily Sherwood, Christina Fluet, Kelly English and Michelle Botus from DMH, Kate Roper and Larissa Mendes-Penate from DPH, Chris Pond from DEEC, Dr. Mathieu Birmingham, our Consultant Kathleen Savage Mills and CMHC lead staff Nancy Allen-Scannell and Corey Fitzgerald.

The recommendations here are our best effort at reflecting the wisdom and guidance offered to us by this amazing group of professionals. The results are a shared achievement - except for any potential errors or omissions the responsibility for which is ours alone

PROJECT OVERVIEW

The goal of this project was to identify a shared set of clear and achievable short-term action steps toward providing equitable access to infant and early childhood mental health (IECMH) services and supports to very young children and their parents and caregivers. These action steps build on decades of work in Massachusetts—and across the country—to develop and advance promotion and prevention strategies and evidence-based treatment models to support the social, emotional, and physical health of children from birth through age five. Using information gathered from literature review, individual and small group meetings, family focus groups, and our IECMH Summit, we have identified points of consensus in four areas of focus and specific action steps for advancing IECMH policy and practice in Massachusetts.

Broadly, we found that workforce development is fundamental; that we must significantly improve access to services and supports in the settings where young children and their parents are most comfortable—at home, in early education and care programs, and in pediatric primary care practices; a system-wide focus on equity is crucial; and we must increase public awareness about IECMH.

WORKFORCE DEVELOPMENT

Establishing a diverse, well-trained, and supported interdisciplinary workforce—including early education and care providers, behavioral health clinicians, pediatric and primary care providers, family support, and peer professionals—is central to the ability to ensure that all children in the Commonwealth have equitable access to IECMH supports and services at all levels of promotion, prevention and intervention. This requires the creation of a formal infrastructure to develop and support education, training, professional credentialing, supervision coaching and consultation, and adequate reimbursement for all providers.

ACCESS TO SERVICES AND SUPPORTS

There are a wide range of effective, evidence-informed IECMH services and supports available in the Commonwealth. However, access to these services is highly variable from one community to another. Two services in particular are well-positioned for expansion—Department of Early Education and Care (DEEC) mental health consultation and coaching services, and the integration of IEMCH services into primary care.

EQUITY

An overarching focus of the effort must be on removing barriers that perpetuate low rates of behavioral health care access among immigrants and families of color. A specific example that must be addressed is the disproportionately high rates of suspension and expulsion of children

of color (especially young boys). We must incorporate the use of the Diversity-Informed Tenets for Work with Infants, Children, and Families into IECMH policies, practices, and clinical supports. These should include efforts to create non-traditional paths and financial supports for education and training to promote diversity within the IECMH workforce, and to provide training for early education staff on the use of culturally responsive practices for addressing challenging behaviors.

INCREASE PUBLIC AWARENESS

A significant barrier to IECMH care is the commonly held, yet mistaken belief that infants and toddlers do not develop mental health issues—that they are immune to the effects of trauma because they are inherently resilient, or that they will simply “grow out of” whatever social-emotional concerns they may experience.¹ Increased public understanding is critical to the improved engagement of caregivers, and to efforts to secure policymaker support for IECMH policies and resources.

WORKFORCE DEVELOPMENT

The IECMH workforce includes early education and care providers, behavioral health clinicians, pediatric and primary care providers, and peer professionals. They represent a range of educational levels, and many are recent graduates. A substantial number have little or no formal education in either behavioral health or early education, and turnover rates are high—especially in lower paying positions. Providing training and support, and thereby increasing retention rates in this sector of the workforce, is central to ensuring that all children in the Commonwealth have equitable access to IECMH supports and services at all levels of promotion, prevention and intervention.

This requires the creation of a formal infrastructure to develop and support education, training, professional credentialing, supervision, coaching and consultation, and adequate reimbursement for all providers.

INFRASTRUCTURE

The foundational elements of a stable IECMH infrastructure are: a robust IECMH professional association; interagency leadership; and coordination of IECMH efforts within state agencies including the Departments of Mental Health (DMH), Early Education and Care (DEEC), Public Health (DPH), and MassHealth. As allies, these entities will be well-positioned to implement and support IECMH workforce development efforts—e.g., setting professional and practice standards, disseminating information and resource sharing, supporting collaboration among stakeholders, and engaging in public education.

RECOMMENDATIONS:

- The Massachusetts Association for Infant Mental Health: Birth to Six Inc. (MassAIMH) should create and execute a clear strategic plan to formalize operations and serve as the lead professional association for IECMH practitioners across disciplines.
- The Governor and/or Legislature should establish an IECMH Task Force for the purpose of increasing communication and collaboration across agencies and among public and private partners in the work, with the mission of providing all young children and families in Massachusetts with access to quality IECMH services and supports.
- DMH, in collaboration with MassHealth and DEEC, should pilot the development of IECMH Centers of Excellence (Centers). Building on a platform of existing community-based expertise in the delivery of clinical services for infants and toddlers, Centers could be based in organizations across the Commonwealth that currently deliver DEEC mental health consultation, Children’s Behavioral Health Initiative services, and Early Intervention. The Centers will serve as community hubs for collaboration among local clinicians, pediatricians, early education and care providers, family resource center staff, and other stakeholders, offering consultation, coaching, and training to develop and implement regional strategies for improving quality and access to IECMH services.

ACTION UPDATES:

- The Massachusetts Society for the Prevention of Cruelty to Children and MassAIMH have received funding from the Boston Children’s Hospital Collaboration for Community Health to formalize a collaboration for the purpose of advancing key workforce initiatives while developing a sustainable infrastructure for MassAIMH.
- The Commonwealth has established the position of IECMH Coordinator with explicit authority to conduct work across the health and human services and education secretariats, and to engage in collaborations with community-based stakeholders that: promote the mental health of children age birth to five; prevent adverse childhood experiences; and provide IECMH clinical service, coaching, and support to young children and their caregivers.
- CMHC Budget Priorities since FY 2018 included funding to support an IECMH Coordinator, the IECMH Task Force and IECMH Centers of Excellence.

PROFESSIONAL DEVELOPMENT AND CREDENTIALING

In 2015, MassAIMH, with funding from the EEC/DPH federal Race to the Top grant, purchased the IECMH Competency Guidelines® from the Michigan Association for Infant Mental Health (MI-AIMH), which is a blueprint for attainment of IECMH expertise across disciplines. The MassAIMH Competency Guidelines® provide professionals with a road map for IECMH training and professional advancement. To increase the utility of the Guidelines® as part of a workforce development strategy, MassAIMH obtained grant funding to purchase a licensure from MI-AIMH that allows MassAIMH to develop and implement Infant and Early Childhood Mental Health Endorsement® systems. The Endorsement® promotes culturally sensitive, relationship-focused practice and aligns with and complements the Competency Guidelines®. It is a multicategory credentialing system for professionals across varied scope of practices who possess expertise in IEMCH based upon their education and training and successful completion of an Endorsement® examination. The purchase of the Endorsement® system, and the development and implementation of its successful roll out with commitment to equity at the foundation is a key priority of the MSPCC/MassAIMH collaboration.

RECOMMENDATIONS:

- MassAIMH and the CMHC should develop and implement a plan for promoting and incentivizing cross sector use of the MassAIMH Competency Guidelines® and the Infant and Early Childhood Mental Health Endorsement systems.
- MassAIMH, state agencies, and community-based organizations should partner to create opportunities for **accessible, affordable and effective trainings** for both early career and experienced early education and care, clinical and social services providers and family support and peer professionals.

ACTION UPDATE:

- MassAIMH has developed a Professional Development Resource Guide of existing IECMH training opportunities, and have cross-walked them to the Competency Guidelines® as a guide for individuals who seek to specifically increase their expertise in behavioral and mental health work with infants, toddlers, and their families.

SUSTAINABLE FUNDING/ FAIR COMPENSATION

IECMH workforce development efforts can only succeed if service delivery is supported by sustainable funding and fair compensation for staff in all sectors of the workforce. For early education and care providers, this means securing a substantial baseline salary increase. For family partners—positions that do not require credentials and/or licensure for insurance reimbursement—this requires a multi-faceted effort that includes standardization of training and credentials, policymaker education, and development of innovative financing approaches. For behavioral health clinicians, this requires that consumers have insurance coverage for IECMH services; that allowable IECMH services utilize developmentally-appropriate diagnostic and clinical assessment criteria; and that rates of reimbursement for IECMH services are fair and adequate.

RECOMMENDATIONS:

- MassHealth should work with other state agencies and stakeholders to pilot the use of the Diagnostic Classification System for children age birth to five (DC 0-5) cross-walked to the existing diagnostic codes in the DSM-5 and ICD-9/10.
- CMHC and MassAIMH should support efforts being led by the coalition to promote quality early education and out of school time, and to increase compensation for early education and care staff.
- CMHC should ensure that efforts to standardize training and requirements for peer professional positions—including parent partners—include those serving parents with children age birth to five.
- CMHC should engage in efforts to promote the efficacy of family partners, and develop funding approaches to support increased access to family partner services.

ACTION UPDATES:

- MassHealth, with leadership from DPH, convened a workgroup to develop a plan for piloting use of the DC 0-5. The plan outlines the parameters of a Training Phase and an Implementation Phase and Data Collection. In addition the CMHC is actively seeking financial compensation to offset the cost of participation in the pilot which will be incurred by the sites.
- DC 0-5 training for the pilot was held in June 2018. The training was attended by 31 staff from the pilot sites and 16 others, including 2 senior leaders from the pilot sites.

- CMHC supports legislation that includes mandated rate reviews for certain child care slots, and the creation of a scholarship fund to support early education staff in obtaining an Associate or Bachelor degree. The legislation has passed the House and is awaiting action by the Senate.

ACCESS TO SERVICES AND SUPPORTS & EQUITY

An overarching focus of the effort to improve access must be on achieving racial equity by addressing institutional, policy and practice barriers which perpetuate low rates of behavioral health care access among immigrants and families of color. In particular, efforts must focus on limiting the use of suspension and expulsion of preschoolers, which occurs at disproportionately high rates for children of color—especially boys.

There are a range of effective, evidence-informed IECMH services and supports available in the Commonwealth. However, access to these services is highly variable from one community to another. Two services in particular are well positioned for expansion—DEEC mental health consultation and coaching services, and the integration of IECMH services into primary care.

Six organizations statewide receive funding through the DEEC Early Childhood Mental Health Consultation Grant program to provide consultation services to DEEC licensed early education and care programs. Originally developed to support reduction of high suspension and expulsion rates, the current model focuses on developing skills and infrastructure within the preschool setting in order to support social, emotional, and behavioral development. Resources to support the model have been insufficient to serve all programs; family-based child care centers and Head Start Programs in particular have need for additional support. Resources have also been a barrier to reassessment of the model to ensure that programs are utilizing current best practices.

Integrating behavioral health services in pediatric primary care settings has been shown to normalize the process of receiving mental health services, thereby decreasing stigma and streamlining families' access to IECMH services. Several successful models of integration are ongoing in the Commonwealth—IECMH integration into the Boston Children's Hospital PPOC and the grant funded pilot programs, Project LAUNCH, MYCHILD and TEAM UP for Children. In each of these models, IECMH providers, family partners, and physicians use a team approach to identify and address mental health concerns in young children. Challenges impeding broader implementation include bridging service systems and professional cultures, lack of understanding of IECMH, adapting proven models within the time-constraints of primary care settings, and financial sustainability. However, the recent rollout of the new MassHealth Payment models and the requirements for Accountable Care Organizations (ACOs) to integrate primary care and behavioral health create new avenues to pursue expansion.

RECOMMENDATIONS:

- All stakeholders should commit to incorporate the use of the Irving Harris Foundation's Diversity Informed Tenets for Work with Infants, Children, and Families framework into their

efforts to develop and implement IECMH policies, practices, and clinical supports.

- CMHC should prioritize efforts to implement early education and care policies and practices to eliminate or severely limit the use of suspension or expulsion as a disciplinary tool for children age birth to five.
- DEEC should identify and address the barriers which reduce program compliance with reporting the difficulties in retaining children in programs due to behavioral issues.
- MassAIMH and CMHC should prioritize efforts to create non-traditional paths and financial supports for education and training to promote diversity within the workforce, and provide training for early education staff on the use of culturally responsive practices for addressing challenging behaviors.
- CMHC should prioritize increased support for DEEC mental health consultation services in the state budget.
- CMHC should work with other organizations that support the development of peer professionals to establish training criteria and to develop strategies to finance the work of family partners.
- CMHC should work with MassHealth to bring the benefits of IECMH services to the attention of ACOs.
- CMHC with MassAIMH and the EDC Center of Excellence for Infant and Early Childhood Mental Health Consultation (CoE) should develop a set of promising and evidence-based options for expanding consultation and coaching to meet the needs of all families served within a mixed delivery system.
- The IECMH Interagency Work Group should identify the opportunities, challenges, and strategies associated with requiring foundational behavioral health training for all child care providers.

ACTION UPDATE:

- The State budget for DEEC mental health consultation more than tripled in FY 2018, though resources were not released until spring. Funding for FY 2019 is on track to remain at that level beginning at the start of the fiscal year.
- DPH and CMH are co-chairing a workgroup on IECMH integration into primary care with the goal of developing workforce and financial sustainability strategies and engaging ACO's in education about IECMH.
- CMHC priority legislation requiring DEEC to develop performance standards to limit the use of suspension and expulsion was passed by the House and is awaiting action by the Senate.

INCREASE PUBLIC AWARENESS

One out of five children experiences a diagnosable mental health concern.² Yet it remains a commonly held -- but mistaken -- belief that infants and toddlers do not develop mental health issues because they are immune to the effects of trauma, because they are inherently resilient, or because they will simply “grow out of” whatever social-emotional concerns they may experience.³ Even within the clinical provider community, a fear exists regarding pathologizing infants and toddlers with a stigmatizing diagnosis. Increased public understanding is critical to the improved engagement of families and caregivers, and to efforts to secure policymaker support for IECMH policies and resources.

- MassAIMH, the CMHC and state agencies should collaborate to create consumer-facing materials to help parents and caregivers understand the factors which influence IECMH and available services and supports.
- DEEC should develop consumer-facing information for parents whose children who are facing disciplinary actions in preschools regarding their rights, and providing avenues for seeking services and supports.
- CMHC should work with MassAIMH to create a media plan for educating the public about IECMH promotion, prevention and intervention.

THANK YOU!

Commissioner Joan Mikula • Gemmima St. Louis • Commissioner Monica Bharel • Zero to Three • Commissioner Tom Weber • Kathryn Power • Mary McGeown • Malika Arty • Kate Roper • Jayne Singer • Deborah Allen • Maria Mossaides • Suzin Bartley • Lisa Fortuna • Chris Pond • Amanda Szekely • Carmen Rosa Noroña • Cindy Oser • Pam Kuechler • Mathieu Bermingham • Dorothy Richardson • Michelle Botus • Carol Nolan • Larissa Mendes-Penate • Kathy Mulrooney • Jeri Robinson • Nancy Topping Tailby • Stacey Gay • Corey Fitzgerald • Marcy Ravech • Michael Yogman • Emily Sherwood • Kim Netter • Nancy Allen Scannell • Kelly English • Danna Mauch • Christina Fluet • Peter Metz • Monica Luke • Kathleen Savage Mills • Anat Weisenfreund

The Children's Mental Health Campaign (CMHC) is a large statewide network that advocates for policy, systems and practice solutions to ensure all children in Massachusetts have access to resources to prevent, diagnose, and treat mental health issues in a timely, effective, and compassionate way. This will only happen through a shared responsibility among government and health care institutions working together to improve mental health care and access for children and youth.

The CMHC Executive Committee consists of six highly reputable partner organizations: The Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), Boston Children's Hospital, the Parent/Professional Advocacy League, Health Care for All, Health Law Advocates, and the Massachusetts Association for Mental Health. The CMHC network includes more than 160 organizations across Massachusetts.

We are unified in our commitment to safeguard the mental and emotional health and wellness of all children in Massachusetts.

As a society, we cannot afford ignorance and inaction when it comes to the mental health of children. Compassion calls us to ease the suffering of any child who may be in emotional pain because of things happening to them or around them as well as those who suffer from biological or genetic conditions. Common sense requires us to assess and intervene long before a child's behavior becomes harmful to themselves or others. And determination drives us to help children and their families by fighting for access to supportive resources, proven interventions and treatments that will allow them to grow into healthy adults - ideally with an understanding of how they can manage their own mental health to avert crises and chronic distress.



ENDNOTES

- 1 Osofsky, J.D. & Lieberman, A.F. A Call for Integrating a Mental Health Perspective Into Systems of Care for Abused and Neglected Infants and Young Children. *American Psychologist*, Volume 66, Issue 2.
- 2 Merikangas, K.R., He, J., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., Swendsen, J. 2010. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(10), 980-989., http://www.nccp.org/publications/pub_929.html
- 3 Osofsky, J.D. & Lieberman, A.F. A Call for Integrating a Mental Health Perspective Into Systems of Care for Abused and Neglected Infants and Young Children. *American Psychologist*, Volume 66, Issue 2.