Promoting Early Childhood Mental Health: Strategies for financing

Presentation by

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Project LAUNCH Grantee Meeting

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Nothing to disclose.

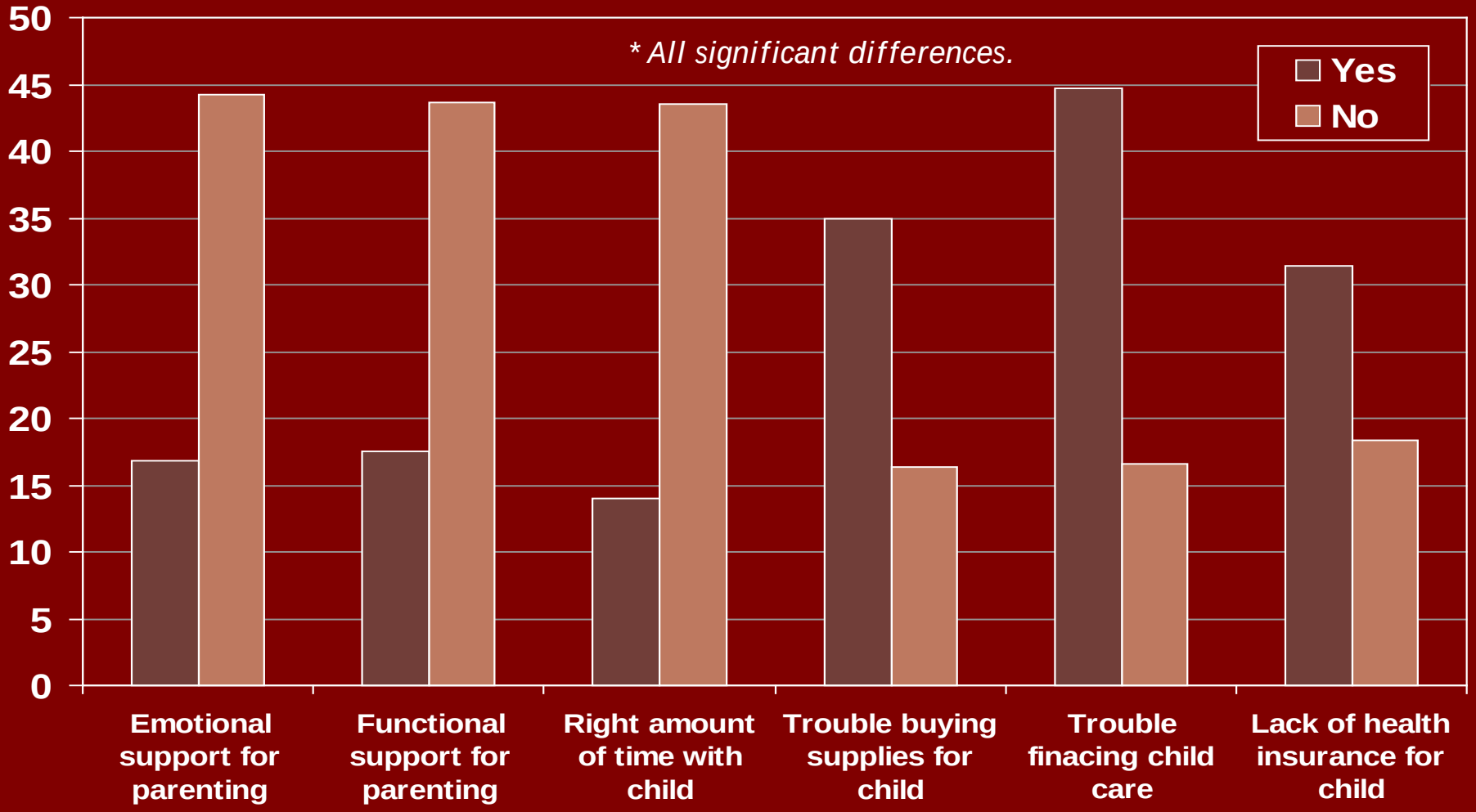
The risks and importance of the early childhood years

Major Risk Factors for Poor Social and Emotional Development are Known

The more risk factors the less likely positive social-emotional outcomes. For example:

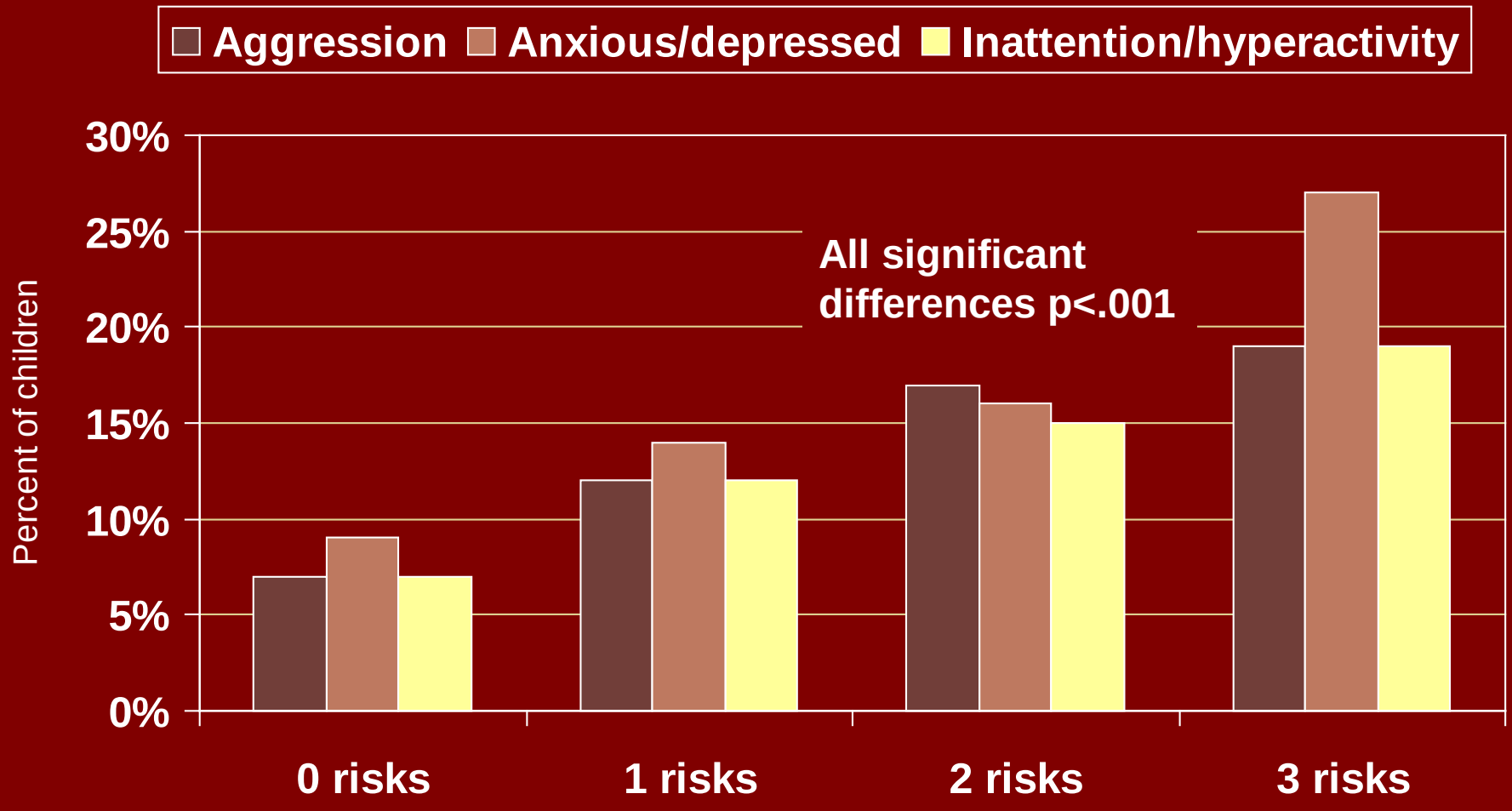
- Poverty, especially extreme poverty; concentrated community poverty
- Psychosocial parental adversities and stress that are barriers to effective parenting
- Parental depression (40% prevalence rates in EHS), substance abuse, domestic violence, trauma
- Poor quality child care and early learning

Percent of Mothers with Young Children with Poor Mental Health, By Stress Factor*



Source: Mistry, Stevens, et al. Parenting-related stressors and self-reported mental health of mothers with young children. *AJPH.* 2007;97:1261-8.

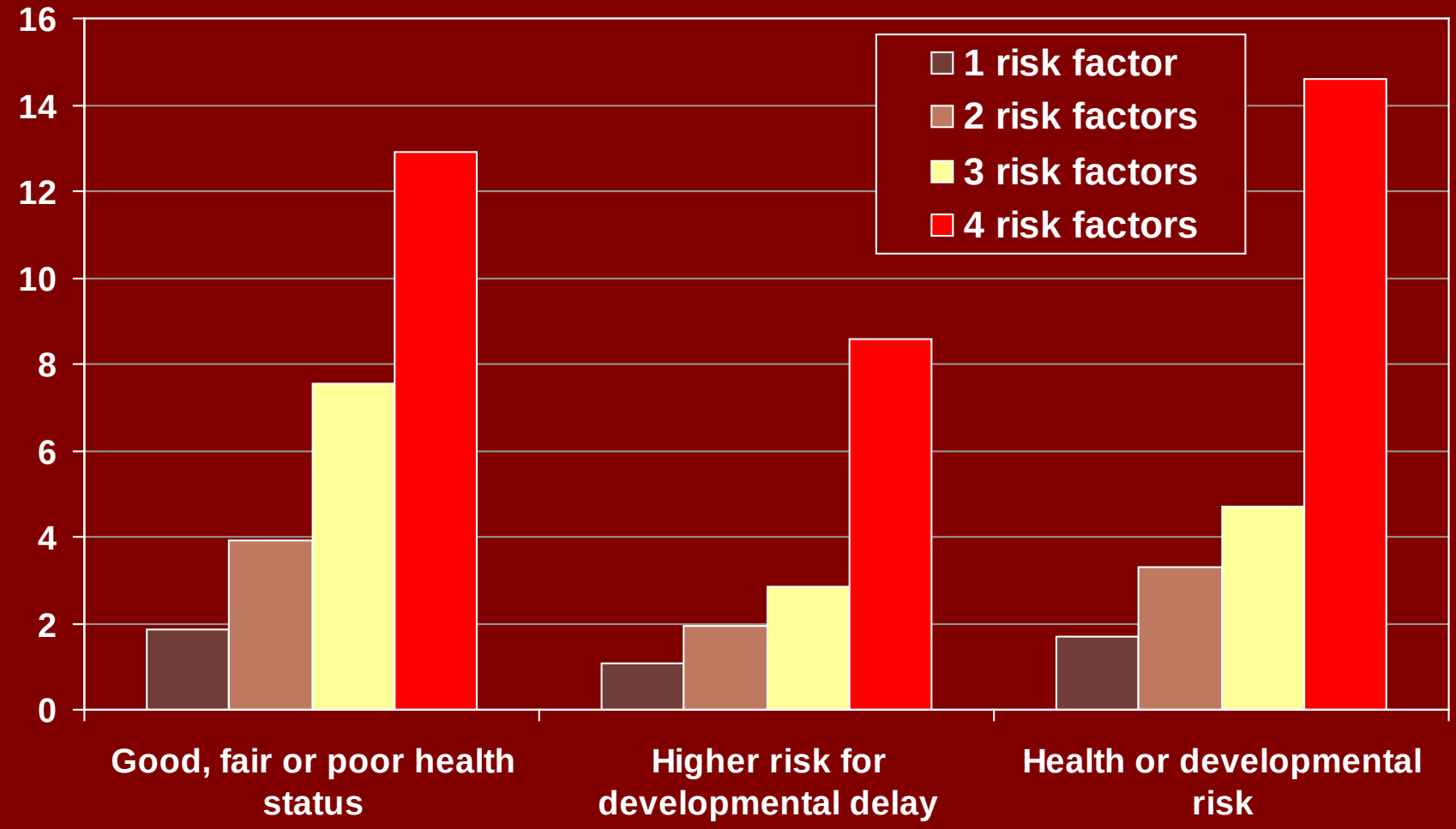
Impact of Maternal Risks and Conditions on Infant & Toddler Behaviors



Measured at ages 1 and 3. Maternal risks and conditions in categories of mental health, substance use, and domestic violence.

Whitaker et al. Archives of General Psychiatry. 2006;63(5): 551-560

The Association of Risk Factors to Poorer Child Health and Developmental Status*



** For two or more risk factors, all significant differences between risk profile and zero .*

Source: Stevens. Gradients in the Health Status and Developmental Risks of Young Children: The combined influences of multiple social risk factors. *MCH Journal*. 2006;10(2):187-199.

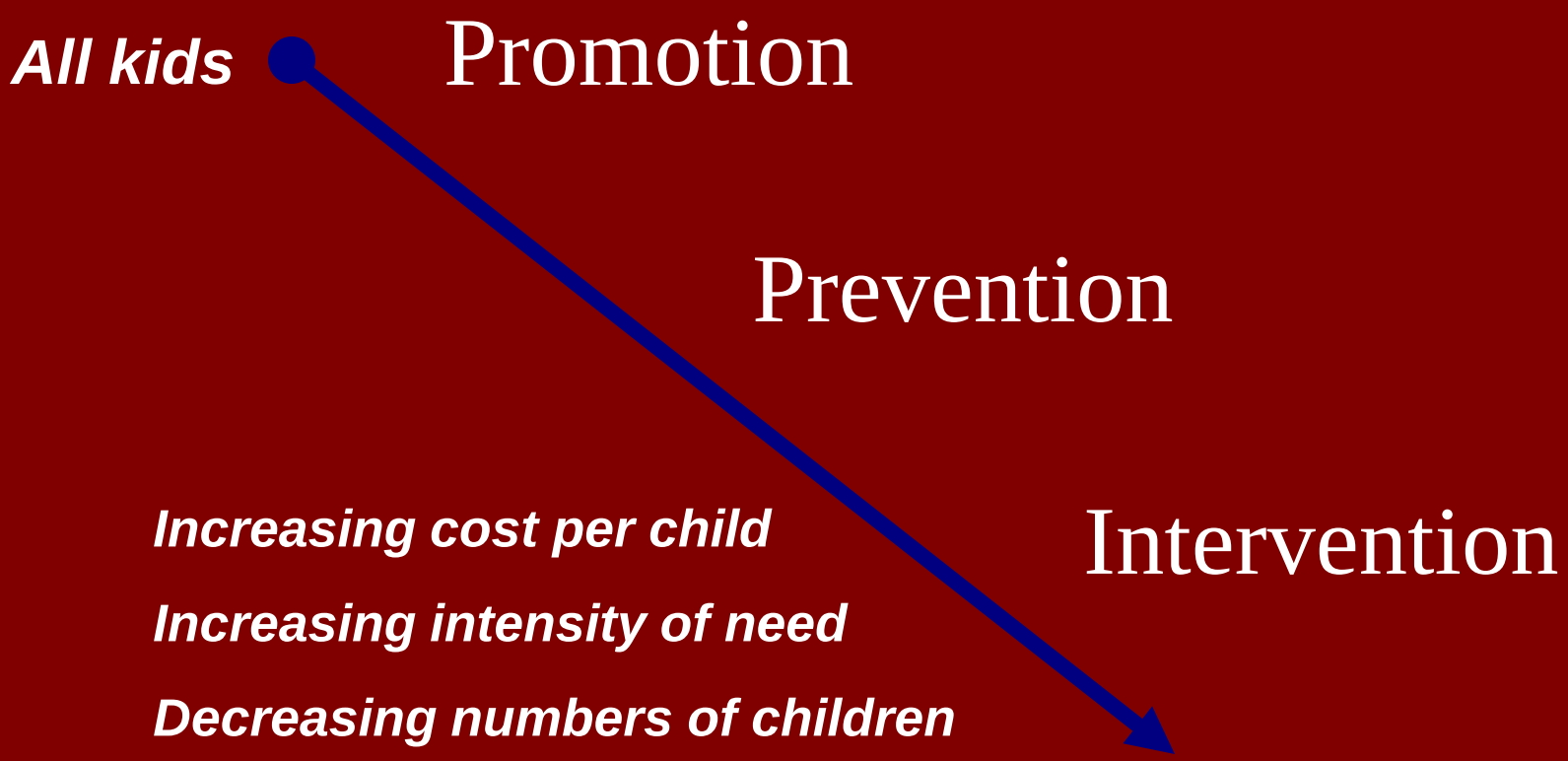
Social and Emotional Problems Among Young Children …

- **Are real.**
  - *"Young children are capable of deep and lasting sadness, grief, and disorganization in response to trauma, loss, and early personal rejection."*
- **Matter now and in the future.**
  - Social and emotional problems can seriously compromise early child development and have lasting negative impact on health and well-being.
- **Are associated with poverty.**
  - More exposures to poor parenting skills, inadequate child care, toxic substances, deprived play environments, etc.
- **Have cumulative impact.**
  - Negative experiences, and chronic stressors may affect a young child's developing brain, also lifelong health.
  - Combination of biological and psychosocial risks has a compound effect.
- **Can be addressed and ameliorated, but not with traditional mental health paradigms**

We have to believe we can make a difference… then, *just do it.*

Infusing an “upstream” vision into early childhood systems

A Continuum of Services



A Framework for Intervention

Knitzer. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*. NCCP. 2000.

Based on research and clinical knowledge our strategies should:

- **Enhance the emotional and behavioral well-being of young children, particularly those with social or biological risks.**
- **Help parents and non-familial caregivers to promote the emotional well-being of young children.**
- **Assure young children experiencing atypical emotional and behavioral development and their families have access to needed services and supports.**

Key Strategies

Knitzer. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*. NCCP. 2000.

- Advance the emotional wellness of young children through a statewide approach.
- Provide mental health consultation to child care and other early education programs.
- Promote relationship-based prevention in the context of pediatric health care.
- Support through home-visiting programs.

Typical ECMH Challenges

System Challenge	*Finance Challenge*
Insufficient focus on early identification	**Unbundled financing for S/E screening & diagnosis**
Failure to intervene for early risks	**Financing services for child without diagnosis**
Approaches not family centered, age-appropriate	**No coverage for parent-child and/or age appropriate interventions**
Children fall through gaps between systems	**Eligibility definitions and overlap for dually eligible young child**
Limited provider capacity	**Adequacy of provider reimbursement; training dollars**
Program fragmentation	**Interagency turf; finance gaps**

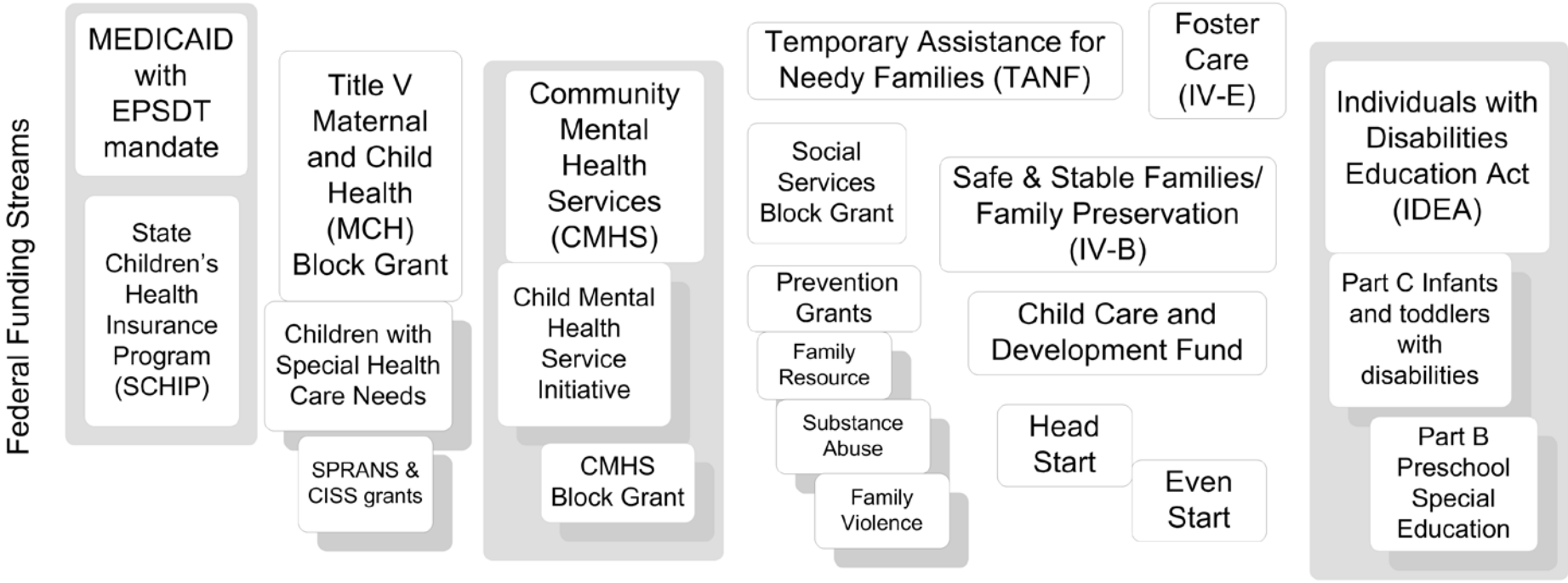
Spending Smarter:

Using Federal Programs and Policies to Promote Healthy Social and Emotional Development Among Our Most Vulnerable Young Children

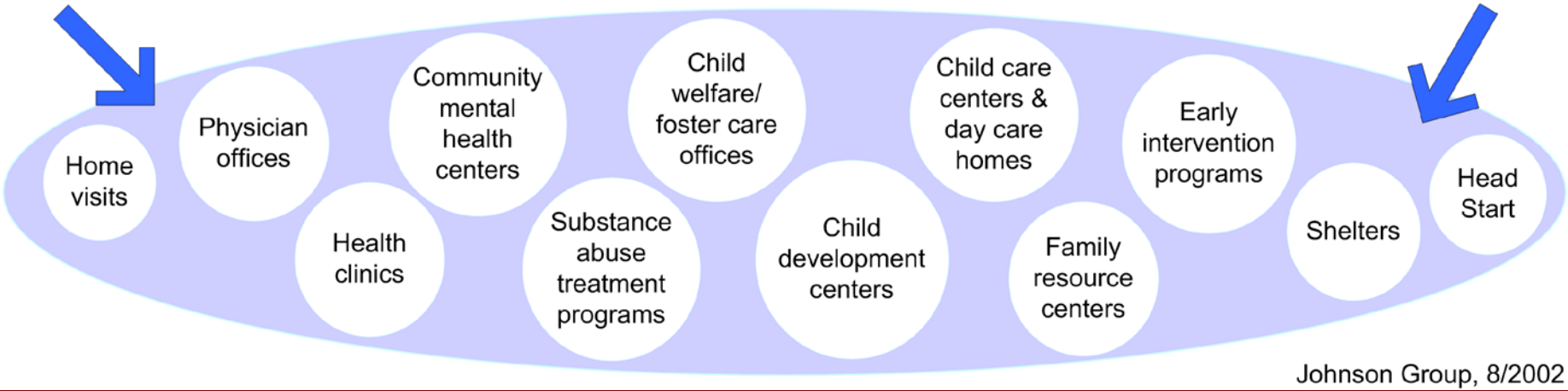
Kay Johnson and Jane Knitzer
NCCP, 2006.

Financing Early Childhood Mental Health Services

Potential financing for services that promote the healthy social and emotional development of young children



Leverage federal dollars with state and local public and private funds, and blend or braid funds to maximize resources.
Develop planning and administrative mechanisms to finance mental health services in settings serving young children and their families.



Johnson Group, 8/2002

Spending Smarter Checklist

Source: Spending Smarter. Johnson and Knitzer. NCCP. 2005.

- **Does your state have a cross agency strategic planning group?**
  - Early Childhood Comprehensive Systems (ECCS) and Early Learning Councils
  - Working on early childhood mental health issues?
- **Does the cross agency strategic agenda include efforts to build capacity?**
  - Map system & gaps
  - Study flow of funds
  - Common definitions

Maximize Medicaid/EPSDT

- Recommend age-appropriate screening and diagnostic tools through EPSDT.
- Finance services delivered in range of settings.
- Separate billing for development screening and diagnostic evaluation (unbundle).
- Match funds for child care MH consultation.
- Reimburse for parent-child (family) therapy.
- Use age-appropriate diagnostic codes.

Title V MCH Block Grant

- Spend flexible Title V dollars on services not covered by Medicaid.
  - Child care health and mental health consultation
  - Cross system training
- Include children with developmental, behavioral, or emotional challenges in definition of “special needs” (CSHCN).
- Use ECCS planning capacity.

Other Health & Mental Health Programs

- Use children's mental health grants (SAMSHA) to advance ECMH and consultation services.
- Use community mental health centers as a hub for early childhood mental health consultation.
- Coverage for mental health in SCHIP.

Child Care and Development Fund

- Use child care quality funds to finance early childhood mental health consultation.
  - Federal quality set aside or state-only funds
- Use CCDF to support training.
- Target funding to ensure highest risk get high-quality child care supported by consultation.

Head Start & Early Head Start

- Support & use mental health consultation.
- Finance training to enhance the skills of parent-involvement coordinators, parent educators, etc.
- Guide referrals for vulnerable children and their families.

IDEA Part C Early Intervention

- Use child care consultants and other ECE settings as part of “Child Find.”
- Finance appropriate social-emotional screening, evaluation, and services in Part C.
- Extend Part C eligibility to infants and toddlers with social-emotional conditions and risks.

Child Abuse Prevention and Treatment Act (CAPTA)

- Require collaboration across agencies.
- Assure Part C assessment for infants and toddlers, birth to three, entering foster care.
- Assure screening and referral for those exposed to domestic violence.

Programs Serving Most Vulnerable Young Children and Families

- Transfer TANF funds to the CCDF or the SSBG to fund activities in child care mental health consultation.
- Use TANF for family support and coordination.
- Use Title IV-B for parent-child mental health and behavioral interventions.

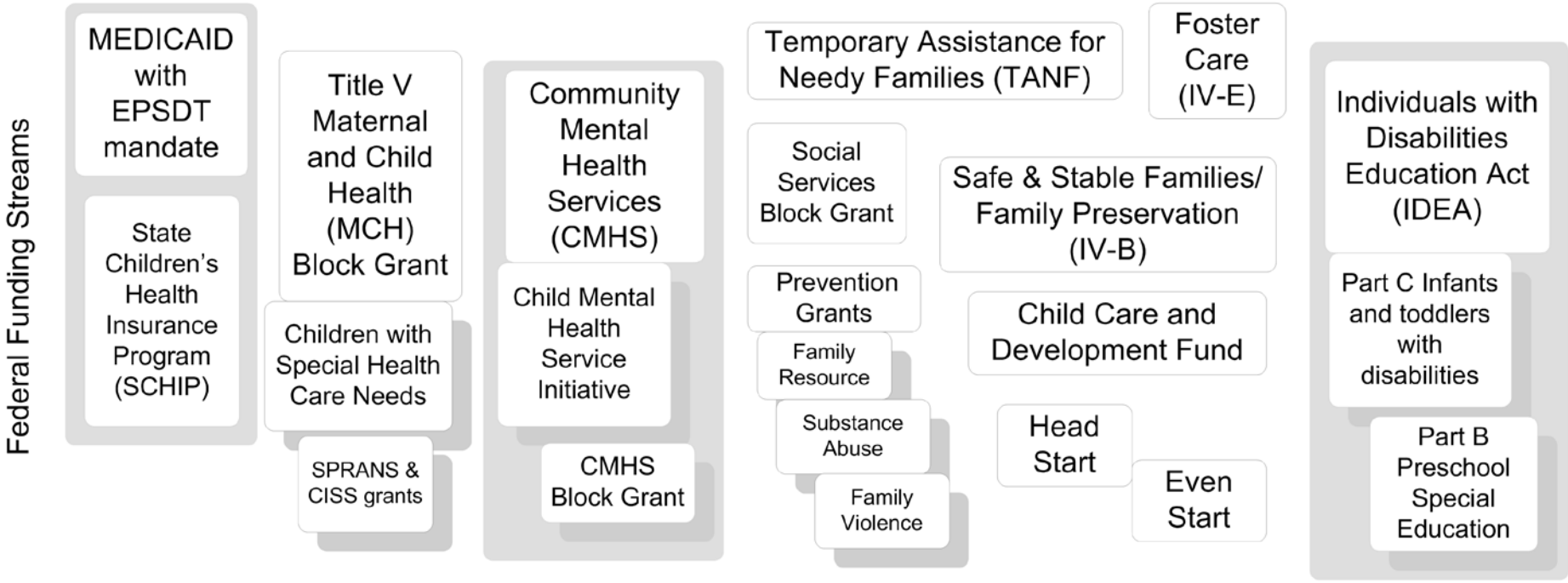
Making Dollars Follow Sense:

Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children

Kay Johnson, Jane Knitzer, and Roxane Kaufmann
NCCP, 2006.

Financing Early Childhood Mental Health Services

Potential financing for services that promote the healthy social and emotional development of young children



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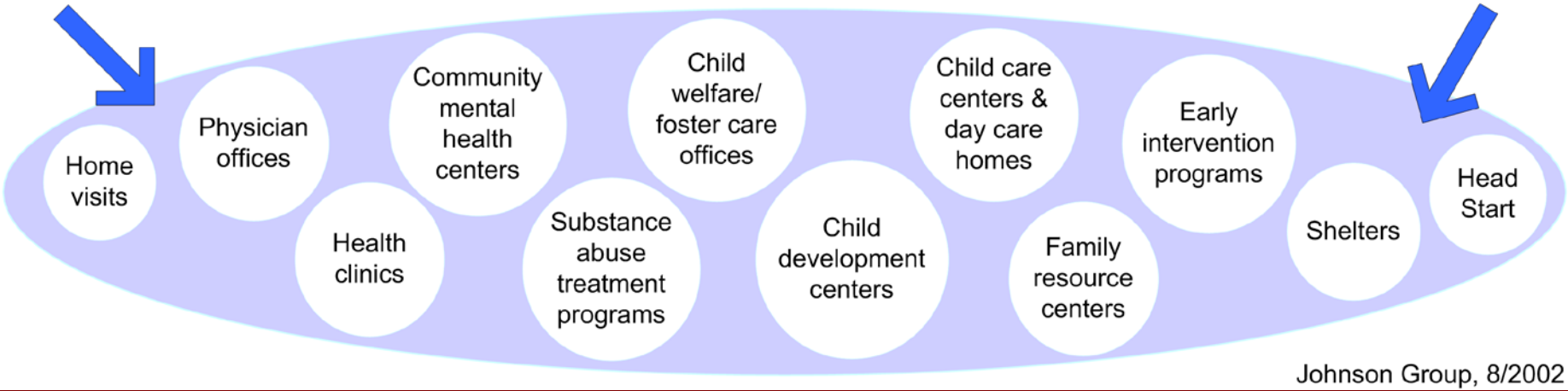


Johnson Group, 8/2002

Opportunities within Each Program

- Improve screening and diagnostic evaluation.
- Do more monitoring for high-risk children.
- Improve access to appropriate services.
- Develop clear, functional eligibility definitions.
- Enhance professional training and capacity.
- Overcome fiscal, administrative and policy barriers.

Finance strategies that miss the mark

- State general revenues unmatched to Medicaid or another major federal program
- Mini-block grants to local communities to "left a thousand flowers bloom"
- Using one-time grant funds without a long-range plan for sustainability
- Model communities without a strategy to "spread" statewide

29 States with ECMH Consultation

Survey by Georgetown University

- **29 states confirmed ECMHC services are available**
  - Of 29 with services, 21 are offering consultation statewide.
- Most frequently identified sources of funding for ECMHC services as:
  - State General Funds (41%),
  - Child Care Development Funds (34%),
  - Mental Health (32%), and
  - Private Funds (28%).

Duran, F. et al. (2009). *What Works?: A Study of Effective Early Childhood Mental Health Consultation Programs*. Georgetown University Center for Child and Human Development.

Program	Funding source	Annual Budget FY 2009	No. served in program consultation
Child Care Expulsion Prevention (MI)	Child Care Development Fund	$1.9 million	6,884 children in 306 child care settings
Early Childhood Consultation Partnership (CT)	Department of Children and Families, Early Intervention; plus CT State DOE	$2.1 million	2,301 children in 224 ECE centers
San Francisco	Primarily San Francisco Departments of Public Health ; Children, Youth & Families; and First Five. Also EPSDT and Preschool for All	$4.6 million	
Maryland ECMH Initiative	MD State Department of Education; Office of Child Care	$1.9 million	
Together for Kids (Central Mass.)	MA Department of Early Education & Care; Health Foundation; United Way; Head Start; Community Partnership for Children, and 3rd billing for direct therapy services	$861,343	4,000 children 85 ECE sites

Moving Forward: Key challenges and opportunities within Medicaid

EPSDT Framework

E*arly* - starting before problems worsen

P*eriodic* - at regular intervals & as needed

S*creening* - comprehensive well child exams

with developmental, physical, and mental, plus separate vision, hearing, dental

D*iagnosis* - as appropriate

T*reatment* - all services (covered under federal law) needed for diagnosed conditions

The Dual Nature of EPSDT

"The EPSDT program consists of two mutually supportive, operational components:

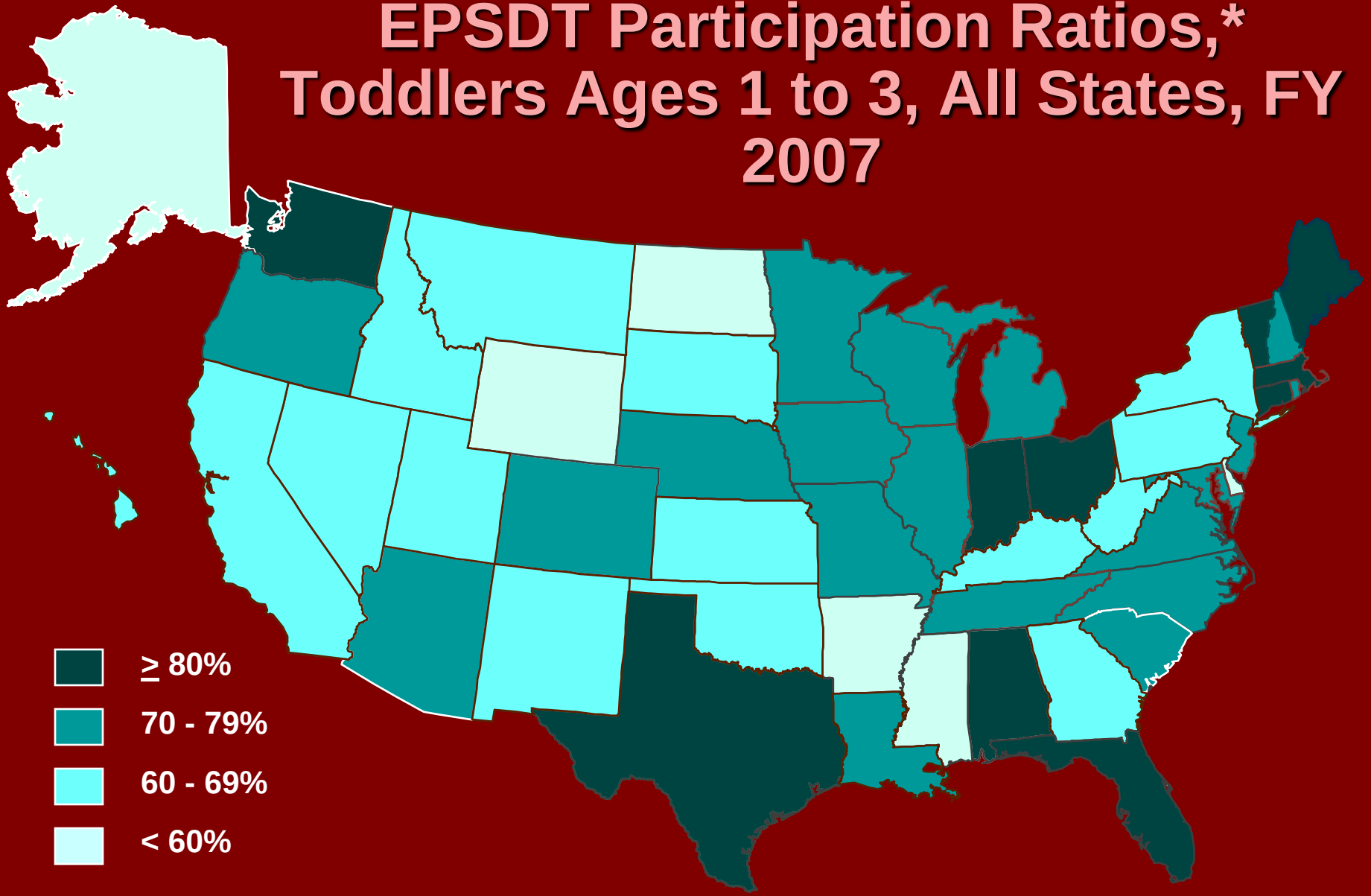
- assuring the availability and accessibility of required health care resources
- helping Medicaid recipient and their parents or guardians effectively use these resources."

❖Fulfilling each continues to be an ongoing challenge for states.

Sources: Center for Medicare and Medicaid Services, State Manual Part 5 EPSDT.

Kay Johnson, Johnson Group Consulting. PROJECT LAUNCH Meeting January 2010

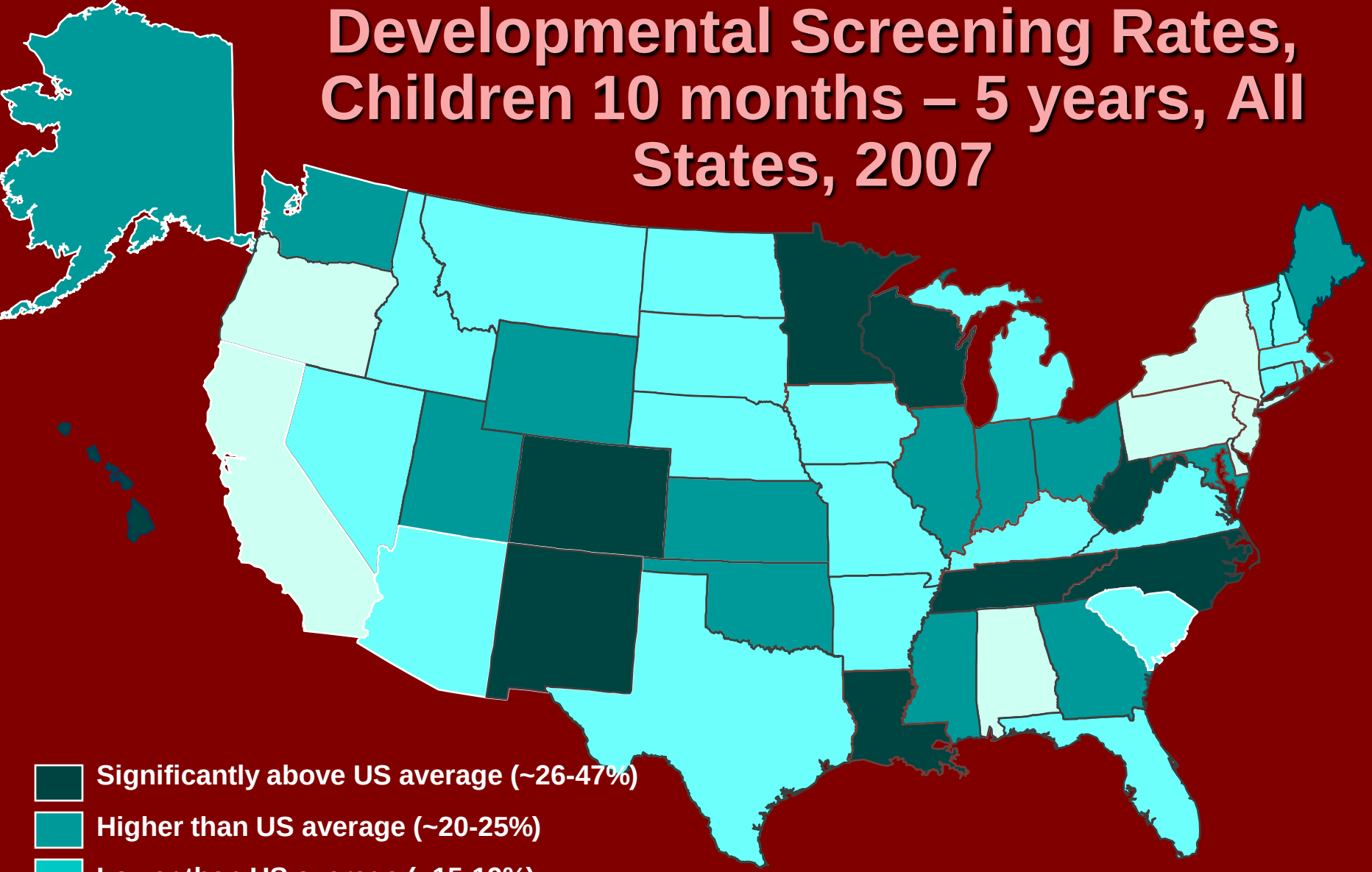
EPSDT Participation Ratios,* Toddlers Ages 1 to 3, All States, FY 2007



*** Percent of one and two year olds who had at least one EPSDT screen.**

Source: Data from the Center for Medicare and Medicaid Services www.cms.gov

Developmental Screening Rates, Children 10 months – 5 years, All States, 2007



- **Significantly above US average (~26-47%)**
- **Higher than US average (~20-25%)**
- **Lower than US average (~15-19%)**
- **Significantly lower than US average (~10-14%)**

***** Percent of children receiving a standardized screening for developmental or behavioral problems (age 10 months-5 years)**.** Source: National Survey of Child Health 2007.

EPSDT Periodicity Schedules

Each state Medicaid program is required to establish a periodic visit schedule for the EPSDT well-child “screening” visits.

- Know as “periodicity” schedules.
- Each state develops and implements their own periodicity schedule.

Developing Periodicity Schedules

To maintain EPSDT periodicity schedules, state agencies should:

- Refer to **professional guidelines** and standards.
- Consult with **organizations that represent the full range of child health providers**, including physical, mental, developmental, and oral health.
- Update EPSDT periodicity schedules at intervals that meet **reasonable standards of medical practice**.

Blending and Braiding Financing to Give Kids a "Leg Up"

Kay Johnson, Johnson Group Consulting. PROJECT LAUNCH Meeting January 2010

Spending Smarter means:

- Capturing dollars that already exist in federal funding streams.
- Blending and braiding funds.
- Leveraging both smaller grant funds and entitlement dollars.
- Maximizing efficiencies through systems approaches.
- Using flexible funds to fill gaps in systems of care.
- Paying for appropriate services.

Follow the money

- Do financial mapping
- Use flow of funds strategies
- Identify specific mechanisms
- Engage others
- Drive home your messages