

# PRiSM: Promoting Research-informed State Infant-Early Childhood Mental Health Policies

**OCTOBER 10, 2019**



**National Center for Children in Poverty**

Bank Street Graduate School of Education

**Special thanks to Perigee Fund and Irving Harris Foundation**

# Overview

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- ✓ Brief tour of the contents of **PRiSM**:

Project team at NCCP: Sheila Smith, Dan Ferguson,  
Maribel Granja & Sophie Nguyen

- ✓ Three leaders describe innovative IECMH strategies in AR and LA:

**Nikki Edge**, Professor and Associate Director, Research and Evaluation Division, Department of Family and Preventive Medicine, University of Arkansas for Medical Sciences

**Mary Margaret Gleason**, Professor of Psychiatry, Tulane University School of Medicine

**Sarah Hinshaw-Fuselier**, Assistant Professor of Psychiatry, Tulane University School of Medicine

# Introduction to PRiSM

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- New **on-line** resource at [www.nccp.org/prism](http://www.nccp.org/prism)
- A searchable collection of profiles that describe the most promising, research-informed infant-early childhood mental health (IECMH) policies
- Most are statewide; some scaled initiatives; all supported by public funds
- Audience: state and local policy leaders, advocates, and stakeholder groups working on efforts to strengthen IECMH

# PRiSM IECMH Strategies

**Child Social-Emotional Screening**

**Parent Depression Screening**

**Risk Factor Screening and Response**

**Effective Assessment and Diagnosis  
(DC: 0-5)**

**Case-management/Linkage to Services**

**IECMH Consultation in Early Care and  
Education (ECE) programs**

**Professional Development/Coaching in  
ECE Programs**

**IECMH in Pediatric Settings**

**IECMH in Home Visiting**

**IECMH in Part C Early Intervention**

**Dyadic Therapy**

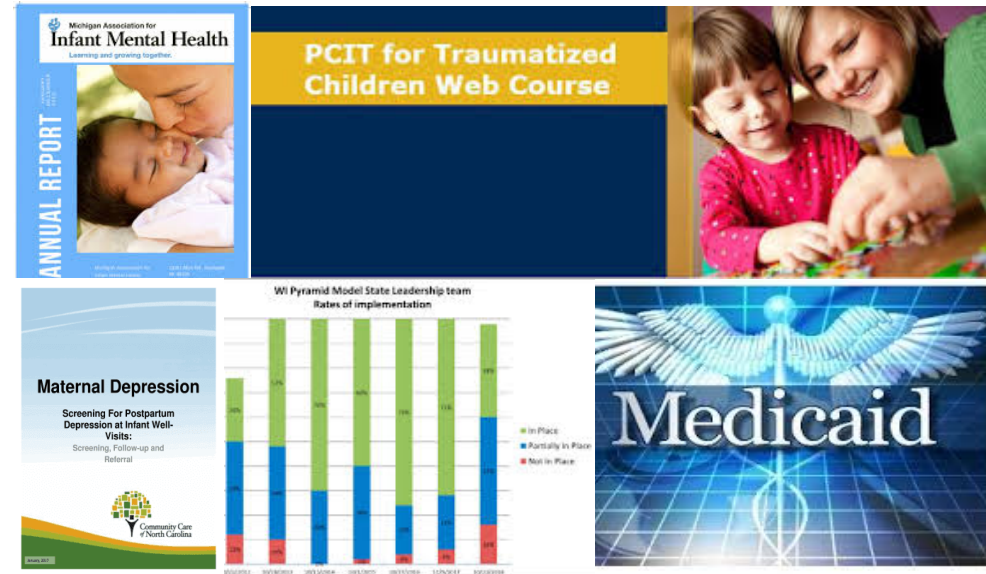
**Vulnerable Children**

**Workforce Development**

# PRiSM Profile Content

## Profiles feature...

- Policies/Rules/Guidance
- Services
- Scale/Reach
- Implementation supports
- Monitoring data and evaluation
- Funding sources



# PRiSM's Additional Content

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- **Research summaries: Evidence base for each strategy**
- **Resources: Key policy briefs and planning tools**
- **Links to state/local resources, policies, and tools within profiles**



# STRATEGIES TO IMPROVE MENTAL HEALTH TREATMENT FOR YOUNG CHILDREN AND THEIR FAMILIES IN ARKANSAS

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Nicola A. Edge, PhD

# Goals

- Describe development of DHS/Medicaid requirements designed to support improved services for the 0-4 population in AR
- Describe approach to workforce development for mental health professionals serving young children and their families



# Background

- Few AR graduate training programs include training on the assessment and treatment of young children
- Only 12% of AR clinicians serving children are comfortable assessing children 0-2, and 43% are comfortable assessing children 3-5.
- Prior to 2014 almost a complete lack of availability of evidence-based treatments (EBTs) for children 0-5.

# Infant & Early Childhood Mental Health Transformation through Medicaid

- Behavioral health providers may provide evidence-based dyadic treatment to beneficiaries aged 0-47 months and the parent/caregiver of the eligible beneficiary.
- All performing providers infant mental health services must be approved by DAABHS to provide those services.



# What Does This Mean?

- DHS/DAABHS recognizes that Infant Mental Health (IMH) services should focus on transforming the interaction between the child and the parent/caregiver to:
  - Strengthen relationships/attachment
  - Restore child's sense of safety
  - Improve cognitive, behavioral and social functioning
- IMH services must include the caregiver:
  - Individual therapy as a primary mode of treatment is now unavailable for beneficiaries 0-47 months of age

# IMH Standards - Training

- Completion of the one-day training in DC:0–5™: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
- Supports clinicians in diagnosing mental health concerns in the earliest years in a developmentally appropriate way
- <https://www.zerotothree.org/our-work/dc-0-5>

# IMH Standards - Training

- Completed training in an evidence-based dyadic treatment for children 0-47 months and their caregivers OR active participation in an approved training process
  - DAABHS will maintain a list of accepted models. Trainings not on that list should be presented for prior approval.

# Examples of Evidence-Based Treatments 0-47 months

- Parent-Child Interaction Therapy (PCIT)\*
- Theraplay
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)\*
- Child Parent Relationship Therapy (CPRT)
- Child-Parent Psychotherapy (CPP)\*
- Early Pathways
- Filial Family Therapy

\*Trainings routinely offered by in-state trainers

# IMH Standards Process & Progress

- Applications go to DAABHS for review and renewal every two years
  - Details available at [http://humanservices.arkansas.gov/images/uploads/dbhs/IMH\\_Standards\\_Manual\\_012018.pdf](http://humanservices.arkansas.gov/images/uploads/dbhs/IMH_Standards_Manual_012018.pdf)
- Since July 1 2018, 190 providers have been approved to provide infant-early childhood mental health services under Medicaid.

# Workforce Development

**ARBEST**  
Arkansas Building Effective Services for Trauma

## MISSION

Improve outcomes for traumatized children and their families in Arkansas through excellence in



CLINICAL CARE



TRAINING



ADVOCACY



EVALUATION



# Interventions Disseminated

- Trauma-Focused Cognitive Behavioral Therapy



- Parent-Child Interaction Therapy



- Child-Parent Psychotherapy



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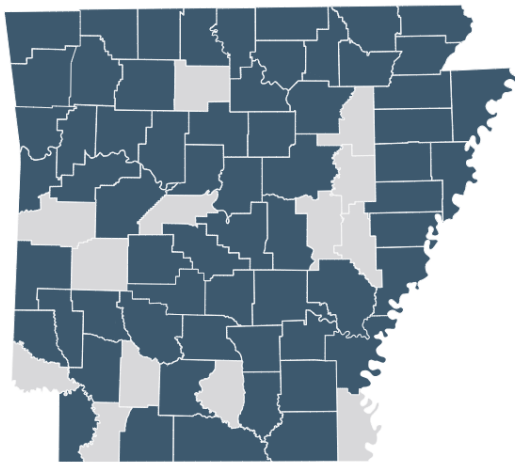
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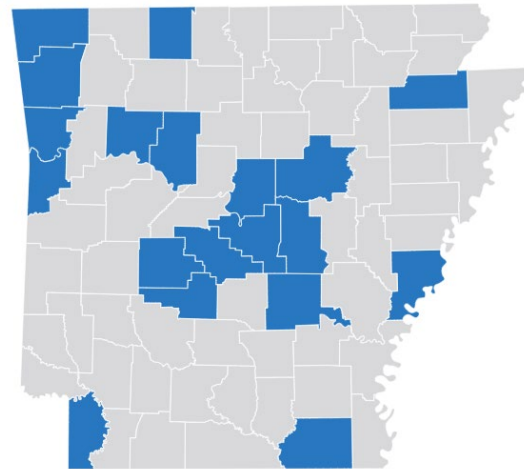
Age Continuum

# Evidence-Based Treatments

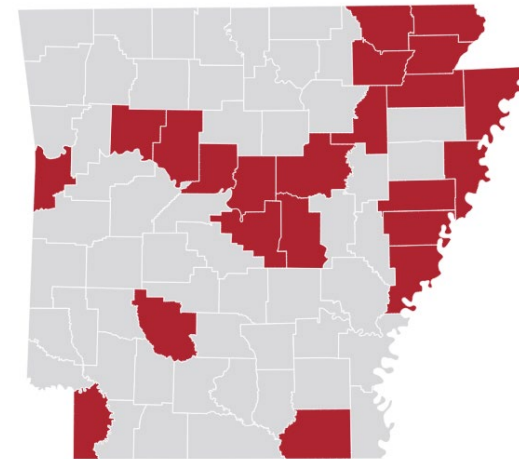
**EBT trained therapists are now in 66 of Arkansas' 75 counties.**



**Counties with TF-CBT  
Trained Therapists**



**Counties with CPP  
Trained Therapists**



**Counties with PCIT  
Trained Therapists**

# Financing of Dyadic Treatment

- Medicaid covers dyadic treatment in Arkansas – only those meeting the Infant Mental Health Standards can bill for it
- Evidence-based dyadic treatment is reimbursed at a 10 percent higher rate

# Financing of Workforce Development

- Clinicians can receive training in EBTs free of charge through ARBEST
  - Funded through a state legislative appropriation
  - Additional financial support for training and infrastructure was made available through DHS

# Questions? Contact us at

[NAEdge@uams.edu](mailto:NAEdge@uams.edu)

<http://arbest.uams.edu>

<https://www.facebook.com/arbestuams>



# Louisiana's Health Systems Consultation

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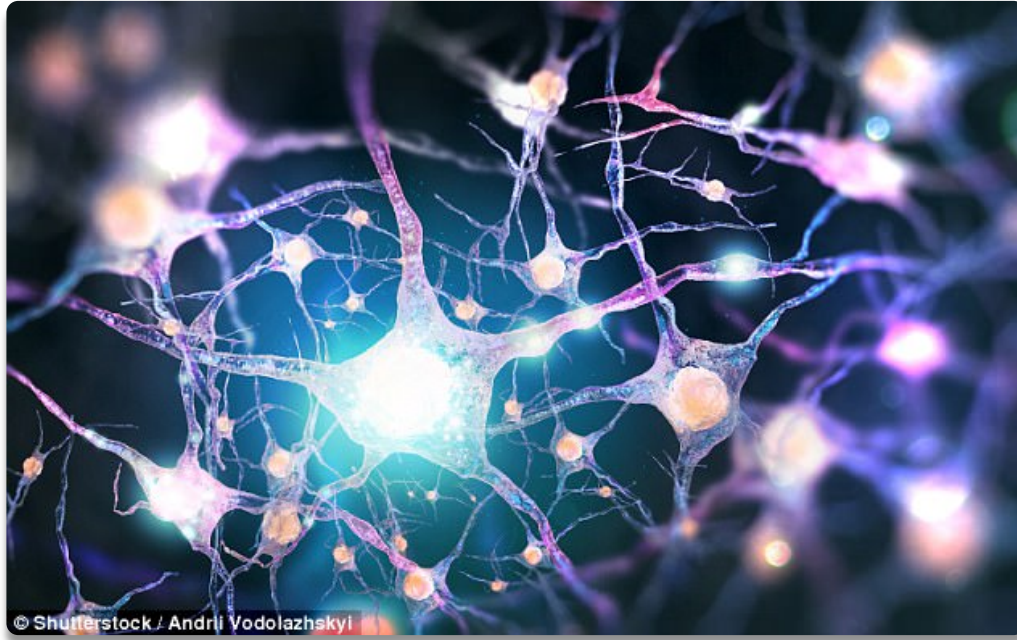
PRiSM: Promoting Research-Informed State IECMH Policies and Scaled Initiatives

October 10, 2019

Mary Margaret Gleason, MD

Sarah Hinshaw-Fuselier, Ph.D., LCSW

# Why focus on infant and early childhood mental health?



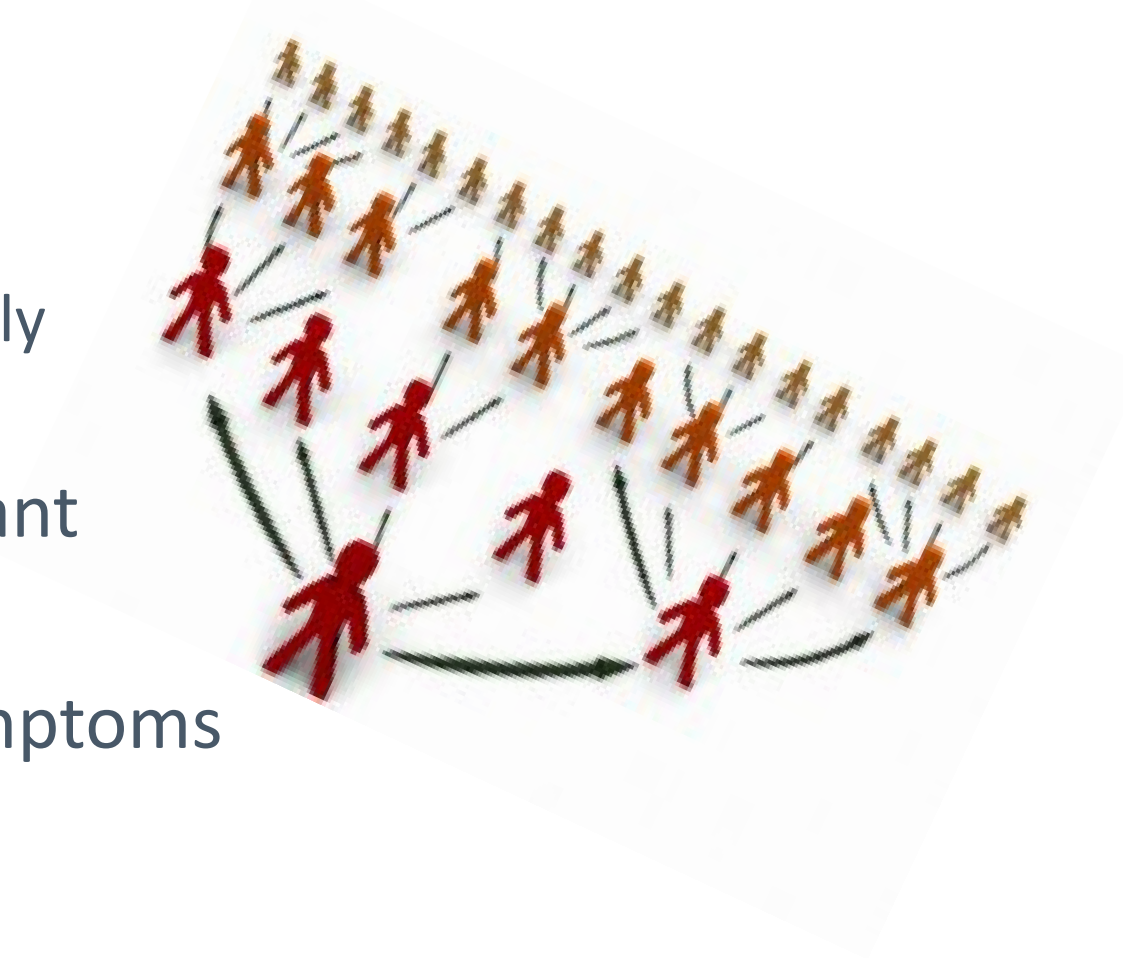
More than  
1 million  
synapses  
PER  
SECOND





# Why consultation?

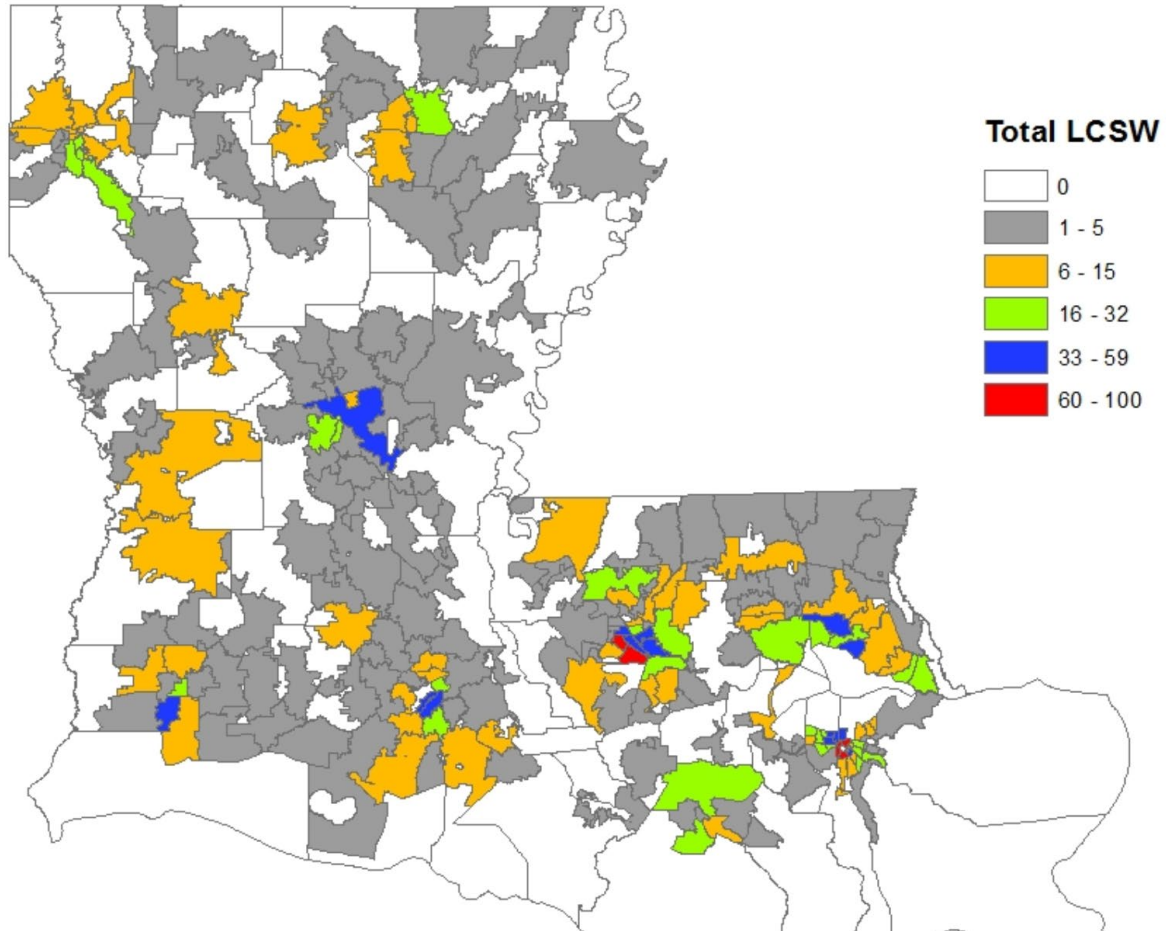
- Child serving professionals
  - spend influential time with young children
  - Receive little training about infant and early childhood mental health
- 10-20% of young children have significant mental health concerns
- Because early intervention reduces symptoms and prevents long term problems
- Evidence in childcare & primary care





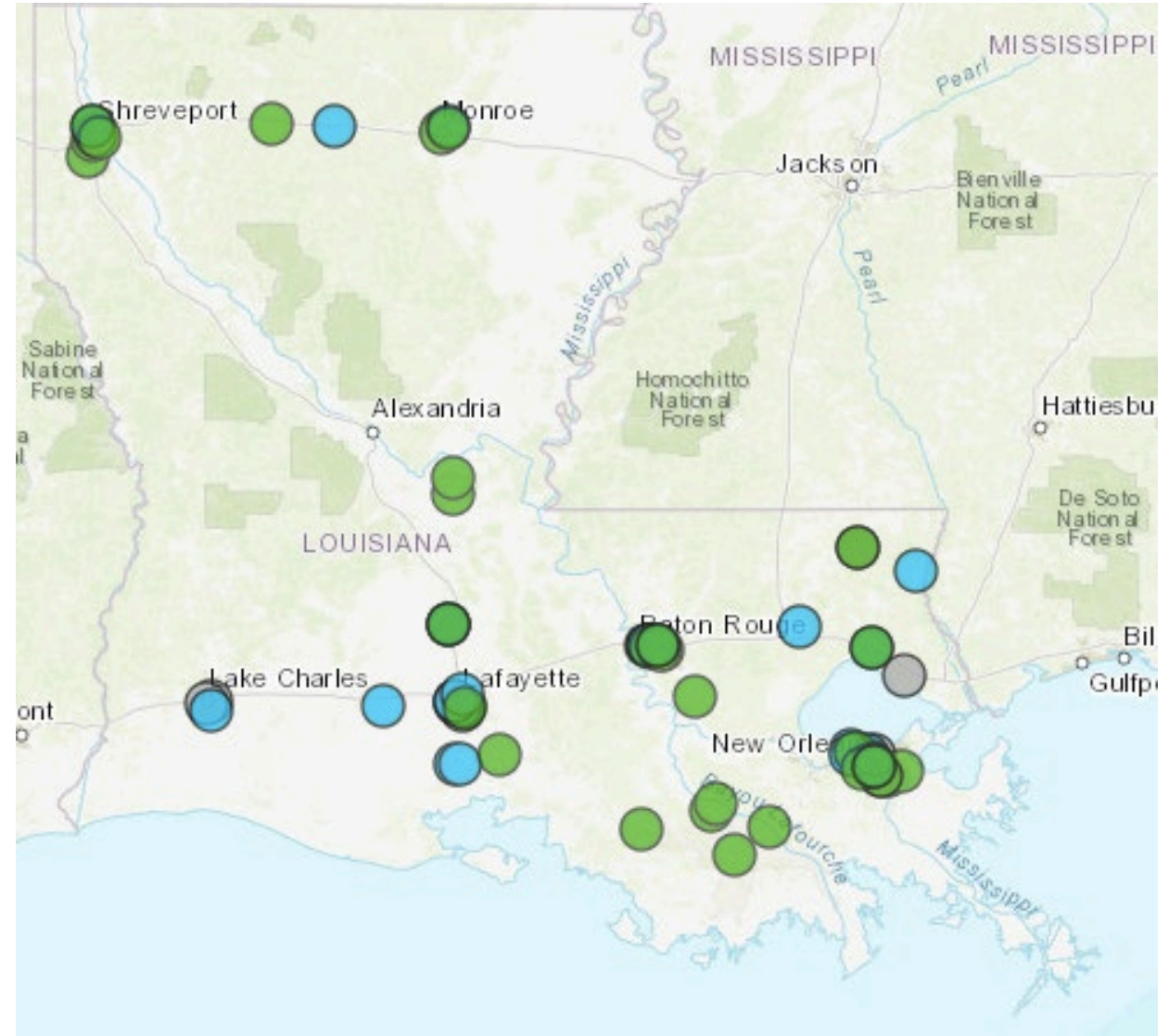
# Mental Health Service Workforce Shortage

IN LOUISIANA 2015




# Louisiana: EBPs for Young Children

- Child-Parent Psychotherapy
  - Increase attachment
  - Decrease trauma-related symptoms
- Parent-Child Interaction Therapy
  - Decrease aggression
  - Improve parental skills
- Preschool PTSD Treatment
  - Decrease trauma-related symptoms



# Across domains, consultation is associated with positive outcomes.

- ACCESS
    - Decreased barriers to care
  - INCREASED COMPETENCE & REDUCED BURN OUT
    - Increase reported sense of competence in primary care providers
    - Decrease teacher stress and turn over
    - Increased professional self-efficacy in home visitors
    - Increased comfort in managing early childhood mental health concerns
  - QUALITY OF CARE
    - Increased outpatient care for children in foster care
    - Decreased pediatric antipsychotic medication use by 49%
    - Increased reported use of mental health techniques
    - Increased quality of childcare
    - *Heler et al, Conners-Burrows et al 2013; Brennan 2008, Sarvet et al 2010; Sarvet & Straus 2014; Hilt et al 2013; Hilt 2017; Gleason, Middleton & Kelley 2017)*
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# **Health Sectors Served by IECMH Consultation in Louisiana**


- Partnership between Louisiana Department of Health-Office of Public Health-Bureau of Family Health & Tulane University School of Medicine
- Perinatal, Infant and Early Childhood Mental Health Consultation offered to
  - Pediatric Primary Care (regional)
  - Early Intervention (regional)
  - Home Visiting (statewide)
  - Perinatal Clinicians (statewide)

# Funding

<b>Home Visiting</b>	<b>Early Intervention</b>	<b>Pediatric Primary Care (Region 4)</b>	<b>Pediatric Primary Care (Region 1)</b>
<p>Initial: Title V</p> <ul style="list-style-type: none"><li>➤ MIECHV</li><li>➤ HRSA: Targeted Innovation</li><li>➤ Title V</li><li>➤ Exploring funding options</li></ul>	<p>Initial: SAMHSA</p> <ul style="list-style-type: none"><li>➤ Title V</li><li>➤ Exploring funding options</li></ul>	<p>Initial: SAMHSA</p> <ul style="list-style-type: none"><li>➤ Title V</li><li>➤ Exploring funding options</li></ul>	<p>Initial: Title V &amp; philanthropy</p> <ul style="list-style-type: none"><li>➤ Philanthropy</li></ul>

# Common Goals across Sectors

Support healthy emotional, behavioral, relational development in typically developing children



Identify children at risk of early mental health problems



Provide first line prevention and management of early mental health problems



Link to specialty services for children with more intensive mental health needs

# Common Principles of Consultation



- Strengths-based
- Overall goal = enhance provider capacity
- Model depends on parallel process (consultant-provider; provider-parent; parent-child)
- Theoretical foundations = Infant mental health principles, especially developmentally informed, attachment-focused, diversity-informed

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# Common Elements of Consultation

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- Promote healthy relationships
  - Build on/add to existing knowledge and skills
  - Promote adult reflection and self-care
  - Encourage effective communication strategies
  - Facilitate change through relationships
  - Link families to community resources
-





# **Consultation to Home Visitors**

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# Program Basics: Home Visitation

- Louisiana MIECHV
  - Began 1999
  - Housed in LA Department of Health-Office of Public Health-Bureau of Family Health
  - Nurse Family Partnership (statewide), Parents As Teachers (regional)
  - Statewide, 19 teams
  - FY18: Served 3,817 families, 39,017 visits

# Why Consultation in Home Visiting?

- **Mental Health Needs: Ex. Depression Statistics (Nationwide)**
  - **10-15%** of Home Visiting mothers experience maternal depression.
  - **40-60%** of HV mothers report experiencing elevated symptoms of maternal depression.
  - **15%** of mothers with postpartum depression obtain treatment.
- **Mental Health Needs in Louisiana Home Visiting**
  - Depression: **15-25%**
  - Anxiety: **16%**
  - Stressors: **25%** have **4+ mental health risk factors** that can negatively impact current self-care or parenting.
  - Only **27%** reported no history of mental health, behavioral issues, **trauma** or related experiences.
  - 2011 interviews with new NFP clients (*Zeanah, 2011*):
    - **25%** reported significant family stress and conflict
    - **20%** reported a history of child abuse or neglect, rape, and/or being in child protective custody at some point of their history
    - **11%** reported having witnessed family violence
  - Trauma discussed in approximately **45%** of IECMH consults (2017-2018)

# Why Consultation in Home Visiting?

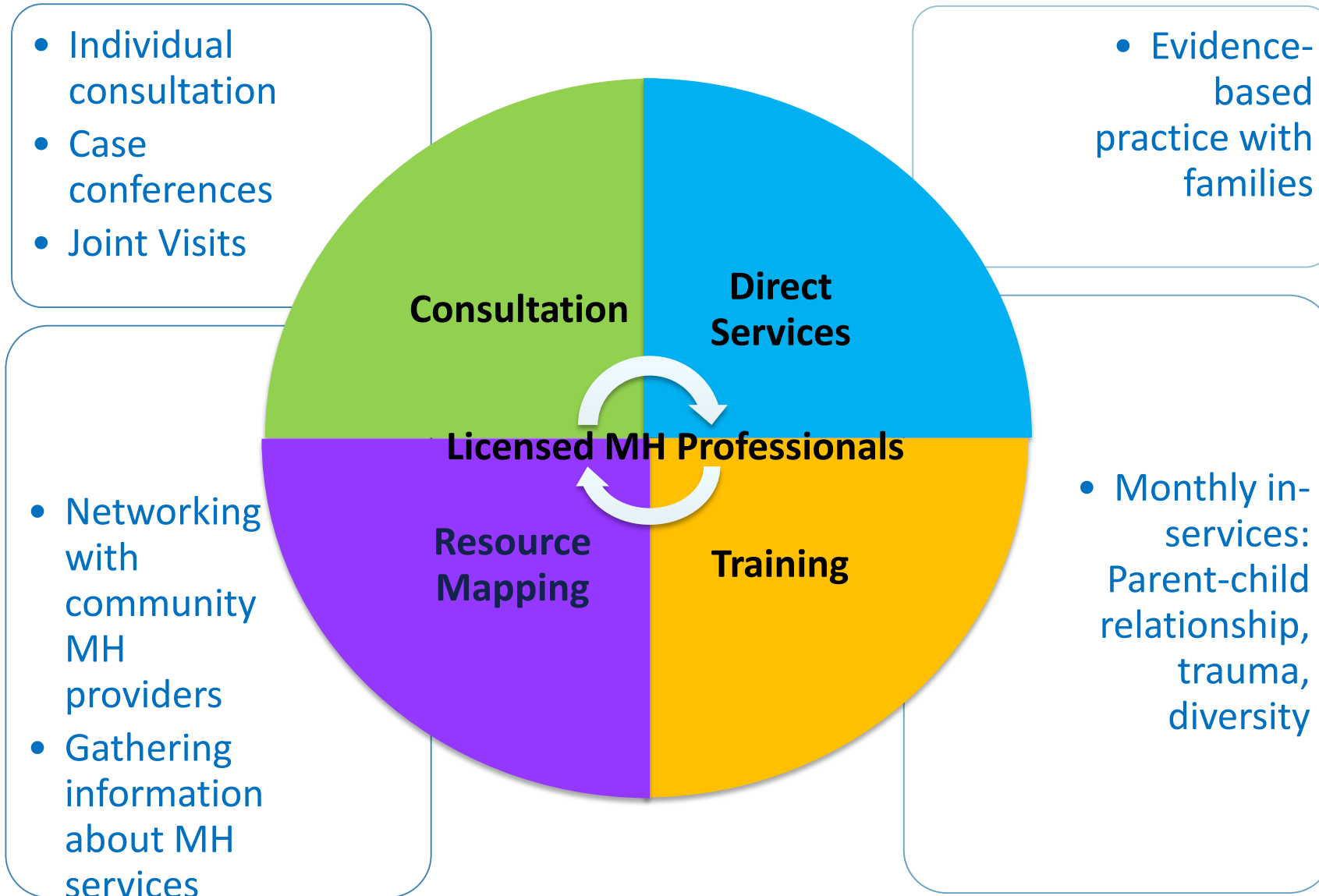
- Community resources are often sparse > problems remain unrecognized, untreated.
- HVs report feeling underprepared, overwhelmed by client MH needs.
- HVs report MH needs require much time > contributes to job-related stress.

H  
V

H  
E  
L  
P

- Trusting relationship & regular contact with mothers.
  - Identify risk factors
    - Educate, monitor
  - Identify safety concerns
- Support healthier interactions with baby
  - Reduce sense of aloneness
- Help navigate the healthcare system
  - Support self-advocacy, link to treatment

# Program Basics: Home Visiting



# Program Results: Home Visiting

## Increased Self-Efficacy\*

- HVs feel more competent, confident navigating client MH concerns.
- HVs reported a new level of understanding regarding clients who have MH needs and a deeper awareness of the etiology of MH issues, and the impacts of MH on client behavior and health.

## Increased Knowledge\*

- HVs *demonstrate* increased knowledge in 3 content areas: parent-child relationships; trauma-informed care; diversity-informed practice.
- HVs *perceive* knowledge gain in 3 content areas and awareness of community MH resources.

## Increase in Consultation

- Scaled statewide: Embedded IECMH Specialists in all 18 teams (now 19)
- 6,334 consultations regarding 1,273 clients
- 169 joint visits, 625 case conferences

## Perceived Support

- HVs and team supervisors reported feeling supported by the IECMH Specialists.
- HVs reported increased self-care practices.

# Program Basics: Home Visitation Consultation Infrastructure & Support

- As of 2018, one consultant embedded with each of the 19 teams
  - Licensed mental health professionals
  - 0.5 FTE/team
- 12 consultants, 2 regional supervisors
- Support:
  - Training in Infant Mental Health
  - Training in Child-Parent Psychotherapy (current consultants)
  - Individual clinical/reflective supervision, 1-4X/month
  - Monthly team meeting, including case presentation
  - Access to psychiatric consultation

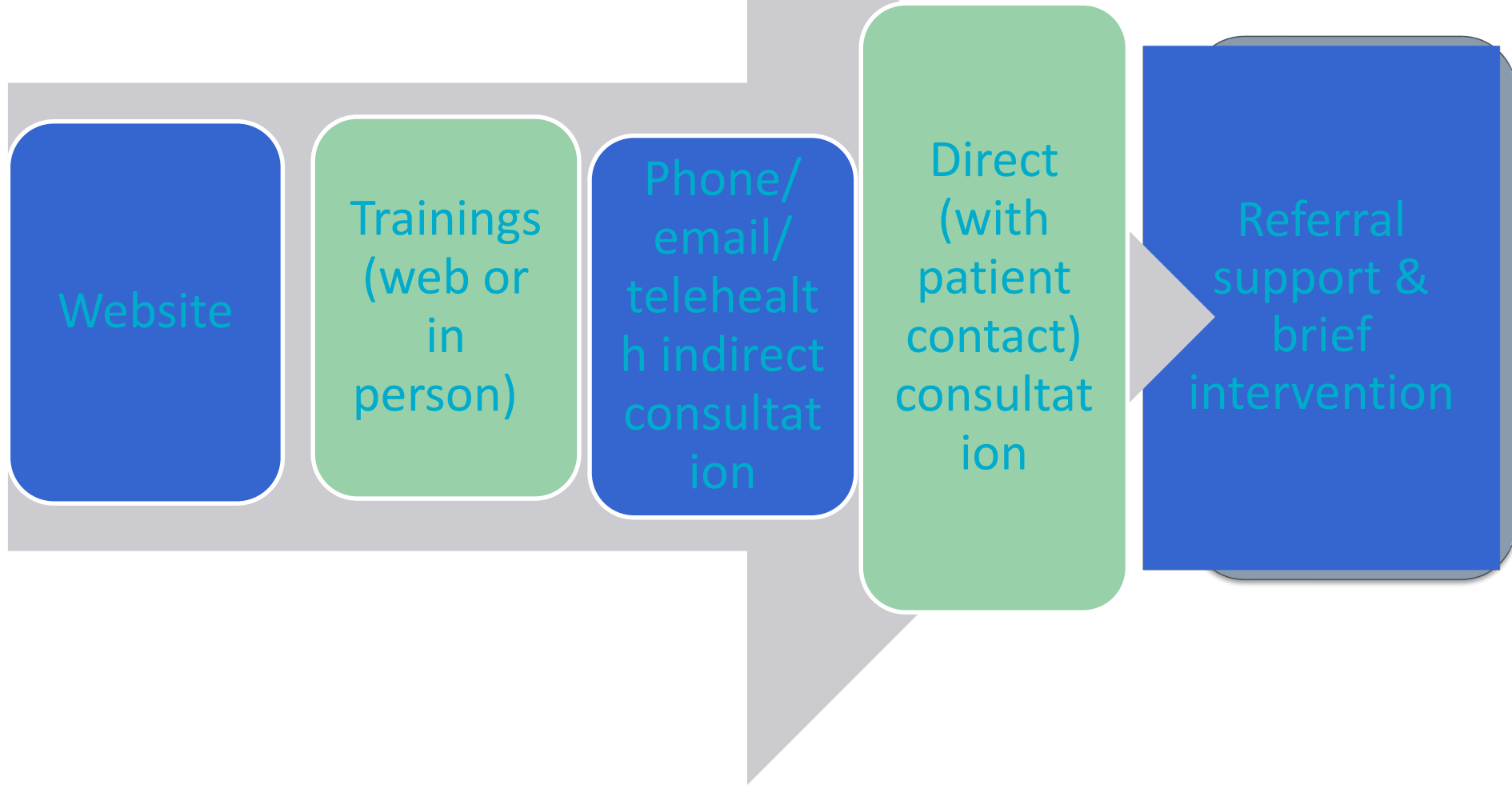


# **Consultation to health and developmental professionals**

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# Health professional consultation elements (least interactive to most interactive)



# Health care consultation models in Louisiana

Tulane Early Childhood Collaborative

Project LAUNCH



Consultation partner	Pediatrics	Pediatrics, Early Intervention
Primary modality	In person	In person
First line consultant	MD, PhD/PsyD, Faculty and Trainees	Master's level clinician
Ages	0-6	0-8
Role of physician	1 <sup>st</sup> line consultant, 2 <sup>nd</sup> line for diagnosis or pharmacotherapy	2 <sup>nd</sup> line for pharmacotherapy
2 <sup>nd</sup> line consultation	Yes	Yes
Additional services	Brief PCIT groups	PCIT, ADOS

# Pediatric & Early Intervention consultation “tool box”

**Early Childhood Screening Assessment** Child's name: \_\_\_\_\_ Age (yr-mo): \_\_\_\_\_ Date: \_\_\_\_\_

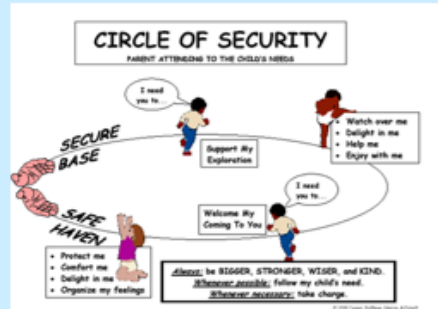
• Please circle the number that best describes this child compared to other children the same age. Completed by: \_\_\_\_\_

• For each item, please circle the + if you are concerned and would like help with the item.

0= Rarely/Not True 1= Sometimes/Sort-of 2= Almost always/Very True

1. Seems sad, cries a lot	0	1	2	+
2. Is difficult to comfort when hurt or distressed	0	1	2	+
3. Loses temper too much	0	1	2	+
4. Avoids situations that remind of scary events	0	1	2	+
5. Is easily distracted	0	1	2	+
6. Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
7. Doesn't seem to listen to adults talking to him/her	0	1	2	+
8. Battles over food and eating	0	1	2	+
9. Is irritable, easily annoyed	0	1	2	+
10. Argues with adults	0	1	2	+
11. Breaks things during tantrums	0	1	2	+
12. Is easily startled or scared	0	1	2	+
13. Tries to annoy people	0	1	2	+
14. Has trouble interacting with other children	0	1	2	+

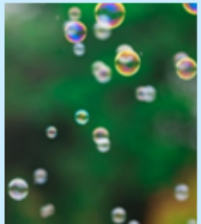
Screening



Principles of attachment relationships



Effective behavioral regulation strategies



Family relaxation strategies

Parent Self Care

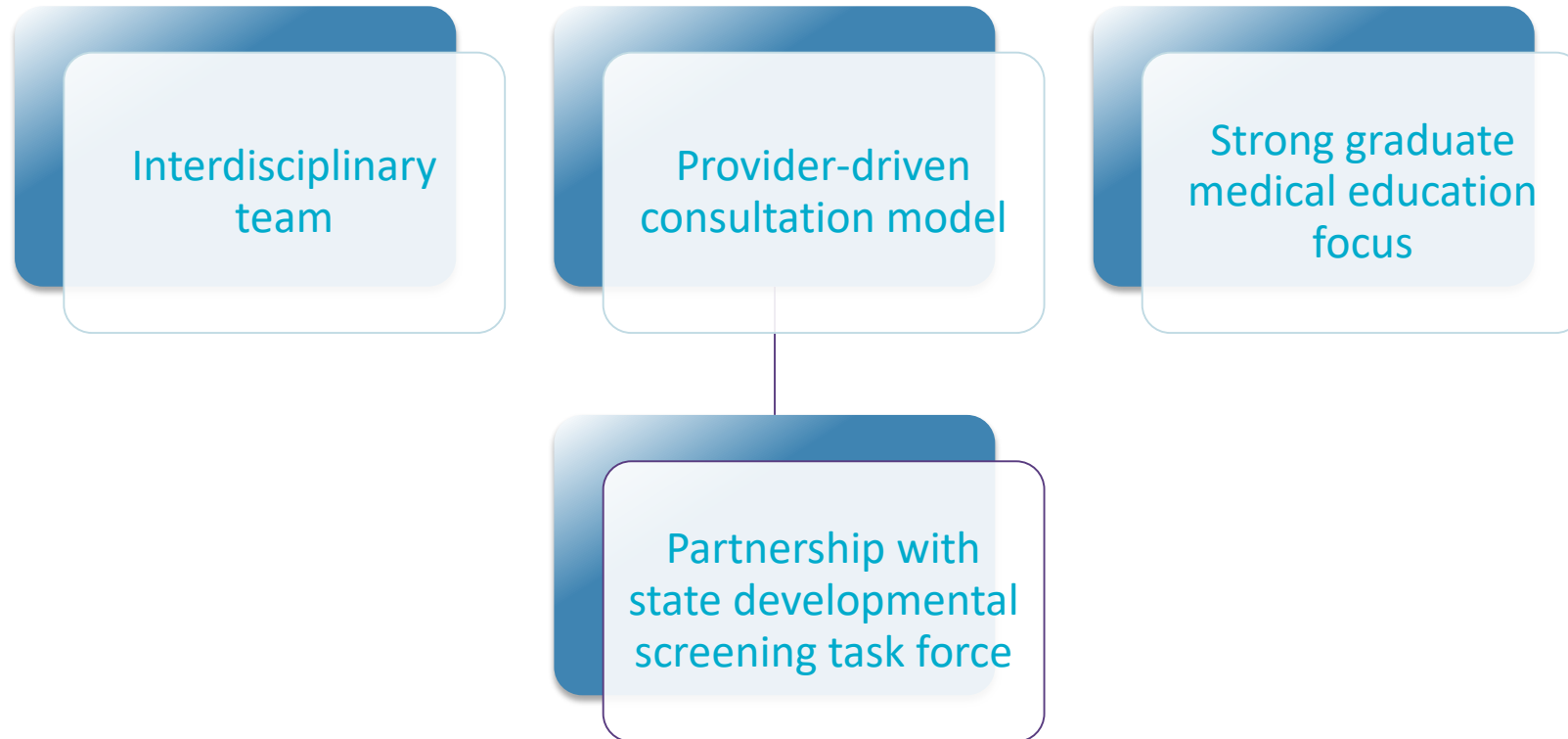
**H** Hope  
**E** Empathy  
**L<sup>2</sup>** Language Loyalty  
**P<sup>3</sup>** Permission Partnership Plan

Effective Communication Strategies

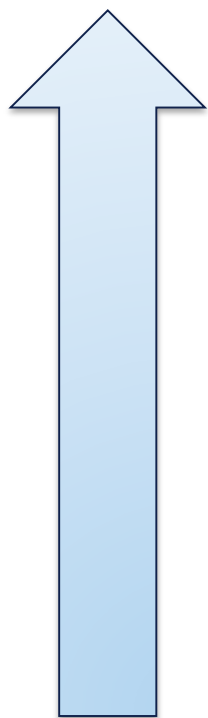


Free interactive brain-building app

# Louisiana Pediatric Primary Care Consultation

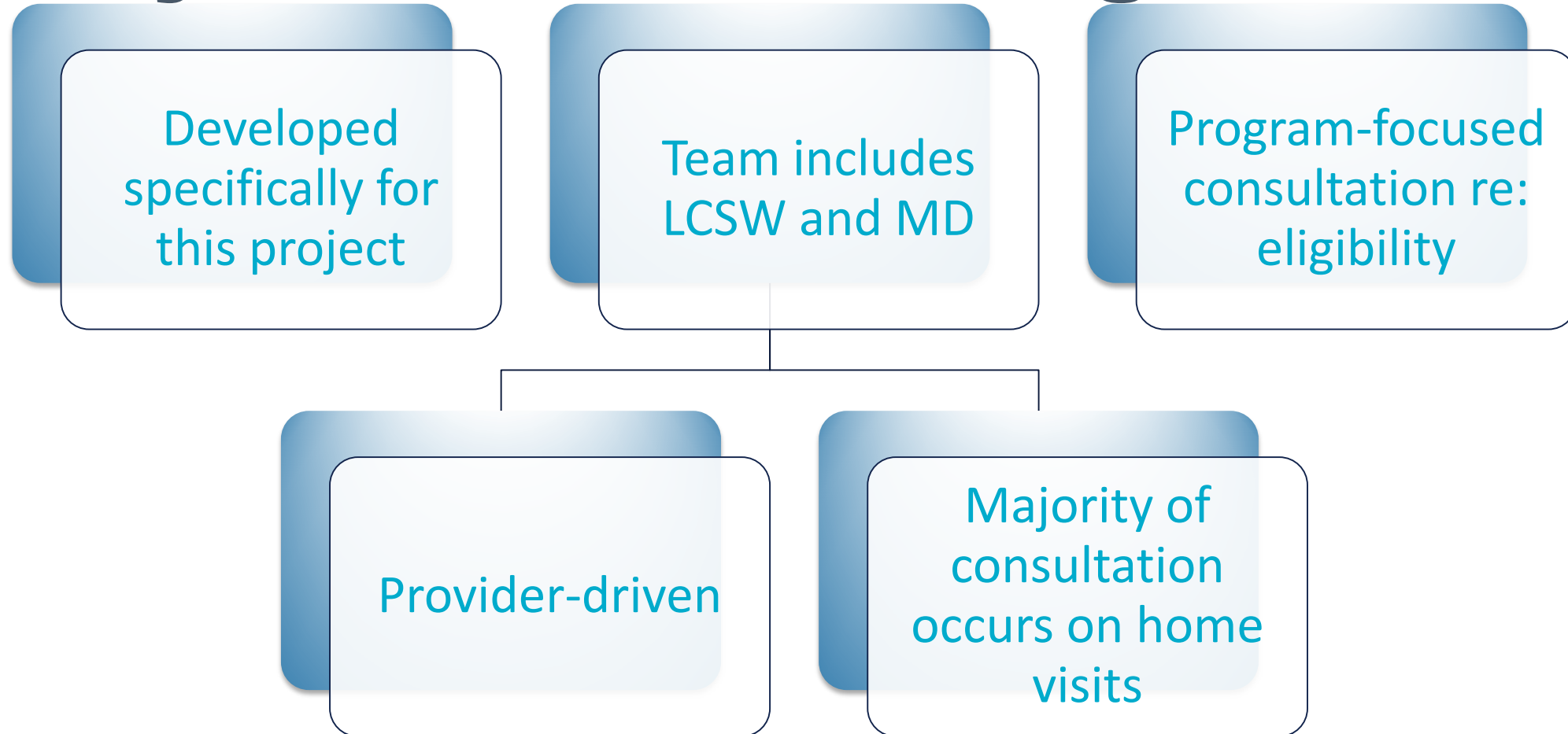


# Pediatric outcomes

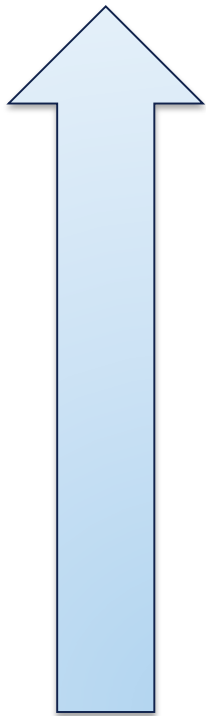


- Use of recommended strategies and tools ( $p \leq 0.001$ )
  - Use of validated screen for disruptive behaviors and anxiety
  - Positive reinforcement
  - Relaxation skills
- Identifying non-ADHD clinical problems
- Knowledge re: preschool ADHD in QI ( $p \leq 0.01$ )

# Early Intervention: Program Basics



# Early Intervention: Selected Impacts



- 73 partners (speech and language therapists, occupational therapists, physical therapists, special instructors, family service coordinators, EarlySteps administrators)
- 1011 consults in 3.5 years
- Increased
  - Use of informed clinical opinion process to include social-emotional concern
  - Social-emotional screening for children in DCFS custody (n=95)
  - Provider focus on family relationships as reported in focus groups
  - Perception of access to care

# Summary

- Principles of infant and early childhood mental health are consistent across settings.
- Effective consultation includes multidisciplinary teams and support for consultees.
- Voluntary and program-required consultation can influence child-serving professionals' work experience and the care young children receive.



**Thank you!**

## **Questions & Contacts**

**Find PRiSM at: [www.nccp.org/prism](http://www.nccp.org/prism)**

**Please contact us at:**

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