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

OCTOBER 10, 2019

NCCP National Center for Children in Poverty
Bank Street Graduate School of Education

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Overview

✓ 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

- New on-line resource at 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

- 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

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

• Since July 1, 2018, 190 providers have been approved to provide infant-early childhood mental health services under Medicaid.
Workforce Development

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
  
  Age Continuum
  
  0  3  18

- Parent-Child Interaction Therapy
  
  2  7

- Child-Parent Psychotherapy
  
  0  5  18
EBT trained therapists are now in 66 of Arkansas’ 75 counties.
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
http://arbest.uams.edu
https://www.facebook.com/arbestuams
Louisiana’s Health Systems Consultation

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

Child and adolescent psychiatrists

GR Tulane 2018 mgleason@tulane.edu; atrigg@tulane.edu
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

https://laevidencetopractice.com/resources/interactive-map/
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
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)
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<tr>
<th>Home Visiting</th>
<th>Early Intervention</th>
<th>Pediatric Primary Care (Region 4)</th>
<th>Pediatric Primary Care (Region 1)</th>
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Funding
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
Common Elements of Consultation

• 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
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?

- 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

- 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.
Program Basics: Home Visiting

- Monthly in-services: Parent-child relationship, trauma, diversity
- Networking with community MH providers
- Gathering information about MH services
- Evidence-based practice with families
- Direct Services
- Training
- Consultation
- Licensed MH Professionals
- Resource Mapping

- Individual consultation
- Case conferences
- Joint Visits
- Individual consultation
- Case conferences
- Joint Visits
- Individual consultation
- Case conferences
- Joint Visits
## 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
Health professional consultation elements (least interactive to most interactive)

Website
Trainings (web or in person)
Phone / email / telehealth indirect consultation
Direct (with patient contact) consultation
Referral support & brief intervention
## Health care consultation models in Louisiana

**Tulane Early Childhood Collaborative**

### Consultation partner
- Pediatrics
- Pediatrics, Early Intervention

### Primary modality
- In person

### First line consultant
- MD, PhD/PsyD, Faculty and Trainees

### Ages
- 0-6
- 0-8

### Role of physician
- 1st line consultant, 2nd line for diagnosis or pharmacotherapy
- 2nd line for pharmacotherapy

### 2nd line consultation
- Yes

### Additional services
- Brief PCIT groups
- PCIT, ADOS
Pediatric & Early Intervention consultation “tool box”

Screening

Principles of attachment relationships

Effective behavioral regulation strategies

Parent Self Care

Family relaxation strategies

Effective Communication Strategies

Free interactive brain-building app
Louisiana Pediatric Primary Care Consultation

- Interdisciplinary team
- Provider-driven consultation model
- Strong graduate medical education focus
- Partnership with state developmental screening task force

GR Tulane 2018 mgleason@tulane.edu; atrigg@tulane.edu
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 ($p \leq 0.01$)

Gleason in CH Zeanah (2018)
Early Intervention: Program Basics

- Developed specifically for this project
- Team includes LCSW and MD
- Program-focused consultation re: eligibility
- Provider-driven
- Majority of consultation occurs on home visits

GR Tulane 2018 mgleason@tulane.edu; atrigg@tulane.edu
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

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