

Task Force on the Mental Health, Social, and Emotional Needs of Young Children and Their Families

Recommendation Ideas- August and September

In August and September we began to talk about how to ensure that young children (ages 1-5) with mental health, social, and emotional needs get the types of services and treatments that they need. Issues we have covered include

- State-level need for vision, planning, and coordination
- The screening, triage and referral process
- Need for more providers to work with this age group
- Importance of ensuring that federal/state/local dollars are being put into programs that work; Focus on evidence-based policies/programs/treatments (services)

In the text we will talk about the myriad of agencies, programs, services, and policies that currently make up our piecemeal, fragmented system for meeting the mental health, social, and emotional needs of young children and their families. Need leadership to review current plans and develop a plan to ensure all relevant state agencies are coordinating efforts, making the best use of existing resources, and drawing down all available sources of support to serve the mental health, social, and emotional needs of young children and their families

Rec 1. Developing a Vision and Strategic Plan around Young Children’s Mental Health

The North Carolina Early Childhood Advisory Council should develop a cross-systems plan for all North Carolina agencies that serve the mental health, social, and emotional needs of young children and their families. As part of this plan, the ECAC should consider

- a) Strategies to facilitate the coordination of programs/services across systems
- b) How to develop shared data systems to facilitate better planning and treatment
- c) Ways to reduce barriers to treatment faced by families
- d) Ways to incentivize quality care and the use of evidence-based practices
- e) Developing and deploying a web-based clearinghouse of information on programs and services available to children and families with mental health, social, and emotional needs

Rec. 2. Raising Awareness of the Mental Health, Social, and Emotional Needs of Young Children

The North Carolina Department of Health and Human Services should develop and implement a communications strategy to raise awareness of the importance of young children’s mental, social, and emotional health. The campaign should provide specific messages about what adults and others can do to lessen risks. As part of the communications strategy, DHHS should identify potential partners (e.g. March of Dimes, domestic violence advocates). Campaign messages should cover:

- a) Importance of early years
 - i. Safe, stable, nurturing relationships

- b) Women's health prior to conception
 - i. Impact of substance and alcohol use
- c) Impact of toxic stress (definitions)
- d) Violence within family
- e) Others...

CREATING THE INFRASTRUCTURE FOR A ROBUST MENTAL HEALTH SYSTEM FOR INFANTS, TODDLERS, AND PRE-SCHOOLERS

Note:

- We will discuss how this cannot be done without an adequate workforce to provide services/treatment.
- We will discuss the co-location as a model the TF supports and encourages expansion of

Rec 3 Establish Care and Reimbursement Standards to Promote Children's Mental Health

- a) The North Carolina Division of Medical Assistance (DMA) should develop protocols for screening, triage, and referral to treatment for
 - i. Pregnant women using or abusing alcohol or other harmful substances (expand pregnancy home to require)
 - ii. Women with perinatal or postpartum depression
 - iii. Young children with mental health, social, and emotional needs as part of the annual well-child visit for children ages 1-5.

As part of these protocols, DMA should require the use of an appropriate, evidence-based screening tool (e.g. Edinburgh, ASQ-SE).

Question: A different approach to requiring e-b screening tool would be to use enhanced payment for use of e-b screening tool?

- b) DMA in collaboration with CCNC, DMHDDSAS, and DPH should explore value-based Medicaid payments that would provide additional reimbursement to providers who provide evidence-based treatments and report process and outcome measures for the following populations:
 - i. Pregnant women using or abusing alcohol or other harmful substances
 - ii. Women with perinatal or postpartum depression
 - iii. Young children with mental health, social, and emotional needs and their families.

DMA et al should also define appropriate behavioral health process and outcome measure on which to tie performance-based incentive payments.

- c) DMA should explore options to pay for postpartum maternal depression screenings and other parental/caregiver mental health screenings that relate to their ability to care for a young child as part of pediatric visits.
- d) **Reimbursement to support co-location**

Note: This is DMA specific, but with approximately half of all children ages 0-5 in North Carolina receiving Medicaid, DMA policy drives care provided to all children.

Note: With implementation of health reform, private insurers cover bright futures guidelines which include psychosocial/behavioral screen at all well-child visits.

Note: Will describe Alamance system in text as an example of what could be done in terms of designing screening, triage and referral to treatment protocol.

Rec 4 Expand treatment options for children with mental health, social, and emotional needs

The North Carolina Division of Public Health should expand the eligibility criteria for IDEA Part C to include children who are at risk of **XXX**.

Rec 5 Provide Coverage for Family Therapy

Public and private providers should cover family therapy to ensure that providers can be adequately reimbursed for providing caregiver-only and parent-child therapy as part of a child's treatment.

Note: Family Therapy is a critical component of many evidence-based models for treating young children with mental health, social, and emotional needs. Coverage of this type of therapy is critical to expanding the use of these e-b models.

Rec 6 Educating Local Management Entities on young children's mental health **Need recommendation here.**

SUPPORT OF EVIDENCE-BASED SERVICES

Note: The text will discuss what e-b, promising programs mean and talk about the current landscape in North Carolina

Recommendation options that have been discussed:

1. Recommend that the state redirect existing funding for parent-child programs into EBP?
2. XXX will ensure that by (date) North Carolina will only be using evidence-based programs/treatments for (given population)
3. Bringing *an* evidence-based program to scale
 - a. Pick a program
 - b. Pick a geographic zone to work on developing implementation infrastructure
4. Financial Incentives- see recommendation 3
5. State to develop infrastructure to provide implementation assistance to support multiple types of e-b programs
 - a. Limit the number of programs?
 - b. Also provide evaluation? Collect outcome measures?

Rec. 7 Building Capacity to Implement Evidence-Based Programs

- a) North Carolina philanthropic organizations, state and local agencies should **focus new funding** in evidence-based programs, or if unavailable, evidence-informed programs that support and strengthen the social and emotional wellbeing of young children and their families.
- b) **XX** should provide funding to **XXX** to build the necessary infrastructure to ensure that evidence-based programs are implemented with fidelity to the program. Specifically, funding should be provided to support:
 - i. Management and staff training
 - ii. Technical assistance, including coaching, quality improvement activities, and evaluation.
 - iii. Resources, including any programmatic resources necessary for successful program implementation.
- c) Funding should be provided to evaluate evidence-informed programs to determine the impact on the social and emotional health and wellbeing of young children and their families.