



Infant-Early Childhood Mental Health

State Strategies and Next Steps

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ZERO TO THREE
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Defining Infant-Early Childhood Mental Health



Defining the I-ECMH Field



“There is no such thing as a baby, only a baby and someone else . . . A baby cannot exist alone, only as part of a relationship.”

D.W. Winnicott, 1964

Awareness of I-ECMH is on the Rise



- ***Advocacy by national organizations***
- ***Walter Gilliam 2005 study of preschool expulsion***
- ***Heckman “non-cognitive” skills***
- ***ACES research and emphasis on social determinants of health***
- ***Trauma-informed care***



Systems-level

- *Increase in state IMH Associations*
- *Measuring social-emotional outcomes in QRIS, Part C EI, Race to the Top ELC*
- *SAMHSA-funded Project LAUNCH grants*

Access

- *Screening for social-emotional development*
- *Maternal depression screening and response*
- *Age-appropriate diagnostic systems*

State Strategies in I-ECMH (con't.)

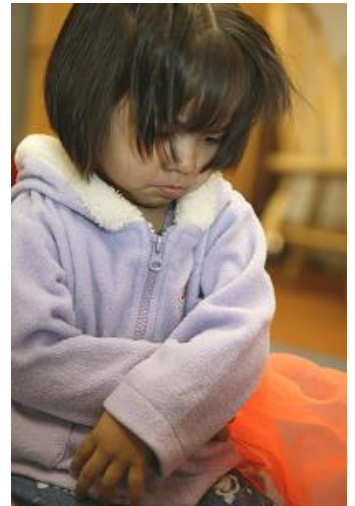


Evidence-Based Approaches, e.g.,

- *Parent-Child Interaction Therapy*
- *Child-Parent Psychotherapy*
- *Attachment and Behavioral Catch-Up*
- *Safe Babies Court Teams*

Workforce Development

- *IMH training programs*
- *Competencies and endorsement systems*



State Strategies in I-ECMH (con't.)

Financing

- *“Crosswalks” from DC:0-3R to DSM5 and ICD-10 codes*
- *Recognizing DC:0-3R for eligibility and reimbursing I-ECMH services, including in-home services*
- *I-ECMH language in managed care contracts – enabling Medicaid payment for I-ECMH treatment*
- *Define eligibility to include parents and children together (the “dyad”)*

What's Next in State I-ECMH Work?



- 1. Advocacy and Policy Changes: *State, community, and tribal strategies are ready to be scaled up.***
- 2. State Investments: *Services must be specifically designed for Infants and young children.***
- 3. Capacity-Building: *Improve delivery of services and provide support to change practice.***
- 4. Managed Care: *Establish expectations for I-ECMH in contract language .***

