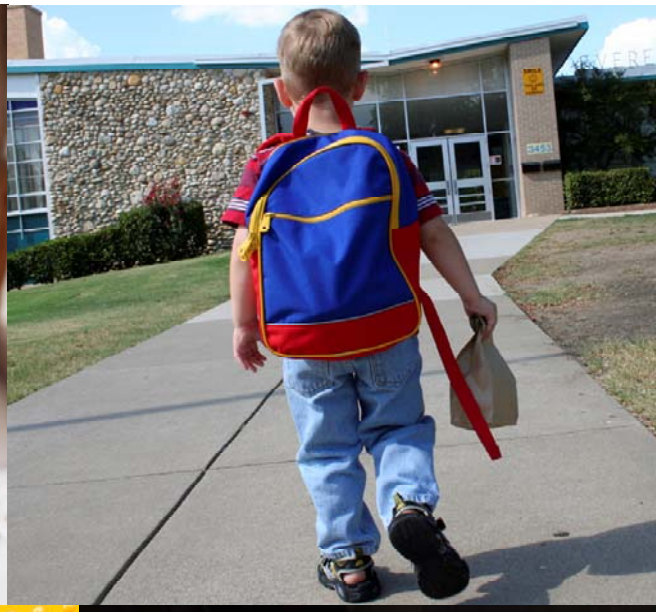
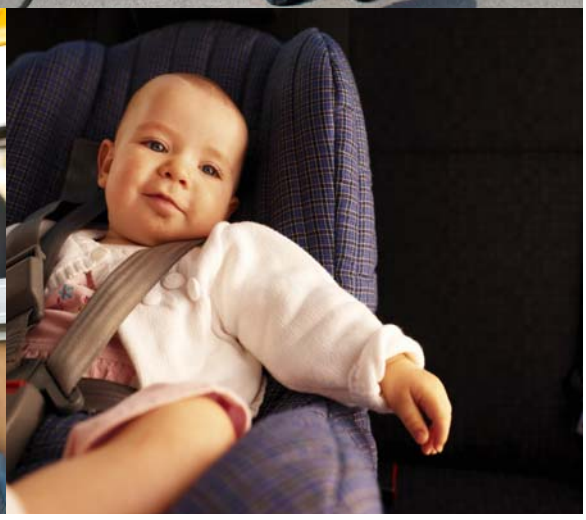
Recommendations for Counties on Improving and Expanding Infant/Early Childhood Mental Health Services





MEMORANDUM

DATE: January 2009

TO: County Mental Health Directors, First Five Commissions, Mental Health Providers and other Interested Parties

FROM: Rusty Selix, Executive Director

RE: Guide to Mental Health Services for Youth Ages 0 to 5

Attached is a paper prepared by Carla Denner, an infant/early childhood mental health consultant with significant experience in children's services. Ms. Denner wants to highlight the value of including services for children ages 0 to 5 in county prevention and early intervention programs and documenting a way to get those services reimbursed more readily since the diagnosis under Medi-Cal and health plan codes do not generally match the type of symptoms found in very young children. Ms. Denner can be contacted at carlalcsw@comcast.net. The paper includes recommended strategies for services and how to obtain funding through insurance and other means.

We encourage that the paper be broadly distributed throughout California's mental health community the state and local First Five Commissions and other interested parties and promoted as a resource for Counties, providers, and other stakeholders in making local decisions.

Additional copies may be downloaded from www.mhac.org. We encourage comments and suggestions for revisions or additions and will incorporate changes in the online version as we receive them.

RECOMMENDATIONS FOR COUNTIES ON IMPROVING AND EXPANDING INFANT/ EARLY CHILDHOOD MENTAL HEALTH SERVICES

Infant/ Early Childhood Mental Health, with its focus on children ages birth to five years and their families, should be a priority area of funding under the Mental Health Services Act (MHSA). An investment in infant/early childhood mental health services will not only help vulnerable children but also will save money by preventing mental health issues later in life, decreasing the need for more costly mental health, social service and criminal justice programs later in the child's life. "Increasing services for children under the age of five would reduce the number of school age children requiring mental health services for serious disorders." (Zero to Three, 2007)

Currently, there are a patchwork of programs that target key mental health needs for infants and toddlers. In fact, many young children in California in need of mental health treatment never receive it. This report summarizes essential elements for counties to improve mental health service delivery for their youngest children.

Assistance for county planning in this area is available from The First 5 Association of California's Early Childhood Mental Health (ECMH) Planning Project. The organization provides leadership and consultation for counties in developing their ECMH plans.

In brief, the recommendations of this report are as follows:

- **Awareness/Promotion**: Train professionals who work with young children on social emotional development and early relationships and create a county wide public awareness campaign that educates professionals and parents on the importance of supporting social emotional development and intervening early with children and families at risk for mental health difficulties.
- **Screening:** Implement a universal screening system to screen children ages birth to five years who are at risk for mental health difficulties. Develop a system for screening pregnant women and new mothers identified through physicians and family support agencies for prenatal and postpartum depression.
- **Funding:** Generate funding sources for promotion, prevention and treatment.
  Train professionals in the use of the DC 0-3R for diagnostic and treatment planning purposes and use the crosswalk to the DSM IV in order to bill for services. Combine funding sources in order to treat children and families who do not reach the level of medical necessity**.**
- **Treatment:** Utilize evidence based and promising practices that focus on improving the parent/child relationship and building a parental support system while enhancing parental mental health.
- **Service System Development and Coordination**: Collaborate with other Early Childhood Agencies such as Early Start, Child Welfare, and Head Start to coordinate resources and incorporate mental health into all Early Childhood systems.

Children ages birth to five develop through relationships. It is the quality of these earliest relationships that set the course for healthy social emotional development. Therefore, Infant and Early Childhood Mental Health services must be linked to the child's primary caregiver(s) and community and be focused on enhancing the parent/child relationship.

Unfortunately, the mental health system is currently structured with a focus on diagnosis and treatment of individual children. Typically, services are not provided before the infant exhibits symptoms and reimbursement for services under Medi-cal require that children's symptoms reach the level of medical necessity. By the time the child is brought to the mental health system, they are frequently labeled as difficult or challenging. Providing mental health services for children ages five years and under must focus on prevention for children at risk, educating parents about healthy social emotional development and providing support and resources for parents. It is also equally important to assess the child's overall development as it impacts their mental health.

Current and Past Projects in California:

Some counties in California are working on strategies to expand infant/toddler mental health services. Four of the statewide programs which include individual county participation are listed below:

1. The Infant Preschool Family Mental Health Initiative, which was funded by First 5 California, provided funding for eight counties to develop and expand infant and early childhood mental health services. The Initiative was funded from 2000-2004 and involved eight pilot counties which worked with their department of mental health and interagency collaborators to implement early childhood mental health services.

2. The First 5 Special Needs Project is coordinated by First 5 California. The project is a screening and services project that "helps identify children with special needs early by getting them the resources and supports that they need". The project is being funded in 10 counties. http://www.first5caspecialneeds.org/

3. First 5 Association's Early Childhood Mental Health Planning Project (also known as the "Social and Emotional Health System Development Project")
   This project is funded by a California Endowment Grant. The group is made up of directors from county First 5 commissions, mental health directors and other stakeholders. The group meets to identify barriers to access, delivery and funding of social and emotional health systems of care for children ages 0-5 yrs. The group will meet from 2007-2009 to "develop policy proposals and identify practices to reduce barriers to prevention and early identification services." *Summary Report First 5 Social/Emotional Health Systems Development Project – First 5 of California*

4. ABCD Screening Academy – California was one of 18 states selected by the National Academy of State Health Policy to participate in the ABCD Screening Academy. In California the project is called Best-PCP. The purpose of the Screening Academy is to integrate valid and standardized tools of children's development into preventive health care practice. The program provides technical assistance to counties in implementing screening procedures but does not provide funding. Coordination of the screenings is usually done through First 5 Commissions. Counties participating include Alameda, Los Angeles, Orange, Riverside, and San Bernardino.

5. State Early Childhood Comprehensive Systems Project - (SECCS)
   While this project does not focus specifically on mental health, it does look at creating a system that supports all aspects of a child's development including social/emotional development. According to the California State website for Maternal, Child and Adolescent Health, SECCS is working on "the implementation of a comprehensive early childhood system that promotes the health and well-being of young children, enabling them to enter school ready to learn and by reducing gaps and improving coordination of services."

   While there has been much work done in the past and work continues on expanding Infant and Early Childhood Mental Health services, there continues to be many gaps in services, as well as barriers to filling these gaps.

Strategies for Promoting Healthy Social Emotional Development in Young Children
(Partakian & Seibel, 2002; National Conference of State Legislatures, 2005)

1. **Promotion -** educating professionals, parents and the general public regarding young children's social emotional needs. Promotion services are geared towards all parents of young children.
2. **Prevention** – services are for families with children who maybe at risk for mental health problems. Families experiencing domestic violence, substance abuse and high degrees of stress are examples. Prevention involves screening children for social emotional delays and screening for maternal depression and parental stress. Both types of screenings might occur in the pediatrician's office, child care centers and others places where young children are seen.

3. **Treatment** – for children and families who are already exhibiting mental health symptoms. A parent with mental illness may receive treatment as well as a child exhibiting social emotional delays or behavioral concerns.

Recommendations:

The following are recommendations for counties to address gaps in services and expand knowledge of the mental health needs of children ages birth to five years.

An Early Childhood Mental Health System will include aspects of promotion, prevention and treatment, be family/relationship focused, culturally sensitive, interdisciplinary and include assessment of psychosocial stressors and the overall development of the child.

Services must also address developmental delays and disabilities and be provided in coordination with the family's local regional center or SELPA (Special Education Local Plan Area).

This paper makes recommendations in the areas Promotion, Prevention and Treatment

Promotion

- **Increase awareness of the social emotional needs of young children and training of professionals who work with young children.**

Promotion entails educating parents, professionals and the general community regarding the importance of early social emotional development, and the crucial need for positive early relationships. Training is needed for mental health professionals, pediatricians, foster parents, judges, legislators and anyone who works with young children.

Professionals need training in order to increase their knowledge of early childhood development and their skills in using relationship based interventions with families. The First 5 Special Needs Project identified needed areas for training including a focus on post-partum depression, grandparents raising grandchildren, mentally ill adults, and use of the Diagnostic Classification System of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised (DC:0-3R).

Another avenue of promotion is the distribution of brochures and information on types of relationships and interactions that are important to young children. An example is a campaign called, "Oregon's Child: Everyone's Business" which distributes information on brain and social emotional development that occurs in early childhood.

Parents also need to know how to identify a problem and where and how to obtain services. This can be done through campaigns that educate parents about social emotional issues.

Another means for increasing awareness is through a state Infant Mental Health Association. These associations exist in 19 states with California not included. Infant Mental Health Associations can offer state wide trainings on topics related to early social emotional development, advocate for funding for infant mental health services, provide networking and collaboration opportunities for professionals and publish newsletters that educate professionals and parents on issues such as attachment.

Prevention

- **Implement Universal and Early Screenings**

One way to prevent later social emotional problems in children is by doing early screenings of children and of their primary caregivers. This would help to identify difficulties in development, parental stress, and help families receive the services that they need.

In order to increase access, screenings must be offered at numerous sites across the community. Sosna (2005) discusses offering developmental screenings at sites in which families with young children routinely receive other services. Screenings can be done through pediatricians' and doctors' offices, childcare centers, WIC offices and other social service agencies. Depending on the size of the county, screenings could be done county-wide and then sent to one central location for scoring.

Screening tools have multiple uses. They can be used to identify social emotional delays in children, assist with referrals for child treatment, and also identify risk factors in a family such as violence in the home that can contribute to social emotional delays in children.

A widely used screening tool to assess children's social emotional development is the Ages and Stages Social Emotional Questionnaire. The screen is a parent-completed questionnaire that is quick to complete and easy to score. It is being used in some counties in California.

A tool to assess the level of parental stress is the Parenting Stress Index Short Form which is also used in some counties in California. The screen looks at the parent/child relationship and identifies those parents that may need help.

Screening for maternal depression when there are risk factors such as domestic violence and substance abuse in a family can be completed by physicians and agencies serving families. The Edinburgh Postnatal Depression Screen, which is widely used by health care professionals, is a quick 10-question screening tool and is available on many websites including Developmental Behavioral Pediatrics Online – www.dbpeds.org.

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood Revised (D.C. 0-3R) is a more appropriate tool than the DSM IV to use in diagnosing children under the age of 3 years. The guide is used to diagnose disorders, identify strengths, and look at the child in the context of relationships and environmental factors. The need for training for professionals in order to use the tool effectively has been identified by the First 5 Special Needs Project.

- **Access**

Some families are unable to access services due to lack of transportation or are ineligible for services. Increased access to services can be addressed through changing funding streams (see below) so more families are eligible.

Providing services in the neighborhoods where families live will help families who do not have transportation to access services. In Sacramento County, Family Resource Centers are located in nine different low income neighborhoods. The centers provide parenting classes, play and grow groups and other social services.

Treatment

- **Service System Development and Coordination**

Young children's services are available in schools, social service agencies, regional centers, mental health agencies and other systems and the eligibility for services is different for each system. Furthermore, these programs' principle focus is not prevention. In most cases, children need to have a delay or behavior problem before they receive mental health services.

Services need to be more integrated and include prevention, which will depend on the size and needs of the counties. Such systems as the county mental health system, schools including Head Start, social services agencies, regional centers, doctors, speech and occupational therapists and health programs need to work together to serve the mental health needs of young children and their families.

Two examples of county programs that are integrating and coordinating their systems of care are listed below.

A. Westside Infant Family Network (WIN)
   A collaboration among six west Los Angeles agencies designed to provide mental health care to families with infants and toddlers regardless of their insurance status or ability to pay. Networked services for basic needs through partner agencies include medical care, food, baby supplies, employment training, housing assistance, and play groups for babies.

B. Prenatal to Three Initiative in San Mateo County
   A collaboration of agencies and individuals that provide information, support, and care for pregnant women and children to age 5 years who are receiving Medi-Cal. Parent support groups are available to all San Mateo County residents.

- **Treatment and Intervention Services**

Treatment needs to extend to the family and not just focus on the young child. Dyadic treatment where the parent and child are seen together can provide support for the parent and help in understanding the child's development and social/emotional needs.

Using evidence-based programs is a wise use of dollars and time as these programs have shown through research to have positive outcomes. Two programs that are frequently cited for families with young children are geared towards children ages three and older and are listed below.

1. Incredible Years - focuses on reducing children's aggression and behavior problems and increasing social skills

2. Parent Child Interaction Therapy (PCIT) is geared towards "conduct-disordered young children," emphasizes improving the quality of the parent-child relationship and changing parent-child interaction.

Three programs that are suitable for families with children ages birth and above are listed as "Promising Practices".

1. Child- Parent Psychotherapy - "A relationship-based treatment approach for infants, toddlers and preschoolers who are experiencing mental health problems or whose relationship with the parent is negatively affected as a result of parental factors such as mental illness…." (Lieberman, 2004)

2. Watch, Wait and Wonder – a dyadic parent-child intervention for treating parent-child relationship problems (Nancy J. Cohen, PhD.)

3. Circle of Security Project is an "innovative, first-of-its-kind early intervention program designed to alter the developmental pathway of parents and their young children that is evidence based" (http://www.circleofsecurity.org). This program focuses on improving the attachment between parent and child.

Funding for Prevention, Promotion and Treatment

Early Periodic Screening, Diagnosis and Treatment (EPSDT) funding, a set of benefits under Medi-cal, is used in many counties across California but there are some difficulties with this funding stream. In order to be eligible for services under EPSDT, conditions must reach the level of "medical necessity" which means that a DSM IV diagnosis must be given before a provider can bill for services. The DSM IV has very limited usefulness for young children (Knapp, 2007.) The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-3R) is a more useful diagnostic system. The DC 0-3R looks beyond the clinical diagnosis and assesses psychosocial stressors,

emotional and social functioning and "recognizes that the infant is developing within specific family relationships and a specific culture." (Limberg, 2007)

Many of the services that are needed for young children and their families are not billable under EPSDT. These services include screening for Post Partum Depression and mental health consultation services.

The other difficulty is funding services for children who are not eligible for Medi-cal. These families are sometimes referred to as the "working poor". They make too much money to qualify for Medi-cal but do not have other sources for health insurance.

Some strategies for funding services include:

A. Use the crosswalk between the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC 0-3) and the DSM IV that was developed by the Infant Preschool Family Mental Health Initiative. "By cross walking the DSM IV, a necessity for billing, to the DC 0-3R, a necessity for accurate diagnostic description of young children…counties can develop a billing infrastructure to sustain services." (Knapp, 2007) The crosswalk is available through the Dept. of Mental Health and is included in the appendix of this document.

B. Create collaborations between agencies (such as mental health, child welfare, and First 5 Commissions) in order to combine funding streams and serve children at risk who do not yet have an identifiable diagnosis or families who do not qualify for Medi-Cal. For example, "a partnership between a school readiness site and county mental health agency can …….. provide mental health screening, assessment and treatment…… by using Medi-cal and First 5 funding." (Sosna, 2005)

C. Use Mental Health Services Act funding to target prevention services for children at risk. Funding is available for children prior to a diagnosis.

Conclusion

To address the mental health needs of children ages birth to five years and their families, counties must include a continuum of services that focus on children in the context of the family. Some of the required elements for services are listed below:

- Universal Screening/Assessment
- Inclusion of the whole family and family driven
- Collaborations between agencies to meet different needs
- Community-specific with a range of services including home visits, supportive services with resource and referrals, and mental health services
- Culturally sensitive services and offered in the family's native language when possible

Currently there are a number of excellent early childhood mental health programs and services offered through out California; however, the children and families of our state need a more comprehensive system of care. Fortunately, counties can create such a system by focusing on the crucial areas of prevention, promotion and treatment. By developing and/or improving their infant/early childhood mental health system, counties can improve the care of our youngest children – and save money in the long run.

Outline of DC 0-3 CROSSWALK WITH DSM-IV
California Infant, Preschool and Family Mental Health Initiative

Initial Draft

♦ ♦ For county information regarding screening, assessment and diagnostics

♦ ♦ Proposed for use in new Clinical Services Study

♦ ♦ Follow-Up to conversations regarding billing and funding options:

- DSM-IV diagnosis is still required however, DC 0 – 3 descriptions and diagnostic considerations might be attached to and pave the way for increased recognition of this system

♦ ♦ Information, description and problem solving discussion regarding implementation scheduled in conjunction with CIPFMHI All County Meeting and on-going evaluation and data collection work groups

♦ ♦ Distribute as needed and requested

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Outline of DC 0-3 CROSSWALK WITH DSM-IV

DC 0-3 CROSSWALK WITH DSM-IV

DC 0-3		DSM-IV	
100	Traumatic Stress Disorder	309-81	Post Traumatic Stress Disorder (PTSD)
201	Anxiety Disorders of Infancy and Early Childhood	300.2	Generalized Anxiety Disorder
202	Mood Disorder: Prolonged Bereavement/Grief Reaction	309.0	Adjustment Disorder with Depressed Mood
203	Mood Disorder: Depression of Infancy and Early Childhood	311	Depressive Disorder NOS
204	Mixed Disorder of Emotional Expressiveness	300.4	Dysthymic Disorder
205	Childhood Identity Disorder	302.6	Gender Identity Disorder in Children
206	Reactive Attachment Deprivation/ Maltreatment Disorder of Infancy	313.89	Reactive Attachment Disorder of Infancy and Childhood: Inhibited or Disinhibited
300	Adjustment Disorder	309.9	Adjustment Disorder Unspecified
400	Regulatory Disorders		
	401 Hypersensitive	312.9	Disruptive Behavior Disorder NOS
	402 Under-reactive	299.8	Pervasive Developmental Disorder NOS
		312.30	Impulse Control Disorder NOS
	403 Motorically Disorganized	313.9	Disorder of Infancy Childhood, or Adolescence, NOS
	404 Type IV Other		
500	Sleep Behavior Disorder	307.45	Circadian Rhythm Sleep Disorder
600	Eating Behavior Disorder	307.59	Feeding Disorder of Infancy or Early Childhood
700	Disorders of Relating and Communicating (All Patterns A-C)	299.80	Pervasive Developmental Disorder NOS

AXIS II would equal V codes Axis I, DMS IV

RELATIONSHIP DISORDER CLASSIFICATION

DC 0-3	DSM-IV
901 Overinvolved 902 Underinvolved 903 Anxious/Tense 904 Angry/Hostile 905 Mixed Relationship Disorder	V61.20 Parent - Child Relational Problem
906 Abusive	V 61.21 Physical Abuse of Child V 61.21 Sexual Abuse of Child B 61.21 Neglect of Child

AXIS III

DC 0-3	DSM-IV
Physical (including medical and neurological) mental health and/or dvelopmental diagnoses made using other diagnostic and classification systems (DSM IV, ICD 9, or ICD 10)	General Medical Conditions

AXIS IV

DC 0-3	DSM-IV
Identify source or sources, overall impact and predominantly acute or enduring	Psychosocial and Environmental Problems

AXIS V

DC 0-3 (Adapted by San Mateo County)	DSM-IV
Functional Emotional Developmental Level	Global Assessment of Functioning (GAF)
Has fully reached expected levels	100-91
At expected level with minor constrictions	90-81
At expected level with moderate constrictions	80-71
At expected level with marked constrictions	70-61
Has not achieved expected level but all levels prior	60-51
Has not achieved expected level and reached earlier levels with mild constrictions	50-41
Has not achieved expected level and reached earlier levels with moderate constrictions	40-31
Has not achieved expected level and reached earlier levels with marked constrictions and instability	30-21
Has not reached expected level or mastered any prior levels	20-11

REFERENCES

Arstein-Kerslake, C., Knapp, P., & Merchant, D. (2005) *Infant Preschool Family Mental Health Initiative: Accomplishments and Lessons Learned.* The Infant, Preschool, Family Mental Health Initiative. Report completed by the CA Institute of Mental Health. http://www.cimh.org/projects/ipfmhi.cfm

Cohen, J., Onunaku, N., Clothier, S., & Poppe, J. (2005) *Helping Young Children Succeed: Strategies to Promote Early Childhood Social Emotional Development.* National Conference of State Legislatures and Zero to Three. http://www.zerotothree.org

First 5 Special Needs Project – http://www.first5caspecialneeds.org/

Knapp, P., Ammen, S., Arstein-Kerslake, C., Poulsen, M. & Mastergeorge, A. (2007) *Feasibility of Expanding Services for Very Young Children in the Public Mental Health Setting.* Journal of the American Academy of Child and Adolescent Psychiatry.

Knapp, P. (2007) *Statewide Strategies:Reimbursment.* Presented to the First 5 Social Emotional Health System Development Project, 11/29/07.

Knitzer, J. Theberge, S., & Johnson, K.(2008) *Reducing Maternal Depression and It's Impact on Young Children: Toward a Responsive Early Childhood Policy Framework.* National Center for Children in Poverty, Columbia University. Project Thrive Issue Brief No. 2.

Leiberman, A. (2004) Child-Parent Psychotherapy: A Relationship Based Approach to the Treatment of Mental Health Disorders in Infancy and Early Childhood . In A.J. Sameroff (Ed*.) Treating Parent- Infant Relationship Problems* (pg.97-122). New York: Guilford Press.

Limberg, B. (2007) Diagnostic Systems in Infant Mental Health : Using the DC: 0-3R –Assessment of Individuals in Context.

Onunaku, N., Gilkerson, L., & Ahlers,T. (2006) *Building a Comprehensive Mental Health System for Young Children.* Journal of Zero To Three: National Center for Infants,Toddlers, and Families.

Shonkoff, J., & Phillips, D., eds. (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Washington, DC: National Research Council and Institute of Medicine, National Academy Press.

Sosna, T. & Mastergeorge, A. (2005) *Compendium of Screening Tools for Early Childhood Social-Emotional Development.* The Infant, Preschool, Family Mental Health Initiative. Report completed by the CA Institute of Mental Health. http://www.cimh.org

Sosna, T. (2005) *Mental Health Screening and Referral Capacity for Children 0-5.* The Infant, Preschool, Family Mental Health Initiative. Report completed by the CA Institute of Mental Health. http://www.cimh.org

Sosna, T. (2005) *Strategies for Financing Mental Health Screening, Assessment and Services.* The Infant, Preschool, Family Mental Health Initiative. Report completed by the CA Institute of Mental Health. http://www.cimh.org

State Early Childhood Comprehensive Systems Project (SECCS) – http://www.cdph.ca.gov/healthinfo/healthyliving/childfamily/pages/SECCS.aspx

Zero to Three (2007) *Infants and Toddlers and the California Mental Health Services Act* http://www.zertothree.org/site/DocServer/Infants_and_Toddlers_and_MHSA_As.pdf?docID=3861

Zero to Three Policy Center (1994). *Infant and Early Childhood Mental Health: Promoting Health Social and Emotional Development.*