



# NEWS

from the *Assuring Better Child Health and Development (ABCD II) Program*

November 2004

## Promoting Young Children's Healthy Mental Development

This brief summarizes presentations made at NASHP's 17<sup>th</sup> annual state health policy conference during a session on "Promoting Young Children's Healthy Mental Development." The session focused on the evidence base, state program highlights, a discussion of the ABCD program, and ways to use the Medicaid program to better support early childhood social and emotional development.

### Identifying the Evidence Base

Early childhood mental health is synonymous with healthy social and emotional development, or developing the ability to experience, regulate, and express a range of emotions, to form close and secure relationships, and to explore the environment and learn.

Research demonstrates that children's healthy social and emotional development is essential to school readiness, academic success, and overall well-being. According to the National Academy of Sciences, infants begin to explore their environment and learn to communicate from birth, and soon after they begin to construct ideas about how things work. The Academy urges early childhood programs to:

- balance emphasis on cognition and literacy skills with emotional, regulatory, and social development;
- develop strong linkages among welfare, protective services, early intervention, and mental health policies and programs; and
- make substantial investments in professional development.<sup>1</sup>

### Focusing on Four Building Blocks

For many state policymakers, promoting children's healthy mental development presents challenges that include limited professional capacity, funding limitations, the public's reluctance to use mental health services, and lack of a systems approach. Nonetheless, a number of states have developed innovative approaches to begin laying the building blocks for a system. In many of these instances, state Medicaid programs have taken the lead. In others, various state agencies and partnerships have formed to address the issue.

## Policy/Financing

Medicaid is uniquely able to promote and finance young children's social and emotional development through EPSDT screening (well-child) exams, follow-up diagnosis, and treatment. Medicaid covers a third of all U.S. children ages 0-3,<sup>2</sup> and the low-income children in Medicaid are more likely to be in circumstances that put them at risk for delayed development. State Medicaid programs have a number of strategies available to them to promote and support young children's healthy mental development. These strategies include:

- Crafting Medicaid policy guidance that clearly defines services covered, encourages the use of age-appropriate developmental screening tools, distinguishes between screening and diagnostic assessment, and covers family therapy.
- Adopting Medicaid billing codes that can be efficiently used and expanding the list of professionals who can bill (pediatricians, public health nurses, social workers, child psychologists).
- Approving Medicaid payments for health services in "natural environments," such as child care or Head Start centers, when delivered by qualified providers to enrolled children.
- Modifying Medicaid managed care contracts to more clearly specify roles of contractors (performance measurement) and providers (expectations of services).
- Using existing funds more effectively by establishing interagency billing systems that combine funding sources, obtaining approval to use various state agency funding as Medicaid matching funds, and appropriating additional general funds to match Medicaid.

Other strategies adopted by states to support young children's healthy mental development have involved partnerships between state agencies and between state and private entities. Examples of some of these approaches are described below.

### *Illinois's Children's Mental Health Act of 2003*

The Act provides strategic direction for building an effective system to address the prevention, early intervention, and treatment needs of children ages birth to 18. It created the Illinois Children's Mental Health Partnership to develop and monitor a Children's Mental Health Plan. The Act also expands the age of children who are eligible to receive services from the Illinois Division of Mental Health to zero (instead of age 3), incorporates social and emotional development benchmarks into the Illinois Learning Standards for elementary and secondary public school students, and improves methods of capturing Medicaid funds that can be used to support children's mental health. The act is available at [http://www.casel.org/downloads/cmh\\_act.pdf](http://www.casel.org/downloads/cmh_act.pdf).

<sup>1</sup> Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Academy Press, 2000).

<sup>2</sup> Bureau of Labor Statistics and the Bureau of the Census. Annual Demographic Survey, March Supplement. "Table H108. Health Insurance Coverage Status and Type of Coverage of Selected Characteristics for Children Under 18:2003." Retrieved 11 November 2004. [http://ferret.bls.census.gov/macro/032004/health/h08\\_000.htm](http://ferret.bls.census.gov/macro/032004/health/h08_000.htm).

## Public Awareness

### *Arkansas's Early Learning Guidelines*

Arkansas included a social-emotional domain in its early learning guidelines. The Arkansas Framework for Infant and Toddler Care was developed to guide the design and implementation of local early childhood programs for infants and toddlers and to guide and inform parents. A recently developed brochure based on the Framework, *Picture This*, uses vignettes to illustrate the framework's six developmental components. This brochure has been distributed to families and caregivers and is available at <http://www.state.ar.us/childcare/infanttoddbroch.pdf>.

## Practice

### *North Carolina's early screening protocols and incentives*

North Carolina's ABCD project developed, implemented, and replicated a community-based comprehensive and coordinated child development services system. The use of a standardized, validated screening tool is integrated into well-child visits, followed by care management, referral, and information to parents about their child's growth and development. The state's local community care plans provide close collaboration between local providers and government agencies as well as a commitment to quality improvement at the local level. The project is described in [The North Carolina ABCD Project: A New Approach for Providing Developmental Services in Primary Care Practice](http://www.nashp.org), available at [www.nashp.org](http://www.nashp.org).

## Professional Development

### *Louisiana's public health training*

The Louisiana Office of Public Health (OPH), Maternal and Child Health program provided a 30-hour training in infant mental health for public health nurses and other non-mental health professionals. The purpose was to increase knowledge of and sensitivity to the importance of early development, risk factors that impact social-emotional development, and methods for clinic-based assessment and interventions. Statewide trainings were also held to emphasize anticipatory guidance and the relationship between the clinician and parent after *Bright Futures Guidelines for Health Supervision* was adopted as the guideline for child health visits. The Tulane Institute of Infant and Early Childhood Mental Health also provides OPH and its partner, the Office of Mental Health, with a clinical infant mental health training for experienced mental health professionals. Further information is available by contacting Geoffrey Nagle at [gnagle@tulane.edu](mailto:gnagle@tulane.edu)

*This news brief summarizes presentations by Cindy Oser of ZERO TO THREE ([www.zerotothree.org](http://www.zerotothree.org)) and Kay Johnson of Johnson Group Consulting Services. Their presentations were made at NASHP's 17<sup>th</sup> annual state health policy conference, held in August 2004, at a session entitled "Promoting Children's Healthy Mental Development." For more information on this session, go to [www.nashp.org](http://www.nashp.org), click on "2004 state health policy conference presentations," and proceed to the conference update page.*

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## The ABCD II Program

The ABCD II program, sponsored by the Commonwealth Fund, is designed to strengthen primary health care services and systems that support the healthy mental development of young children, ages 0-3. The program focuses particularly on preventive care of children whose health care is covered by state health care programs, especially Medicaid. Research has shown that services that support young children's healthy mental development can reduce the prevalence of developmental and behavioral disorders which have high costs and long-term consequences for health, education, child welfare, and juvenile justice systems.

The National Academy for State Health Policy administers the ABCD II program, helping states create models of service delivery and financing that promote healthy mental development for Medicaid eligible children. Five states, California, Illinois, Iowa, Minnesota, and Utah, were awarded grants for this program in 2004. Although the projects are led by the states' Medicaid agencies, they all entail working in partnership with other key stakeholders to achieve their objectives. Together, these states form the ABCD II Consortium, a laboratory for program development and innovation that shares its findings with all 50 states.

This news brief is one in a series designed to address issues of interest and concern to states seeking to improve services and systems that support young children's healthy mental development. For additional information about the ABCD II project, visit the NASHP website at [www.nashp.org](http://www.nashp.org) or contact Neva Kaye ([nkaye@nashp.org](mailto:nkaye@nashp.org)), David Bergman ([dbergman@nashp.org](mailto:dbergman@nashp.org)), Jill Rosenthal ([jrosenthal@nashp.org](mailto:jrosenthal@nashp.org)), or Helen Pelletier ([hpelletier@nashp.org](mailto:hpelletier@nashp.org)).