

Break Out Session Report Out

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Key Issues Discussed

- DC: 0-3 – Florida is in process of revising their crosswalk. Interested in pulling together other states/communities who use other crosswalks to discuss common issues, successes, challenges. May lead to a more comprehensive tool. May also assist Medicaid and other communities in making decisions about crosswalk.
- Need strategies for billing for whole family approach
- Need for longitudinal data on infant/EC mental health
- Social marketing campaign to educate others on infant/caregiver relationship – treat as one
- Imminent risk – who is enrolling and how
- No cookie cutter approach across states – each is governed by own state rules

Helpful Resources/Strategies

- Imminent Risk Enrollment
- LA – Using Family Support codes/Developmental Services codes in Part C for funding. Diagnosing with disorders of Infancy NOS
- FL – using 4 tier approach to providing MH services to children with diagnosis and imminent risk. Key support has been mental health consultation. Strategies for funding MH consultation – Part-B 619 Spec. Ed., Child care development fund, TANF, inclusion funding.
- Texas is collaborating with Title V Education

Areas for Further Discussion

- Ongoing federal, state and local work to expand MH billing to include family interventions focusing on strengthening relationships.
- DC:0-3 – data to support its use, federal support of its use
- Cost benefit data to further understanding of need for ECMH
- Axis II – develop a crosswalk?

Next Steps

- Continued collaboration with EC COP group
- Form new work groups on topics
- Strengthen connections with those who have done this work
- Create workgroups