

Early Childhood System of Care Meeting Notes
Training Institutes 2010 – Washington, DC
07/14/2010

(Breakout session minutes are recorded separately, by session.)

Sharing Lessons Learned – Advice from ‘Veteran’ EC System of Care Communities

- Know what essential elements to sustain at the onset; bring people along at all levels
- Consider having a multi-level/agency intake process; helps to have varied ‘ownership’ and involvement
- Let others take pieces of the work --- helps them embed the work into their program/agency system
- Don’t have all facets of your efforts ‘all in one place’
- Embed early childhood into state initiatives/efforts to promote sustainability
- Relationships are key – at all levels
- Need to attend to pre-service training programs as a piece of workforce development

Opportunities for Collaboration Across Federal Programs/Initiatives

Presentation by Dr. Larke Huang, SAMHSA

(See Dr. Huang’s PowerPoint for presentation details)

Key things to think about:

- Many grants, short turnaround time
- Early childhood is a federal priority
- Home visiting grants – lots of attention and opportunity in this area
- Early Childhood Summit in August
- 2011 Children’s Mental Health Day: Early Childhood and Trauma focus

Q&A session:

- How will SAMHSA interface with national health care reform?
 - Will be addressed in depth at Thursday plenary session
 - SAMHSA has looked at provisions to determine which will affect initiatives/programs, and behavioral health disorders specifically (for example, pre-existing conditions for children will no longer be barriers, which will improve coverage).
 - Good and Modern Mental Health and Addiction System: looking at the essential benefits package that should go in for mental health and substance abuse.
 - Huge prevention effort in health reform, looking at how prevention is defined, to get service codes and payer codes.
- How will the idea of a “medical home” impact SAMHSA?

- SAMHSA is working with HRSA to develop stipulations for a grant to integrate behavior health and primary care into a single medical home. Bring behavioral health into primary care, but also primary care into the behavioral health medical home.
- Looking at quality measures with HRSA.
- Looking at technology as a means for improving care (data records), but also for delivering care.
- How much information at the Early Childhood Summit can we expect to get about FY 2011 grants?
 - It depends on the approval schedule; what's available will be shared.

Discussion with Dr. Gary Blau, SAMHSA:

- **Update on SAMHSA's efforts:** the office for behavioral health is participating in 96 interagency workgroups relating to the behavioral health. #1 issue for initiatives is prevention.
- **How do you see SAMHSA influencing Medicaid, especially regarding the imminent risk category?** working with CMS, they're listening. Psychiatric residential care waiver program, SOC philosophy of keeping kids in the community. Most of their initiatives are focused on an older population though, no EC.
- **Is there a plan for NIMH to plan for more research around early childhood?** All are encouraged to talk up early childhood with NIMH. We (SAMHSA) have had an agreement with them where our researchers could apply to NIMH; we only had a few applications, most were not well articulated. NIMH is going to do it for multiple federal agencies now. Best idea is to find universities that have already been funded previously and partner with them.
- **Local evaluation requirement that communities pick a practice to evaluate so that we move practices towards being evidence based:** evidence based practices are evolving. Our language of practice has become so ingrained that we think of a dichotomy between practice based evidence and evidence based practice=> Results based intervention.

Facilitated Group Discussion based on Dr. Huang and Dr. Blau's Remarks

Comments/Issues/Strategies to Explore Further:

- 1115 waivers/Medicaid
- Early Childhood Mental Health Consultation
- Place-based strategies – a physical place where resources are shared
- MFP – Money Follows the Person – see how this might be used for children; used mostly for the elderly
- Focus on child trauma materials – see www.nctsn.org

- Results – based evidence
- Father involvement in SOCs - need to learn more about responsible fatherhood act & share info – see www.projectfatherhood.org , TA Partnerships CLC Community of Practice at www.tapartnership.org, and www.fatherhood.gov
- Distinctions between medical home & community home - what are they?
- Consider how EC defines medical home & how it differs from adult medical home
- How to be ‘at the table’ as health care reform plans move forward – consider how to insert yourselves in dialogue about health care reform and share what you’ve learned through SOC with state and federal planners (note: idea generated for a document on Lessons Learned from EC SOC Communities to Guide Health Care Reform)
- What to do when state match isn’t an option
- Emphasis on co-occurring & issues at the community/local levels

Evidence-Based Practices: Implications for Clinical Services and Workforce Development
Facilitated Discussion by Neal Horen and Sandy Keenan

(Note: Community Profiles include inventories of EBPs being used by EC SOC communities)

Key Issues Discussed:

- Limited selection of EBPs for young children – particularly infants and toddlers. Further, one EBP is rarely able to address the varied and complex needs of children and families.
- Challenges regarding cultural adaptations of EBPs
- Are EBPs always desirable? Practitioners don’t always want to be restricted in that way.
- When you combine EBPs (e.g., embedding CSEFEL practices in a PBIS program) – is it still an EBP? How do you supervise clinicians when multiple EBPs are in play?
- How much leniency is there? Moving science into community practice can lead to variation.
- Fidelity issues and the associated implications for evaluation
- Question for the group: If you had one EBP to implement, where would you start?
 - Infant/child-parent psychotherapy:
 - CSEFEL model and PBIS
 - Parent Child Interaction Therapy
 - Front-line coaches, if you’re doing multiple interventions.
 - Wraparound Model
- Points to consider:
 - There are lots of very well researched practices that work with young children that aren’t on that standard list of EBPs.
 - STEEP (Steps Towards Effective and Enjoyable Parenting) model out of MN.

- We ignore these practices that are effective, and we need to push to have the list expanded to include some other quality practices.
- Need thorough planning in advance – need to consider guidelines and requirements set forth by various professional associations when considering EBP implementation
- Having families involved in every aspect, including at the policy tables, is critical. Can't sustain this work without the family driven component. Medicaid will pay for peer-to-peer support.
- Coaches and supervisors are important supports for EBP implementation
- When different agencies are coming together with different disciplines, it is important to establish a common language/structure to guide the implementation process.

Follow-Up/Action Items

- Getting involvement at the state level
 - Partnering across initiatives – how to make this happen
 - Understanding multiple initiatives w/in a given state - how to inventory relevant efforts
 - Breaking down silos between mental health and health family organizations
 - Family engagement for young families – strengthening this piece and raising awareness of how it differs
 - Attaining federal focus on EC families
 - DC 0-3 Crosswalk
 - CSEFEL Model – how to integrate into early childhood systems/practice
 - Gathering and analyzing longitudinal data on imminent risk category
 - Medicaid billing implications, e.g., provisions against same day billing for behavioral health/primary care; engage John Ryan/CMS to help shed light on shortcomings inherent in Medicaid benefit design, including Medicaid's lack of recognition of early childhood codes
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Other Issues Raised:

- Overcoming stigma of mental health for early childhood, getting recognition
- Working with primary care and child welfare
- Helping families manage their opportunities to participate (e.g., participate in Evaluation)