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
State Strategies in I-ECMH

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
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.*