Treasure Hunting: Securing Funding for Early Childhood Mental Health Services and Supports

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736  Conference Room: 2884179

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

If you need assistance, call: 202-687-0308 or email irvinema@georgetown.edu
Treasure Hunting:
A Webinar on Financing Early Childhood Mental Health Services & Supports

January 17, 2013

Frank Rider, MS
Judith Meyers, PhD
Deborah Allen, ScD
Frances Duran, MPP
Frances Duran, MPP
Policy Associate
National Technical Assistance Center for Children’s Mental Health
Webinar Objectives

- Emphasize the importance of a funding “map” and a sustainability mindset
- Identify potential funding sources
- Inspire creative and strategic thinking by sharing state and local examples
- Share resources
A Systems Framework for Early Childhood Mental Health

VALUES
- Strong Partnerships with Families
- Individualized
- Multidisciplinary
- Culturally and Linguistically Competent
- Infused into Natural Settings and Existing Services
- Grounded in Developmental Knowledge

PROMOTION
of Positive Mental Health

PREVENTION
of Mental Health Challenges

INTERVENTION
for Mental Health Problems

Fostering RESILIENCE

CHILDREN & FAMILIES
Other Caregivers

Governance
Prepared Workforce
Strategic Partnerships

Maximized & Flexible Funding
Supportive Policies & Procedures
Data Collection & Evaluation
Outreach & Strategic Communication

INFRASTRUCTURE

Developed by Georgetown University Center for Child and Human Development
Frank Rider MS
frider@air.org
Human Services Financing Specialist
Technical Assistance Partnership
Early Childhood Services Funding Environment: January 2013

- Enduring Uncertainty about Federal Spending
- Slow Recovery from the Great Recession
- Obama Administration Signature Policies:
  - Affordable Care Act
  - Race to the Top
  - Innovations – “What Works”
  - Integration
  - Flexibility

“The timing is right for exploring financing partnerships”
-- Center for Law & Social Policy, 2012
Strategic Financing Process

1. Clarify “financing for what?”
   ✔ Vision
   ✔ Defined Population of Focus
   ✔ Assessment of Needs

2. Estimate your fiscal needs
   ✔ Services, operating costs
   ✔ Infrastructure components
   ✔ Implementation costs
Strategic Financing Process

3. Map Current, Relevant Spending/Funding
# Map Spending by Fund Source

## Matrix 1
A Tool for Mapping Spending Across Child-Serving Systems

<table>
<thead>
<tr>
<th>Agencies/Systems that Contribute Funds</th>
<th>Funding Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>State General Revenue</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Primary Health/ Public Health</td>
<td></td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td></td>
</tr>
<tr>
<td>TANF</td>
<td></td>
</tr>
<tr>
<td>Tribal Organizations (BIA, HIS, Tribal Government)</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
</tr>
<tr>
<td>Labor</td>
<td></td>
</tr>
<tr>
<td>Family Organizations</td>
<td></td>
</tr>
<tr>
<td>Non-government Organizations</td>
<td></td>
</tr>
</tbody>
</table>

*NOTE: You may also wish to include and estimate the value of in-kind contributions and their source.*
Strategic Financing Process

4. Assess gap between current funding and needs

5. Identify/develop financing strategies from:
   ✓ current (re)sources
   ✓ creative new sources/approaches.
Range of Funding Opportunities for Comprehensive Early Childhood Services

- Medicaid/CHIP/EPSDT/MCHB-Title V
- Private Resources:
  - Health Insurance/ACA
  - Child Care/Day Care Fees, Tuition
- Education Sector
  - Head Start; IDEA Part C, Part B; RTT-ELC
- Child Welfare (CAPTA, 4E Waivers)
- State Initiatives (e.g. NC Smart Start)
- Workforce Development Opportunities
- Philanthropic, Business, Community Investments
5 Medicaid Dimensions to Sustain Integrated Early Childhood Services

1. Maximize enrollment of eligible children.
2. Expand services and supports.
3. Expand provider types.
4. Cross-system strategies to optimize funding.
5. Improve reimbursement methods.
Medicaid’s EPSDT Benefit

- Entitlement Benefit for Medicaid-Eligible Children
- Designed to cover all “medically necessary” care:
  - Preventive (periodic screenings -> assessment)
  - Primary care
  - Dental, hearing, vision
  - MH/BH services are covered “acute care” services
  - Long term care for children with special healthcare needs (therapies, equipment, support services)

*EPSDT benefit is extremely broad!*
Affordable Care Act: Preventive Healthcare

- Extends prevention coverage across public- and private-insured
- No co-pay, co-insurance or deductibles
- Evidence-based preventive services
- Routine immunizations; preventive care, screenings for infants, children and women
- Home Visiting Program
Private Financing

1. Optimize Healthcare Coverage under ACA
2. Private Day Care/Tuition:
   - Quality Rating & Improvement Systems [QRIS]: [http://www.earlychildhoodfinance.org/qris](http://www.earlychildhoodfinance.org/qris)
Education-Related Funding Resources

- IDEA Part C, Part B
- Race to the Top – Early Learning Challenge: $20-69-Million grants to states to improve early learning and development programs for young children:
  1. increase the number and percentage of low-income and disadvantaged infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs
  2. integrated system of high-quality early learning programs and services
  3. establish a standard for early childhood assessments.

http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html
Child Welfare Funding Resources


- Anticipate ACF Invitation to States for 2013 Title IV-E Waiver Applications.
Unconventional Financing Resources:

Selected Workforce Development Opportunities:

- [http://bhpr.hrsa.gov/grants](http://bhpr.hrsa.gov/grants) (HRSA)
- [http://benefits.va.gov/vow/education.htm](http://benefits.va.gov/vow/education.htm) (Veteran’s)
- [http://www.doleta.gov/taacct](http://www.doleta.gov/taacct) (Dept. of Labor)

Selected Philanthropic Opportunities, Trends:

- [http://www.aecf.org/MajorInitiatives/MakingConnections.aspx](http://www.aecf.org/MajorInitiatives/MakingConnections.aspx)
- [http://www.hcz.org](http://www.hcz.org) (Harlem Children’s Zone)
“Connecting Kids to Coverage”
CMCS Funding Announcement

Medicaid/CHIP Outreach, Enrollment Grants: Cycle 3

✓ Voluntary Notice of Intent to Apply: January 29, 2013
✓ Electronic Grant Application Due: February 21, 2013
✓ Grant/Budget Period: June 1, 2013 to May 31, 2015

http://www.grants.gov/search/search.do;jsessionid=7HLcQrnbZzyKpyvgJkFVpggTRFhWRfxMrWCrdlHXmKWpNGppqZSC!-804278280?oppId=214153&mode=VIEW
Questions?

Frank Rider MS
frider@air.org
Human Services Financing Specialist
Technical Assistance Partnership
Judith C. Meyers, Ph.D.
President and CEO
Children’s Fund of CT
& Child Health and Development Institute of CT
Topics Covered

✓ About CHDI
✓ Framework for comprehensive approach to early child health (rooted in medical home model)
✓ Early childhood systems building strategies
✓ Funding strategies
✓ Lessons Learned
CHDI

• Independent not-for-profit
• Operating entity of the Children’s Fund of Connecticut, a public charitable foundation
• Partner with CT’s public and private universities and state agencies
• Vision – All Children in Connecticut will have access to and benefit from a comprehensive, effective, community-based health and mental health care system
CHDI Mission

Advance and inform improvements in primary and preventive pediatric health and mental health care programs, practice, and policy in Connecticut, with particular focus on disadvantaged or underserved children and their families.
Three Key Areas of Focus

✓ Transforming pediatric primary care
  – Person-centered Medical Home
    • Developmental and Behavioral Health Screening
    • Mid-level assessment
    • Care Coordination
    • Co-management with subspecialties including mental health (integrated care)

✓ Implementing evidence-based mental health treatment
  – TF-CBT
  – MST
  – Child FIRST

✓ Promoting child health as an integral part of school readiness
Funding Early Childhood System Building Strategies in CT

Key Strategies:
1. Create Comprehensive Framework
2. Fully integrate health/mental health into state and local early childhood systems building
3. Support Demonstrations/Replications
4. Advance integrated care in pediatrics
5. Workforce capacity building
   • EPIC
   • Workforce Development - Infant mental health competencies
Framework for Child Health Services
(available at www.chdi.org)

A Framework for Child Health Services
Supporting the Healthy Development and School Readiness of Connecticut's Children

Prepared for the Child Health and Development Institute by

Paul Dverkin, M.D.
Connecticut Children's Medical Center

Lisa Honigfeld, Ph.D. and Judith Meyers, Ph.D.
Child Health and Development Institute of Connecticut

March 2009
Child Health Services Building Blocks

Medical Home
- Developmental/Behavioral Surveillance & Screening
- Family Education/Parent & Child Counseling/Anticipatory Guidance
- Literacy Promotion
- Health Supervision Services
- Oral Health/Dental Home
- Nutritional Services

Part C (B-to-3)
Title V (CYSHCN)
Links to Preschool
Special Ed and Special Ed (LEA)

Developmental/Behavioral Surveillance & Screening
- Family Education/Parent & Child Counseling/Anticipatory Guidance
- Anticipatory Guidance
- Literacy Promotion
- Health Supervision Services
- Oral Health/Dental Home
- Nutritional Services

Medical/Surgical Subspecialty Services
- Early Childhood Consultation Services
- Developmental/Behavioral Health Services (Mid-level, Comprehensive Assessments)
- Home-based Services
- Help Me Grow

System Changes
Selective
Indicated
Service Integration
Care Coordination
Practice Improvement

Universal

Help Me Grow
Child Health Services Building Blocks

Desired Outcomes for School Readiness

- Emotional / Social / Cognitive Development
- Physical Health & Development
- Family Capacity and Function

Early Care and Education Programs

Child Health Services

Medical Home
[Accessible, Continuous, Comprehensive, Coordinated, Family-Centered, Compassionate, Culturally Effective]

Developmental Services
Medical Services
Home-Based Services

Family Support Services

Prt C (B-to-3) Title V

Care Coordination

Universal

Selective

Indicated
Medical Home: The Linchpin of Comprehensive Care

• Medical care of children should be:
  – Accessible
  – Continuous
  – Comprehensive
  – Family Centered
  – Coordinated
  – Compassionate
  – Culturally Effective

• A coordinated system of care providers supporting the medical and non-medical needs of children and their families within their communities
Fully Integrate Mental Health: State and Local Initiatives

• State level
  – Plans for early childhood systems development
    • RTT Application
    • QRIS
    • Department of Children and Families (prevention, trauma, strengthening families)
    • ECE Cabinet

• Community level
  – 39 early childhood community collaboratives funded under a public/private partnership to promote school readiness
    • Comprehensive early childhood systems planning and implementation – staff, capacity building
    • Funding – state, private philanthropy, local match
Replication of Evidence-Based Practice

• Child FIRST – (Child and Family Interagency Resource, Support, and Training)
  – home-based early childhood intervention, embedded in a system of care,

• Funding
  – Private - RWJF and multiple other state and local foundations
  – Public
    • Medicaid
    • MIECHV
    • Department of Children and Families
Integrating Mental Health and Primary Care

• More than 75% of children with psychiatric disorders are seen in primary care

• 25% of youth seen in primary care have developmental, behavioral, and psychosocial problems

• Half of pediatric office visits involve behavioral health, psychosocial or educational concerns

• Primary care providers write as many as 85% of prescriptions for psychotropic medications for children

• Primary care providers have little training in mental health
Supporting Integrated Care: Policy/Fiscal Reforms

• Mental Health/Primary Care Partnerships

• Redesign of Medicaid (PCMH) – enhanced rates

• Reimbursement for Screening

• Parity

• Changes needed
  – Reimburse for phone consultation
  – Reimburse for care coordination
  – Access to consultation line
  – Commercial insurance coverage
Advancing Practice Change: Educating Practices in the Community (EPIC)

- Brings timely information and training to child health professionals to change their practices
- Practice-based for entire office team
- Emphasis on practice change using clinical information, tools, resources
- Behavioral health modules
- Funding/support:
  - Foundations – infrastructure support
  - State agencies – for modules (DPH, DCF)
  - Admin. Services Organization – Value Options
Practice Change: Infant/Toddler Mental Health Competencies

• Competency-based practice – Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®

• Through CT-AIMH - 14 now endorsed in CT

• Funding strategies
  – Private foundations
  – Embed in federal grant opportunities
    • Project LAUNCH
    • Home Visiting
    • Head Start/Early Head Start
  – State funding – DCF, Part C, Children’s Trust Fund
  – Policy change – build into contracting; requirements for mental health agencies; training programs
Sources of Public Funding for Infant Mental Health Competencies

- New Mexico Children, Youth & Families Department
- Oklahoma Department of Human Services
- Virginia Department of Behavioral Health
- Indiana Part C Funds
- Kansas Early Learning Collaborative
- Michigan Department of Community Health
- Federal stimulus funds
- Wisconsin Mental Health block grant
Summary of Funding Strategies in CT

• Direct Funding
  – Public – State agencies; federal grants
  – Private – Philanthropy – national, state, local

• Medicaid reimbursement for services and incentives

• Embed in federal grant opportunities
  – Mental Health Transformation Grant
  – CMHS Early Childhood Mental Health Systems of Care Grants
  – Administration on Children and Families grant to DCF (Head Start/Child Welfare)
  – Project LAUNCH
  – Home Visiting
Lessons Learned

• Usefulness of an intermediary (backbone) organization
• Use private funds to leverage public funds
• Build on existing cross-sector opportunities to embed mental health
• To advance practice change, need to work at policy and systems level as well
  – Have to invest in funding for infrastructure, not just services
  – Be ‘at the table’ where issues and recommendations discussed
• Need funding for advocacy to support sustainability
• Support an outcomes approach and disseminate information about results (RBA effective tool in CT)
• Role of philanthropy – source for infrastructure, training, convening, planning, organizational support, scholarships
• Create a funders collaborative if possible
“We have learned to create the small exceptions that can change the lives of hundreds. But we have not learned how to make the exceptions the rule to change the lives of millions.”

Lee Schorr
Questions?

Judith Meyers
Child Health and Development Institute
270 Farmington Ave. Suite 367
Farmington, CT 06032
860-679-1520
meyers@adp.uchc.edu
www.chdi.org
Remodeling the medical home

Building a sustainable system of integrated, pediatric care

Deborah Allen, ScD
Director, Child, Adolescent and Family Health
Boston Public Health Commission;
Local Principal Investigator for MYCHILD and Boston LAUNCH
Outline

- Partnership for Early Childhood Mental Health
- LAUNCH and MYCHILD in the medical home
  - Why focus on the medical home
  - How Launch and MYCHILD work
  - What we’ve learned
- Paying for care
  - Maximizing reimbursement in the present
  - Building the case for full support in the future
- Some general thoughts on sustainability
  - Attend to financing
  - But make the case for caring, quality and kids
MYCHILD and Boston LAUNCH
The Massachusetts Partnership for Early Childhood Mental Health
LAUNCH/MYCHILD internal structure

- DPH
- Boston Public Health Commission
- EOHHS

Management Team:
- State PIs & Coordinators
- Local PI
- Local Managers
- Director of Social Marking/Cultural Competence
- Lead Family Partner

- Collaborative Leadership Team
- Parent Council

- Boston LAUNCH
- MYCHILD

- 3 Health Centers
- 4 Health Centers
Integration with other initiatives

- United Way
  - Thrive in 5

- EOHHS
  - Medical Home
  - CBHI
  - Young Children’s Council
  - Child & Youth Readiness Cabinet

- DPH
  - Early Intervention
  - Home Visiting
  - MECCS

- UMass
  - Central MA Communities of Care
  - Worcester CC

- BPHC
  - Healthy Baby/Healthy Child
  - Defending Childhood
  - Healthy Start
  - Home visiting
  - Entre Familia

- Local CBOs
  - Horizons/Homeless
  - ASK
  - The Home
MYCHILD and Boston LAUNCH

Early Childhood Mental Health in the Medical Home
Why place early childhood mental health care in the medical home

- Regularity of well child visits through early childhood
- Relatively high parent trust for pediatricians
- AAP vision of medical home as hub for comprehensive care
- Increasing momentum of medical home model
  - 3 Massachusetts pediatric medical home initiatives
And from a system perspective – can’t we do better for less?
But the deciding factors for us were:

- The principles of System of Care align with the attributes the AAP ascribes to the pediatric medical home
  - Accessible
  - Family-Centered
  - Continuous
  - Comprehensive
  - Coordinated
  - Compassionate
  - Culturally effective

- Prospects for sustainability go up when service is embedded in a funded system
What we do:
Key components of the partnership model

- ECMH clinician embedded in Pediatrics
- Family-centered care
- Well-trained, multidisciplinary team
- Comprehensive care plan
  - Attention to social needs
  - Attention to mental health needs
- Quality Improvement process
  - Learning collaborative
  - QI consultation
- Horizontal and vertical linkages
Quality improvement projects: Different activities but a common theme emerges

- PCP training and tools to facilitate conversation with family about child’s mental health
- Relationship building for warm handoffs primary care provider, family partners, mental health clinicians
- Engaging caregivers with their own health providers

- It all comes to down to true integration of mental health care in to the day-to-day of pediatrics
Put MYCHILDL on Your Mind

Who should I refer to MYCHILDL?
Consider the following areas for referrals:

M aternal or child abuse
Y oung children with atypical behaviors
C oncerning interactions or relationship with caregiver
H istory of behavioral or emotional health problems
I nfants that have poor bonding with caregiver
L oss of caregivers
D epression
C hanges in caregivers
A nxiety
R ecent exposure to trauma
E motional regulation problems
S elf-harm

MYCHILDL is a program for young children (birth–1st grade) with significant social, emotional, or behavioral health needs.
MYCHILD and Boston LAUNCH

Paying the Mortgage: Building a sustainable system of care
Early lessons at the systems level

- Importance of the broader infrastructure to support change at the site level
  - Learning collaborative
  - Local leadership team
  - Parent Council
  - Young Children’s Council

- Importance of the sites to support change at the system level
  - ECMH Partnership speaks to widely perceived but poorly addressed needs
  - Demonstration of feasibility
  - Demonstration of success is still to come
Early lessons at the site level

- The power of the clinician-family partner team
- The importance of building a relationship with pediatrician
- The tremendous need for ECMH services and supports
- The challenge of sustaining ECMH services with current reimbursement policies
- But also, the possibilities for enhancing reimbursement even within current rules
Average monthly MYCHILD clinician reimbursement (9/2011-3/2012)

- Site A: $4,095
- Site B: $2,156
- Site C: $1,434
Percent of clinician salary and fringe from 3rd party billing (9/2011-3/2012)

- Site A: 67%
- Site B: 43%
- Site C: 23%
Strategies to enhance reimbursement for the near term

- **Both programs**
  - The two grants differ: easier to bill for clinician when easier to diagnose (MYCHILD versus LAUNCH)
  - For both grants, critical to educate providers about how to bill and why to bill
    - Billing success framed as part of evaluation

- **MYCHILD**
  - BPHC’s contracts with sites decrease grant funding for clinician over time to promote 3rd party billing
    - But it’s not a dollar-for-dollar decrease
      - Sites have security of grant support but incentive to seek reimbursement
  - Family partner payment as adjunct of state Children’s Behavioral system (through partnership with another agency)

- **LAUNCH**
  - Bill for mental health within context of pediatric visit (but still need a diagnosis)
Strategies to enhance reimbursement for the long-term

- Make the case for cost effectiveness of services
  - **Child and family outcomes**
    - Within-site evaluation (change scores)
    - Cross-site evaluation with comparison/replication sites
    - Medicaid study (propensity matching for participants)
  - **System outcomes**
    - Increase in timely, appropriate care
    - Short-term impact on patterns of utilization
      - Asthma analysis as part of Medicaid study
    - Long-term reduction in mental health (and other) costs
General thoughts on sustainability
Do try for the business case

- Where might there be short-term health system savings
- Where can you model long-term health system savings
- Where are there potential savings outside the health system
  - Don’t forget family out of pocket costs and loss of work
    - National Study of Children with Special Health Care Needs a great source for data on this
But don’t forget the power of the bully pulpit

- Family outcomes
- Child outcomes
- Pediatrician satisfaction with enhanced ability to address real family needs
  - Note that pediatricians are an important potential ally in winning policy change
- Normalize mental health as an integral part of well-child care
Useful Links

- Learn about SAMSHA’s programs in child mental health

- Learn about LAUNCH and MYCHILD
  - [http://www.ecmhmatters.org/Pages/ECMHMatters.aspx](http://www.ecmhmatters.org/Pages/ECMHMatters.aspx)

- Learn about financing of care for children’s health generally
  - [http://hdwg.org/catalyst/](http://hdwg.org/catalyst/)

- Find data to make case for family financial burden
  - [http://childhealthdata.org/learn/NS-CSHCN *](http://childhealthdata.org/learn/NS-CSHCN *)

- Learn about the Boston Public Health Commission

*For example, families of children with “EDB” conditions about half as likely to report an adequate system of care, and about twice as likely to experience financial hardship as families of other CSHCN*
Questions?

Deborah Allen, Sc.D.
Director
Bureau of Child, Adolescent and Family Health
Boston Public Health Commission
Boston, MA
dlallen@bphc.org
IMPORTANT LINKS

Evaluation Form:  https://www.surveymonkey.com/s/TACenterWebinarEvaluation

Webinar Website:  http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

Data Matters:  http://www.gucchdgeorgetown.net/data/
ADDITIONAL RESOURCES

- Center for the Study of Social Policy Webpage (See Financing for Sustainability section)
  http://www.cssp.org/community/neighborhood-investment/financing-for-sustainability

- Making it Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health (May 2012, Zero to Three)

- Using EPSDT to Promote Early Childhood Mental Health: An Idea Kit (Updated 2012, Georgetown University Center for Child and Human Development)
  http://gucchd.georgetown.edu/67639.html