

## Medicaid Transformation Project Suggestion

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### Who was involved in developing the project suggestion?

WA-AIMH is a statewide non-profit professional organization. Information about training needs and gaps were obtained from over 500 mental health and early childhood professionals across the state that work with vulnerable infants, toddlers, and their families. Board members who represent a number of organizations (King County government, DSHS, mental health centers that treat children) were involved in developing this concept.

**Project Title:** Improving the Capacity of the Infant-Toddler Mental Health Prevention and Treatment Workforce

### Rationale for the Project

Approximately 47% (2000-2008 birth data) of 90,000 babies are born every year to families on Medicaid insurance in Washington. Over 1/3 of children age birth-3 live in poverty making them the poorest children in our state. They are the most likely age group to suffer abuse and neglect and/or be in foster care.

The seminal ACES study through Kaiser Permanente and the CDC in 1998, documented a high level of ACEs (Adverse Childhood Experiences) in Kaiser insured populations. Since then Washington State has found a similar ACEs burden in our communities. Research has documented a strong link between ACEs such as domestic violence, child abuse, substance abuse, and maternal depression in a child's background and high risk behaviors, diseases, disabilities, learning problems, and workforce issues (Felliti et. al, 1998). Further studies have shown that when ACEs are reduced in a community, there is a corresponding reduction in health and safety issues ([www.ncbi.nlm.nih.gov/pmc/articles/pmc3483862/](http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3483862/)). From this, we can conclude that intervening to prevent or ameliorate ACEs right when they occur, is a measure that will bend the cost curve by preventing these expensive conditions.

Infant and Early Childhood Mental Health (IECMH) is an interdisciplinary field of practice that works with the caregiver/child dyad to prevent mental health problems and/or treat them with evidence or research- based interventions. IECMH professionals work with the young child and their caregivers to increase the ability of the caregiver(s) to provide consistent, nurturing care and thereby reduce toxic stress for the child, something that we know can adversely affect brain and healthy social emotional development (National Scientific Council on the Developing Child, [www.developingchild.net](http://www.developingchild.net)).

One example of a powerful treatment intervention is Child Parent Psychotherapy (CPP), utilized by IECMH professionals that have the requisite training in this model. As reported by the National Child Traumatic Stress Network at the University of California, San Francisco, three randomized controlled studies showed that both children and mothers treated with CPP showed post -treatment reductions in child behavior problems, depression, and post -traumatic stress ([nctsn.org/sites/default/files/assets/pdfs/cpp\\_general.pdf](http://nctsn.org/sites/default/files/assets/pdfs/cpp_general.pdf)).

Statistics from the Zero To Three National Training Institute indicate that 9.5-14.2% of children under age 5 experience emotional or behavioral disturbance. Using 11% as a mid-range estimate, based on the number of low income children under age 5 in Washington, we would anticipate that 24,200 children may need intervention, yet we know both anecdotally and from numbers supplied by our state's Health Care Authority that far fewer children in this age range are receiving Medicaid funded services.

The Washington Association for Infant Mental Health (WA-AIMH) recently launched our state's first Endorsement® program. This brings a set of competencies to the state that helps to ensure that professionals working with this vulnerable population can provide effective assessment and intervention. More on Endorsement® can be found at the WA-AIMH website ([www.wa-aimh.org](http://www.wa-aimh.org)). Most importantly, WA-AIMH documented through a survey sent in 2015 to 6000 professionals who work with young children and families that significant training gaps exist in the competencies needed to validate proficiency in these competencies.

In order to fill this gap of trained professionals in Washington, WA-AIMH is working to strengthen an Infant and Early Childhood Training system, covering:

- Screening, assessment and diagnosis of very young children;
- The research-based intervention, Child Parent Psychotherapy (15 month training & consultation series);
- Infant-toddler development, dyadic home based intervention with caregivers and children using a trauma informed culturally responsive approach.

This training supports Medicaid objectives as stated in GAO report 15-239. More well-trained professionals will lead to increased coverage of low income individuals.. Increasing the capacity for effective services, will improve population health outcomes and avoid more intensive and costly treatment.

## **Project Description:**

### **Medicaid Transformation Goals supported by this project:**

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention

### **Transformation Project Domains:**

- ✓ Health Systems Capacity Building
- ✓ Population Health Improvement – prevention activities

Training would be offered in any ACH region of the State, as there are work force gaps throughout. The target population served through training and Endorsement® would be mental health therapists serving children, home visitors, and early intervention specialists that work through our state's Early Support for Infants and Toddlers (ESIT) system. The ultimate population served includes children from age birth-five and their families who are low-income and served through Medicaid.

**Transformation Goals:** The project addresses workforce development. Professionals trained in IECMH will directly benefit care delivery redesign by providing behavioral health based whole person care management that is responsive to the unique needs of infants and toddlers and their families. Also early intervention for children suffering from trauma and ACEs prevents future chronic health problems. It also promotes healthy women, infants and children by impacting women's actions during pregnancy and the first few years of life that are likely to improve child health outcomes and healthy emotional development.

**Goals/Outcomes:**

- ✓ 60 therapists and 20 supervisors participate in two Child Parent Psychotherapy Training Collaborative Training series (one in Western and one in the Eastern Washington.) offered every 15 months;
- ✓ 100 therapists are trained annually in appropriate assessment and diagnosis for children birth-five (East and West), with follow up consultation;
- ✓ 250 professionals working with children birth-five are trained annually in infant/toddler development and culturally responsive trauma informed care;
- ✓ 100 professionals per year gain their IECMH Endorsement®.

**Links to Complementary Transformation Initiatives:**

- Health Home for Children – Pilot
- Frontiers of Innovation – Brain Science led newborn research and development of system transformational change.
- Local Health Jurisdictions focused upon LifeSpan health building whole child prevention and coordination within ACH

**Potential Partners:** We anticipate working with each of the ACHs in the state. Within these, we expect to collaborate with mental health agencies, health care providers, early intervention and home visiting programs, child care and early learning programs and others that address the needs of young children and their families. We also will partner with state leaders from the Department of Early Learning, Department of Health and Department of Social and Health Services to ensure that the needs of the infant and toddler work force are being effectively addressed.

**Core Investment Components:**

- ✓ Washington Association for Infant Mental Health (WA-AIMH), as the core professional association for the interdisciplinary infant toddler field, will coordinate training and administer the Endorsement®
- ✓ Cost for each Child Parent Psychotherapy (CPP) Collaborative including monthly consultation to put learning into practice is \$82,090 (30 providers/10 supervisors)
- ✓ Cost for each Training in Assessment/Diagnostic Skills (including monthly consultation to put learning into practice) is \$40,575 (50 providers)
- ✓ Cost for one day training in Infant and Early Childhood Mental Health with content that includes trauma informed care is \$5,000 (60 providers)
- ✓ Cost per person varies depending on the type of training offered
- ✓ The project could be fully implemented within one year
- ✓ Financial return on investment: With ROI estimates of \$4-17 dollars for every dollar spent on high quality early childhood programs that include home visits and family support, we would project a similar or higher ROI by preventing hospitalizations, substance abuse treatment, mental health treatment and chronic diseases.

**Project Metrics:** Based on the metrics in the WA Medicaid Waiver Application, we would believe that these metrics would be impacted over time:

- ✓ Alcohol/drug prevention
- ✓ Well child visits
- ✓ Mental Health Treatment Penetration
- ✓ Childhood Immunization Status

