Challenges, Gaps, and Recommendations

1) <u>Challenge</u>: There are not sufficient services for young children and families who need mental health intervention, especially Intermediate level (clinic-based) and Intensive Home-Based Treatment.

- Result will be increased intensity of their mental health problems, with more extensive services, residential treatment, and hospitalization utilized, at very high costs.
- Lost opportunity to prevent unnecessary pain and suffering for both child and family.
- \circ Current crisis around departure of 21 Child First teams serving almost 500 families.
- **Recommendations:** Increase funding for those young children and their families who have experienced trauma and adversity.
 - \circ Add Intermediate level services for young children and families.
 - O Utilize outpatient settings for young children by ensuring Medicaid reimbursement (< 4 yrs) and providing additional training to workforce in early childhood mental health.
 - Respond to current need for Child First services (and retain highly trained teams) through Medicaid reimbursement.

2) <u>Challenge</u>: Web-based Service Inventories are very confusing for both parents and professionals, and rarely include services for young children.

• **Recommendations:** Revise web-based mental health inventories from the perspective of parents and caregivers, so that they are able to find services for their young children.

Challenges, Gaps, and Recommendations - continued

3) <u>Challenge</u>: A comprehensive continuum of care for young children with socialemotional/mental health difficulties and their families is needed.

- <u>Recommendations</u>: Create an Early Childhood Mental Health Workgroup that is part of TBC and the Children's Behavioral Health Plan Implementation Advisory Council.
 - Examine all early childhood and family prevention and mental health services, located in or funded by CT Departments (OEC, DCF, DSS, DPH, DMHAS), with the goal of creating a coordinated early childhood system of care.
 - Track all young children identified with any social-emotional/behavioral needs in a systematic way to look at services received, outcomes, and cost.

4) <u>Challenge</u>: Multiple federal funding streams (and commercial insurance) are not being well utilized for early childhood mental health.

- <u>Recommendations</u>: Leverage all possible federal funding streams for future mental health services for young children and families.
 - Include: Medicaid/EPSDT, Family First (Title IV-E), MIECHV, TANF, IDEA, CAPTA, and State Block Grants.
 - o After Medicaid is established, access Commercial insurance.

Challenges, Gaps, and Recommendations - continued

5) <u>Challenge</u>: Pediatric Primary Care is not well utilized as a valuable source of both primary prevention, early intervention, identification, and referral.

- <u>Recommendations</u>: Research, evaluate, and implement strategies used nationally and in Connecticut.
 - Train and support pediatric providers in order to integrate early childhood mental health into Pediatric Primary Care.
 - Provide mental health consultation to pediatric providers.
 - Utilize Access Mental Health, CTAIMH Pediatric pilot, and other strategies
- 6) <u>Challenge</u>: There is need for greater focus on the Social Determinants of Health (SDoH) and their impact on the emotional, mental, and relational health of young children.
- **<u>Recommendations</u>**: Integrate the Social Determinants of Health into prevention, identification, and intervention efforts.

• Access funding for Care Coordinators, Community Health Workers, Health Navigators, and Doulas.