Challenges, Gaps, and Recommendations

1) **Challenge**: 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.
   - **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.
     - Add Intermediate level services for young children and families.
     - 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) **Challenge**: 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.
3) **Challenge:** A comprehensive continuum of care for young children with social-emotional/mental health difficulties and their families is needed.

- **Recommendations:** 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) **Challenge:** Multiple federal funding streams (and commercial insurance) are not being well utilized for early childhood mental health.

- **Recommendations:** 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.
  - After Medicaid is established, access Commercial insurance.
Challenges, Gaps, and Recommendations - continued

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

- **Recommendations:** 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) **Challenge:** 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.

- **Recommendations:** Integrate the Social Determinants of Health into prevention, identification, and intervention efforts.
  - Access funding for Care Coordinators, Community Health Workers, Health Navigators, and Doulas.