

Engaging Partners to Improve Early Childhood Mental Health in Massachusetts

IN BRIEF

Massachusetts has implemented leading-edge approaches in early childhood mental health integration, an evidence-based approach for integrating social and emotional wellness promotion into the pediatric primary care setting. In April 2018, ASTHO interviewed Karin Downs, director of the pregnancy, infancy and early childhood division, and Kate Roper, assistant director of early childhood services at the Massachusetts Department of Public Health to learn more about the key ingredients to Massachusetts' early childhood mental health success.

This case study highlights the steps and partnerships that have enabled public and private stakeholders to develop a clear vision for improving child health by integrating social and emotional health into the pediatric primary care medical home.

BACKGROUND AND GOALS

Massachusetts has a long history of engaging private and public partners to improve children's mental health and promote healthy social and emotional development. In 2002, Governor Jane Swift created the Mental Health Commission for Children (the Commission) and charged cross-sector leaders from the commonwealth's child-serving agencies—including the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Departments of Mental Health, Public Health, Education, and Social Services—along with parents and provider representatives to develop recommendations for improving Massachusetts' mental health system for children.

The Commission issued recommendations in a [2005 report](#), laying the groundwork for the commonwealth's path forward for improving early childhood mental health (ECMH).

According to Kate Roper, assistant director of early childhood services at the Massachusetts Department of Public Health (DPH), the Commission "started the whole ECMH pathway, because it made us aware of how to work with private partners who had related goals in terms of building an early childhood mental health system."

IMPLEMENTATION STEPS

Over the years, Massachusetts public health leaders have relied upon strategic public and private partnerships to develop and implement evidence-based ECMH policy and practice models that integrate early childhood mental health into pediatric primary care medical homes. Lessons learned from subsequent the Children's Behavioral Health Initiative's work with family partners, a Children's Health Insurance Program Reauthorization Act of 2009 behavioral health integration grant, and DPH's Children and Youth with Special Health Care Needs care coordinators in primary care contributed to this work.

Setting the Early Childhood Mental Health Vision

The Commission recognized the need to “blend and braid” grant opportunities to leverage resources for maximum impact, Roper says. In 2003, DPH successfully applied for HRSA’s Early Childhood Comprehensive systems grant, establishing the [Massachusetts Early Childhood Comprehensive Systems \(MECCS\) Project](#). Under Roper’s direction, MECCS works with multi-disciplinary partners at the state and local level to strengthen the system of care for children birth to age 5 and improve outcomes for children and families.¹

Launching the Early Childhood Mental Health Integration Model

In 2006, the commissioner of the newly-formed [Massachusetts Department of Early Education and Care](#) convened leaders from multiple agencies to discuss opportunities for collaboration. The group engaged partners from DPH and other state agencies to develop an ECMH strategic plan. In 2009, the team was awarded two grants from the Substance Abuse and Mental Health Services Administration to implement the strategic plan in Boston through the [Massachusetts Young Children’s Health Initiative for Learning and Development](#) (MYCHILD) and a [Linking Actions for Unmet Needs in Children’s Health](#) (Project LAUNCH) grant.

These grants built upon and reinforced existing public and private partnerships. DPH and EOHHS partnered with the Boston Public Health Commission (BPHC), which administered the pilot projects in Boston. Recognizing the potential economies of scale from coordinating efforts, BPHC, EOHHS and DPH formed the [Partnership for Early Childhood Mental Health](#) to jointly manage both grants. Based on the programs’ [early successes](#), in 2016 the Substance Abuse and Mental Health Services Administration funded the partnership to expand the model to Springfield and Worcester.

Building on Early Childhood Mental Health Partnerships

Initiatives in recent years have further reinforced and strengthened existing partnerships—and created opportunities to align ECMH efforts across agencies and partners. For example:

- In 2016, DPH obtained funding from Zero to Three to support an early childhood summit and create a Massachusetts early childhood mental health action plan.
- DPH received a CDC [Essentials for Childhood grant](#) to support efforts to promote safe, stable, and nurturing environments and relationships to decrease or eliminate child abuse and neglect.

More About the Partnership for Early Childhood Mental Health, Project LAUNCH, and MYCHILD

The [Partnership for Early Childhood Mental Health](#)’s goal is to expand mental health services for children from birth to age 8 and their families, and to build mental health awareness and capacity in all child-serving programs and agencies.

Through [MYCHILD](#) and [Project LAUNCH](#), the partnership aims to “strengthen, expand and integrate statewide behavioral needs by creating a comprehensive system of community-based, culturally responsive, behavioral health services.”

Both projects employ a two-person team model—including an early childhood mental health clinician and a family partner—to work with primary care providers and families within pediatric practices. The [initiative](#) enhances the capacity of parents and primary care providers to prevent small problems from becoming more challenging later in life.

- In 2018, the Massachusetts Maternal Child Health Transformation Coalition, composed of BPHC, DPH, and the Massachusetts Departments of Mental Health and Early Education and Care, and various provider and human services organizations, developed a [position statement](#) outlining the importance of integrating social and emotional wellness in primary care for children from birth to age 5. It found that pediatric primary care providers are uniquely positioned to support the parent-child relationship and engage parents as partners in their child's health and development.

OUTCOMES

Massachusetts' emphasis on integrating social and emotional wellness into the pediatric medical home has a strong basis in evidence. Since most children see their pediatrician for well-child visits in their first year, these visits offer a window of opportunity to identify and address developmental concerns. Because of the early timing of pediatric screenings and interventions, issues can be caught before they cause more significant challenges later in life if left undiagnosed.² Integration also leverages scarce resources through timely and efficient consultations and referrals.³

A BPHC public health expert championed integrating ECMH into primary care under the MYCHILD and Project LAUNCH models. According to Roper, "She had learned that if you don't have someone there with a clipboard and pencil so people can fill out screening tools or help with scheduling, the whole thing will fall apart." According to the Partnership for Early Childhood Mental Health, evaluation results show positive results for enrolled parents and children, including statistically significant decreases in parenting stress and depression symptoms and improved child mental health and social emotional wellness.⁴ For example, on average, children in Project LAUNCH showed reduced risk levels as measured by the Ages and Stages Questionnaire Social Emotional tool.⁵ In addition, an Abt Associates analysis of Medicaid data found that costs for children enrolled in MYCHILD were \$164.21 less per child per month than for children in a control group.⁶

REPLICATION AND SCALING

While the Partnership for Early Childhood Mental Health's grant funding and specific partnerships may be unique to Massachusetts, many elements of this approach can be replicated. The partnership developed an [Early Childhood Mental Health Toolkit](#) that provides guidance for integrating early childhood mental health staff into a pediatric primary care setting. The model embeds a two-person team into the pediatric setting, including a mental health clinician and a "family partner," a parent of another child with developmental or mental health needs who is an experienced advocate in parent education and care coordination.

RECOMMENDATIONS FOR BUILDING AND MAINTAINING EARLY CHILDHOOD PARTNERSHIPS

Massachusetts has relied upon strategic public and private partnerships to develop evidence-based policies and programs to improve children's social and emotional health. Roper, along with Karin Downs, director of DPH's Division of Pregnancy, Infancy and Early Childhood, offered several recommendations

for states and territories that want to implement and strengthen partnerships to develop effective early childhood policies.

Take Time to Set a Common Mission and Vision

Developing a shared vision has been a key factor for sustaining momentum and partner engagement, Downs says. For example, the Maternal Child Health Transformation Coalition members developed the shared vision that all families in Massachusetts with children ages 5 and under will receive the social, emotional, and health supports and services they need to thrive.

Downs says that defining a common vision takes time but is essential for sustaining partner involvement. Involving providers, families, state and local agencies, and community voices is a key factor in developing a vision that moves all parties forward. According to Downs, “Whenever there is a bringing together of teams, it’s always important to start by asking, ‘what is the common ground?’” Further, taking the time to set a clear vision pays dividends. Once the Maternal Child Health Transformation Coalition established a common vision, Downs says, “we felt we were part of a bigger goal.”

Use a Collective Impact Approach to Leverage Stakeholder Resources and Impacts

The Massachusetts Partnership for Early Childhood Mental Health found it helpful to take a [collective impact approach](#), where a common thread links each effort to the next. According to Downs, “all the factors that go into to a strong, sustainable effort using collective impact were in place: we had an early champion, a lot of political will, [and] people came together pretty quickly around a common vision. We worked together to establish what success looked like and [identified] what the metrics were, and we aligned with different groups doing similar activities.”

As described above, strong public and private relationships have helped partners develop a common vision and compete for grants. In turn, grant awards have reinforced the need for partnerships to address complex problems.

Use Data and Assessments to Solve Problems and Inform Policy

Needs assessments—such as those required by HRSA’s Title V Maternal and Child Health Services Block Grant Program and its Maternal, Infant, and Early Childhood Home Visiting program—provide a critical opportunity for partners to identify unmet ECMH needs and develop data-informed solutions. Qualitative and quantitative data contained in the Title V needs assessment “informs our priorities...so we’re not creating a program in a vacuum,” Downs says. Instead, partners are developing programs and policies that are embedded in the state context and informed by those communities and families affected by programs.

It’s also important to engage a diverse group of committed stakeholders and champions around that data. Downs recommends “putting that issue in the middle of a very diverse table and starting from there, because once you have a common vision, other pieces fall into place.”

Deliver Clear Communications and Facilitation Support

Ongoing partnerships require clear communications and a neutral facilitator who can help stakeholders move toward a common goal. DPH hired a facilitator and neutral consultant to support its various collaborative efforts. “Facilitative leadership and excellent communications keeps us honest to make sure we’re connecting across projects,” Roper says.

Throughout each of the activities, leaders from Project LAUNCH and MYCHILD served as a continuous communication hub, “so everyone felt connected and involved,” Downs says. This built on the partnership’s strong foundation and allowed leaders to easily bring in other initiatives. Downs recommends that stakeholders work together to foster vertical communications—linking family and community input to the state agency and governor’s office—as well as lateral communications across disciplines and public and private sectors. “There can be a great effort at the community level, but if that isn’t communicated up, it may not be sustainable,” Downs says.

Build on Early, Incremental Successes

Reflecting on what has worked well for many of Massachusetts’ early childhood partnerships, Roper noted that it helps to start small by planning a small event or setting up a regular meeting that benefits all partners. These early efforts build trust and pave the way for further collaboration. “When you have that established trust that came from working on small, incremental things, it’s easier to take on more complex things,” Roper says.

Finally, success begets success. Roper says that promising results—including decreased child social and emotional challenges, decreased parental stress and depression, and cost savings—generated momentum among partners to build upon their early accomplishments. In addition, because of these early achievements, stakeholders are enthusiastic and willing to come together to address challenges. “Because there’s a lot of awareness and interest in this issue, when we have an opportunity to bring together [stakeholders to look at] a specific issue, we have a lot of champions,” Downs says.

¹ Massachusetts Executive Office of Health and Human Services. “Early Childhood Comprehensive Systems Project.” Available at <http://www.mass.gov/eohhs/gov/departments/dph/programs/family-health/early-childhood-comprehensive-systems-project.html>. Accessed 5-1-2018.

² Milbank Memorial Fund. “Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers.” Available at https://www.milbank.org/wp-content/uploads/2017/03/MMF_BHI_Executive-Summary-FINAL.pdf. Accessed 3-28-2018.

³ Ibid.

⁴ Early Childhood Mental Health Partnership. “Early Childhood Mental Health Matters...and it Works: Positive Outcomes of ECMH Integration in Primary Care.” 2017.

⁵ Association of Maternal and Child Health Programs. “Massachusetts Partnership for Early Childhood Mental Health Integration: LAUNCH/MYCHILD System of Care Model.” Available at <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/MA%20Partnership.pdf>. Accessed 5-3-2018.

⁶ Mauch D. “Early Childhood Mental Health Integration in Pediatric Primary Care.” 2018. Available at <https://www.hcfama.org/blog/early-childhood-mental-health-ecmh-integration-pediatric-primary-care>. Accessed 5-29-2018.