A Pathway for Improving Early Childhood Mental Health in Utah

March 2022

The Children's Center Utah
where hope and healing happen

"Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work, and community life." [1]

Contents

It is important to note that the Utah Early Childhood Mental Health Working Group is currently developing, evaluating, and refining implementation plans for the proposed strategies and tactics included in this document. Because program details, resource needs, and funding requests can rapidly change during this process, it is important to note that these proposed strategies and tactics may change over time, and new strategies and tactics could be added.

Future iterations of the report may be developed as the Pathway for Improving Early Childhood Mental Health in Utah evolves over time.

Introduction

National research shows Utah is among a group of states with the highest prevalence of child and adolescent mental health disorders, and the highest prevalence of youth with untreated mental health needs.[2] Based on this and other national studies, a 2020 report by the Kem C. Gardner Policy Institute estimates that 10–20% of Utah's 458,000 children between the ages of 0–8 could experience mental, emotional, developmental, or behavioral challenges.[3 4 5]

Research shows a measurable link between unmet mental health needs in a child's earliest years and lifetime outcomes, including lower rates of high school graduation, college attendance, and employment, as well as higher rates of poverty, homelessness, and involvement in the criminal justice system. National cost estimates of mental, emotional, and behavioral disorders among youth amount to $247 billion per year in mental health and health services, lost productivity, and crime.[6] Growing knowledge of brain architecture and development underscores the critical need for understanding and supporting the mental health of Utah's youngest children.

Using the 2020 Gardner Institute report "Early Childhood Mental Health in Utah" as a starting point for understanding and discussing Utah's early childhood mental health needs, The Children's Center Utah assembled the Utah Early Childhood Mental Health Working Group. The Working Group, composed of stakeholders from a variety of early childhood-related professions and backgrounds, listened to presentations from a diverse set of service providers, leaders, and researchers in Utah's early childhood system, identified areas for potential collaboration and progress, and drafted strategies and tactics to strengthen and improve early childhood mental health in Utah.

Goals

The goals of the Utah Early Childhood Mental Health Working Group are:

1. To gain a better understanding of the gaps and challenges in Utah's early childhood mental health system; and

2. Create a pathway to guide future policies and strengthen Utah's programs and outcomes.

Process

The Utah Early Childhood Mental Health Working Group began meeting monthly in January 2021. Between January and June, working group members heard presentations on programs and services supporting early childhood mental health in Utah. Using the information from these presentations, combined with their collective knowledge of Utah's early childhood mental health system, working group members considered barriers and limitations to care; coordination and implementation of programs and services; social determinants of health as contributors to the need for services; the importance of trauma-informed and evidence-based care; service equity; and the data and tools that exist or could be developed to measure need and service impact.

The presentations served to establish a shared understanding of existing early childhood mental health services in Utah. They were followed by group discussions that explored the topics in depth and identified additional gaps in the system. The group also began to outline possible areas of alignment between different programs, services, and initiatives as well as propose possible steps to strengthen the system.

Monthly presentation topics included:

- A review of the Gardner Institute's 2020 Early Childhood Mental Health Care Report (Samantha Ball, MPP, PhD and Laura Summers, MPP, Kem C. Gardner Policy Institute)

- A review of Local Mental Health Authority (LMHA) early childhood resources and challenges (Eric Tadehara, LCSW, MPA, and Codie Thurgood, LCSW, Utah Department of Human Services, Division of Substance Abuse and Mental Health, DSAMH)

- A review of trauma-informed care and The Children's Center Utah's work related to increasing collaboration, education, and training on trauma-informed care across Utah (Jennifer Mitchell, PhD, The Children's Center Utah)

- An overview of maternal and infant mental health services and approaches (Brook Dorff, MA, CHES, Utah Department of Health, and Ilse DeKoeyer, PhD, Help Me Grow)

- A discussion of public and private early childhood care programs (Lisa Davenport, PhD, Baby Watch Early Intervention Program, JoEllen Robbins, Office of Child Care, and Kellie Kohler, MPA, Office of Child Care, State Director of Collaboration for Head Start)

- A discussion of integrated physical and behavioral health pediatric clinics (Dan Braun, LCSW, Wasatch Pediatrics, and Travis Mickelson, MD, Intermountain Healthcare)

- An overview of school-based mental health resources and existing early childhood data (Christy Walker, MAED, Safe and Healthy Schools, Utah State Board of Education, and Steve Matherly, MSW, Utah Department of Health, Early Childhood Integrated Data System)

- A review of Utah's stabilization and crisis response resources (Craig Walters, MBA, Office of Quality and Design, Utah Department of Human Services, and Doran Williams, LCSW, Wasatch Behavioral Health Special Service District)

Policy Recommendation Subgroup

In June 2021, 14 working group members volunteered to be part of a policy recommendation subgroup. The subgroup met five times between June and August 2021. During this time, they drafted vision and mission statements, as well as guiding principles for developing policy recommendations. Using these guiding principles, the policy recommendation subgroup also began to identify, develop, and draft strategies and tactics to strengthen and improve Utah's early childhood mental health system.

The subgroup's draft strategies were shared with the full Working Group in October 2021 for further consideration, discussion, and revision. The Working Group met again in November 2021 to continue to revise the draft strategies as well prioritize strategies and tactics in terms of both immediacy (which ones are most important to address from a timing perspective) and potential impact (which are most important to address from a long-term impact perspective).

Ready! Resilient! Utah Early Childhood Mental Health Summit

In December 2021, Governor Spencer J. Cox and First Lady Abby Cox jointly presented Utah's second annual summit on children's mental health in partnership with The Children's Center Utah. The summit featured keynote speaker Brenda Jones Harden, PhD, Professor at the University of Maryland School of Social Work and President of the Board of Directors at ZERO TO THREE, as well as panelists Tracy Gruber, Executive Director of the Department of Human Services and incoming Executive Director of the Utah Department of Health and Human Services; Claire Son, PhD, Associate Professor at the University of Utah; and Sarah Woolsey, MD, Division Director of the Utah Department of Health Family Health and Preparedness.

The Children's Center Utah also presented the Working Group's draft vision and mission statements, guiding principles, and proposed strategies to strengthen and improve Utah's early childhood mental health system at the December summit. Over 600 participants attended the summit.

After the summit, a working lunch was hosted by First Lady Abby Cox together with The Children's Center Utah where about 65 attendees continued to build on the Working Group's efforts by providing feedback on the proposed strategies as well as discussing additional strategies that the Working Group may have missed. Attendees at the luncheon heard from a panel of early childhood mental health experts, moderated by First Lady Abby Cox, who discussed the opportunities, strengths, and challenges associated with Strategy #1. This strategy seeks to create a baseline estimate of need for early childhood mental health services by encouraging screening using the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) at all primary care check-ups, child care providers, and preschools, as well as adding the ASQ:SE as an optional universal school-based mental health screener for students entering Kindergarten.

Both the summit and the luncheon provided the Utah Early Childhood Mental Health Working Group with an opportunity to hear and collect broad public feedback on the proposed vision, mission, guiding principles, and strategies for improving Utah's early childhood mental health system. This feedback was considered and integrated into existing strategies and tactics by the Working Group where appropriate. Additional ideas to be considered in future phases of this work are included in Appendix #1.

The sections that follow outline the Utah Early Childhood Mental Health Working Group's vision and mission statements. It also includes the seven principles the group identified to guide the development of the workgroup's proposed strategies and tactics.

VISION

As the youngest state in the nation, Utah will be recognized as a leader in early childhood mental health by protecting and investing in the emotional well-being of its children, and committing to eliminating disparities in health and well-being for all population groups.

MISSION

Develop a robust early childhood mental health system that works collaboratively to improve the emotional health of every child in Utah by:

- Addressing a full range of early childhood mental health needs, from pregnant and postpartum women to children up to age eight, using a dyadic, multi-generational, and all-caregiver perspective to help every child develop a solid foundation of physical and emotional health from which they can overcome any adversity encountered later in life.

- Ensuring access to appropriate services across the early childhood mental health continuum, including increasing awareness of early child development and mental health services, as well as increasing support for evidence-based/informed, trauma-informed, universal and targeted prevention, comprehensive early intervention, and intensive treatment.

- Improving coordination and collaboration both between entities within the early childhood mental health system and with additional partners and stakeholders outside of the early childhood mental health system.

GUIDING PRINCIPLES

Seven principles helped guide the development of the Utah Early Childhood Mental Health Working Group's proposed strategies and tactics for improving early childhood mental health in Utah:

1. Strategies should positively impact the entire family and all caregivers.

2. Strategies should build the emotional strength of each child through approaches that promote positive relationships and experiences.

3. Strategies should be culturally responsive and reflective of families' choices, different communities' mental health needs, and health disparities in economically disadvantaged communities, historically marginalized communities, and communities with unique health needs.

4. Although the Working Group's effort is primarily focused on children ages birth-8, strategies should be considered in the broader context of Utah's full mental health system, particularly existing efforts to provide services to children up to age 17.

5. Strategies should be considered in the broader context of Utah's child-serving systems.

6. Strategies should be framed as "investments in our future," using strength-based language such as resiliency, emotional wellness, emotional wealth, being healthier, and building strength and creativity: *Every dollar spent is an investment in our future. The earlier you invest the greater the benefit to the child, family, and society over time.*

7. Strategies should involve a wide-range of traditional and non-traditional stakeholder/partners who have a shared interest in healthy physical and emotional foundations for children.

Moving forward, these principles will continue to guide the development of the operational steps necessary to carry out each strategy and tactic.

Strategies and Tactics

Because young children are dependent on adults for their care, and mental health is influenced by factors such as safety, shelter, and stable relationships, the entities contributing to early childhood mental health span a wide gamut, including: Utah's LMHAs and mental health providers, pediatric and family physician offices, home-visiting programs, child care programs, foster care, public and private preschool programs, elementary schools, and many others. As such, improving early childhood mental health in Utah requires an organized, comprehensive, and coordinated approach that eliminates existing gaps and enhances current services. It also requires taking initial steps to system improvement while continually evaluating the impacts of these steps in the context of an evolving behavioral health system.

The Utah Early Childhood Mental Health Working Group's conversations began as a discussion of concerns and priorities related to improving early childhood mental health in Utah. From these discussions, the Working Group then developed eight strategies, as well as specific tactics that can be used to achieve each strategy. The blue tables on the following pages provide a detailed look at the Working Group's proposed strategies and tactics. Specific ideas related to the strategies and tactics are also included for additional context.

It is important to note that the Utah Early Childhood Mental Health Working Group is currently developing, evaluating, and refining implementation plans for the following proposed strategies and tactics. Because strategies, tactics, program details, resource needs, and funding requests can rapidly change during this process, this report includes only summary details on each strategy and tactic proposed to date. For more information about these strategies and tactics, please contact The Children's Center Utah.

Additionally, when a broad term like the word "support" is used as part of a tactic, it can be understood as the intention to look for opportunities to advance the issue in any number of ways, including assembling stakeholder meetings, identifying funding sources, improving collaboration between entities, creating educational materials, or speaking in favor of the issue as opportunities are recognized. Future work will determine which types of support are most beneficial to advancing the tactic's objectives at different times and in different settings.

Complete List of Strategies:

STRATEGY #1:
Create a baseline estimate of need for early childhood mental health services.

STRATEGY #2:
Collaborate and coordinate with a wide variety of partners to support early childhood mental health through education, resources, and early childhood caregiver and provider support.

STRATEGY #3:
Increase early childhood mental health awareness, promotion, and prevention-related activities to increase understanding and reduce stigma related to mental health.

STRATEGY #4:
Increase integration of physical and behavioral health for children.

STRATEGY #5:
Create incentives to help develop and retain a robust early childhood mental health workforce.

STRATEGY #6:
Develop and provide early childhood mental health training for all early childhood caregivers and providers.

STRATEGY #7:
Estimate the long-term value of early childhood mental health in Utah.

STRATEGY #8:
Decrease disparities in early childhood mental health access and outcomes for different population groups.

Following is a full list of strategies and associated tactics. Respecting this need for an organized approach to system improvement, The Children Center Utah's pathway to improvement also includes a subset of prioritized strategies and tactics, including: (1) "high, near-term priorities," (2) high, near-term priorities requiring fewer resources to implement ("low-hanging fruit"), and (3) "high, long-term priorities" or priorities that are critical to strengthening and improving Utah's early childhood mental health system, and will likely take longer to implement due to required system and policy changes or data needs. Some tactics are highlighted independently of the strategy with which they are associated. These prioritized strategies and tactics are listed in their own section following the complete list of strategies and tactics.

High, Near-Term Priorities	Low-Hanging Fruit Priorities	High, Long-term Priorities

STRATEGY #1:

Create a baseline estimate of need for early childhood mental health services.

Tactics to support or enhance current initiatives:

a) Support Early Childhood Utah's (ECU) implementation plan to encourage screening using the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) at all primary care check-ups, child care providers, and preschools. *See text box below for considerations discussed at December 2021 panel discussion.*

b) Support sequential ASQ:SE screening observation via Utah's Child Health Advanced Records Management (CHARM) program and continued development of non-identified reports via Utah's Early Childhood Integrated Data System (ECIDS).

Other proposed tactics:

c) Issue universal, opt-in school-based mental health screenings (supported by HB 323, 2020) using the ASQ:SE. This could help reduce stigma by treating early childhood mental health assessment as part of kindergarten readiness and aligning it with regular vision and hearing screening expectations. It also recognizes social emotional development as a precursor to academic readiness. Seeking legislation and approval from Utah State Board of Education (USBE) for use of ASQ:SE screening tool in schools is the first step in pursuing this tactic.

d) Work with experts from the Office of Child Care, ECU, and The Children's Center Utah's Early Childhood Consultation and Training team to: (1) develop a definition for "soft expulsions;" and (2) develop wording for a question that could be included in a screening or assessment to determine the number of preschool and child care expulsions a child has experienced.

Other possible data points being considered for creating a baseline estimate of need for early childhood mental health services include:

- Develop a smaller-scale study that leverages the ASQ:SE to create a baseline estimate for early childhood mental health services (e.g., issue the ASQ:SE questionnaire to a validated, representative sample of Utah's population).

- Create an estimate of unmet need (i.e., the number of Utah children who are not in services and who do not have access to screening, identification, triage, etc.). Could be based on ASQ:SE assessments and other data.

- Adjust BRFSS (Behavioral Risk Factor Surveillance System) to measure parents' mental health and their awareness of infant/child emotional needs (measure annually to evaluate change over time).

- Leverage existing maternal mental health screening and needs data (e.g., PRAMS)

- Develop an early childhood mental health specific survey (e.g., CO's Healthy Kids Survey or leverage BRFSS).

- Leverage current or new Utah Medicaid or Utah Medicaid Accountable Care Organization (ACO) measures (see strategy #4: Medicaid dashboard).

- Review and collect related Adverse Childhood Experiences (ACEs) measures. For example, the number of children receiving services from Utah's Division of Child and Family Services, the number of children entering the foster care system, rates of domestic violence, etc.

Adopt the ASQ:SE as an Optional Universal Screener for Kids 0-6: Opportunities, Strengths, and Possible Challenges

In December 2021, a panel of early childhood mental health experts met to discuss the opportunities, strengths, and possible challenges associated with Strategy #1. This strategy seeks to create a baseline estimate of need for early childhood mental health services by encouraging screening using the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) at all primary care check-ups, child care providers, and preschools, as well as adding the ASQ:SE as an optional universal school-based mental health screener for students entering kindergarten. Below is a summary of the panel's discussion, as well as feedback provided by the broader audience.[*]

Procedural Strengths

- Although none of the mental health screeners approved for Utah schools are appropriate for children ages birth - 6, the ASQ:SE has been approved as a statewide screener as part of the state implementation plan approved by the Governor's Early Childhood Commission.
- CHARMs platform will allow a child's provider to link in and see the child's score.
- Provides data needed to create a measure of need for ECMH services and treatment (ECIDs will be able to track de-identified information from these screeners to provide a broad overview of children's mental health needs).
- Provides vetted high-quality data to conduct research.
- Has potential to track outcomes over time.
- Can provide disaggregated data on diverse populations that will allow for more targeted care.
- Consistent with current efforts to integrate behavioral and physical health care.
- Aligns with increased interest in and plans for regular early childhood mental health screenings (calls for age-appropriate mental health screeners at schools were included in both the Governor's Early Childhood Commission-approved state implementation plan and HB 323, 2020).

Characteristic Strengths

- Accessible
- Easy to Use
- Short time to fill out (about 15 minutes)
- Cost-effective
- Parent/Caregiver fills out assessment (and knows most about the child)
- Designed for a wide audience
- Broad and trauma-focused
- Available in multiple languages
- Standardized to diverse populations
- Relevant to different ages
- Accounts for age and birth development trajectory
- Relatively easy to score
- Provides psychological development education for parents

Possible Challenges

- Adequate support services may not be available for the needs identified by ASQ:SE screenings.
- Some doctors do not feel trained in behavioral health. They would need to have mental health providers to refer to if the screening indicated a need.
- Administering the ASQ:SE requires training. Results need to be interpreted correctly and accuracy is important.
- Administering the ASQ:SE comes with a cost. Requires staff time to score as well as the actual cost of using the ASQ:SE screener. Doctors tend to use a free assessments like the one aimed at identifying autism.[†]
- Doctors only have about 15 minutes to review both health and health-related issues such as COVID protocol, bike helmets, immunization, and physical development. They also will need time for follow up conversations with parents and caregivers. As such, they will need education about why this is important and why ASQ:SE is the optimal standard.
- Patient portals do not communicate with the state systems. There is concern that there would need to be a unique link for each provider or entity submitting ASQ:SE scores and some entities might need someone to manually enter paper versions.
- Results need to be shared across the system to be effective. Sharing these data can be difficult given patient and student privacy rules and regulations.
- Educators feel spread thin. Need to consider the additional time and work this will place on Kindergarten teachers and other school mental health providers.
- Need to coordinate with USBE regarding the implementation of this screener, data submission and collection, and how to balance the need for data, response to intervention, and academic instruction in a limited amount of time.
- Need to consider both legal and best practice requirements to administer a screener in the school system.
- Currently, educators must attend a training, notify USBE, and obtain parental permission to administer a screener to children in Utah's school system. Creating an opt-out system like the one used for vision and hearing would require discussion.

STRATEGY #2:

Collaborate and coordinate with a wide variety of partners to support early childhood mental health through education, resources, and early childhood caregiver and provider support.

Proposed tactics:

a) ✅ Develop a glossary of terms to include in all documents and presentations to promote common terminology (definitions/language) across the early childhood mental health system and help build collaboration, coordination, and shared understanding. DSAMH could lead or assist with the development of this glossary.

b) Develop resources and materials that can be distributed to and by a variety of early childhood mental health partners, providers, and caregivers.

c) Support increased awareness of, access to, and availability of Stabilization and Mobile Response (SMR) teams for young children.

d) Create resources, systems, and supports to improve referrals and "warm hand-offs" between entities providing early childhood mental health services.

e) Secure funding and dedicated state staff to support the Early Childhood Utah Advisory Council and the Governor's Early Childhood Commission. Both of these entities provide a common reference point for work on early childhood issues, including mental health, and having dedicated funding and staff support for these entities could help enhance collaboration and coordination of early childhood mental health efforts.

Specific ideas related to the dispersal of resources and materials created through tactic (b) includes:

- Create fact sheets and resource lists for providers across different disciplines, but using common terminology. Examples of providers could include, but are not limited to: (1) early childhood providers; (2) community health workers; (3) pediatricians; and (4) early childhood mental health professionals.

- Work with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to incorporate early childhood mental health education and resources (e.g., "nourish and nurture" efforts).

- Develop resources and materials that can be used and promoted in faith-based communities (e.g., see ideas regarding brain development under strategy #3a).

- Develop resources and materials that can be used and promoted to every parent in pediatric and general practice offices (e.g., see ideas regarding brain development under strategy #3a).

- Provide educational materials to Employee Assistance Programs (EAP) for promotion.

Ideas related to creating resources, systems, and supports to improve referrals and "warm hand-offs" in tactic (d) includes:

- Develop a list of early childhood mental health programs; or

- Develop a list of existing referral entities, programs, and websites that provide lists of early childhood mental health programs.

STRATEGY #3:

Increase early childhood mental health awareness, promotion, and prevention-related activities to increase understanding and reduce stigma related to mental health.

Proposed tactic:

a) Develop early childhood mental health public education campaign(s) that increase(s) awareness of the importance of:

  (1) Early childhood development (by connecting it to adult health and well-being);

  (2) The value of early assessments; and

  (3) The availability of existing resources (e.g., "Immunize by Two").

Possible ideas related to the tactic above include:

- Create public-facing materials that describe:

  o The sensitive nature of early brain development;

  o The negative impact of screen-time on early childhood development and mental health, and the positive impact of healthy relationships;

  o The connection between mental health and early childhood education (ages 3–5) and how mental health supports resilience, social and emotional development, and pre-academic readiness;

  o The necessity of investing early in mental health in order to have improved health, well-being, and productivity outcomes later in life;

  o The potential developmental and lifetime repercussions associated with adverse childhood experiences (ACEs) and lack of early childhood mental health resources (potentially incorporate resources and materials developed for Strategy #2); and

  o The protective factors and examples of actions that support early childhood mental health.

- Distribute materials directly to early childhood caregivers, providers, mental health professionals, legislators, policymakers, and other groups.

- Develop public service videos and educational materials.

Example ideas for visuals to use in the public service videos or educational materials include:

- A cartoon video illustrating a parent responding "just in time" to a toddling child encountering an obstacle (a metaphor of the quick response needed to ensure good mental health).

- A three-legged stool of nutrition, education, and emotional support where the child requires all three legs to thrive.

- Adopting a SHARP survey graphic.

  o Partner with child care operators to present public service videos/materials to parents.

  o Develop QR codes that could be placed in the diaper aisles of grocery stores that play public service videos (perhaps couple with coupons for baby supplies).

- Enlist local morning talk show hosts to model involving/ talking/ reading to their own children.

- Partner with libraries to spotlight children's books regarding early childhood mental health, stress, and resilience.

- Provide guides to parents about promoting emotional wellness and community well-being.

- Provide resources to early childhood mental health champions regarding the negative implications of toxic stress and the importance of early childhood mental health.

STRATEGY #4:

Increase integration of physical and behavioral health for children.

Proposed tactics related to Medicaid:

a) Encourage Utah's Medicaid ACOs to be more transparent by creating a dashboard or report on Medicaid early childhood health and screening measures.

b) Include behavioral health well-child checks as part of physical well-child checks for Medicaid ACOs.

c) ✅ Explore how best to leverage the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to expand access to mental health screenings, assessments, and treatment to Medicaid-enrolled children, including in school-based settings.

Proposed tactics related to commercial health insurance:

d) ✅ Encourage private payers to support integrated physical and behavioral health.

e) Publish data (like HEDIS measures) on early childhood mental health to encourage private payers to improve coverage and reimbursement.

Proposed tactics related to coding and billing:

f) Explore possible improvements to existing diagnostic procedures, associated billing processes, and codes for children ages 0–5 years for both Medicaid and commercial coverage.

Ideas related to the tactics above include:

a) Encourage Utah's Medicaid ACOs to be more transparent:

- Enlist Medicaid, Utah's Children's Health Insurance Program (CHIP), and perhaps Comagine, to publish data on each ACO's reported number of developmental screenings, mental health screenings, maternal mental health screenings, behavioral health well-child checks, access to and successful mental health referrals (e.g. to LMHAs), etc.

- Consider whether certain measures could become ACO quality measures, be tied to an incentive payment, or a Performance Improvement Project (PIP).

c) Explore how best to leverage the Medicaid EPSDT benefit:

- Organize meetings between early childhood mental health experts, Utah Medicaid officials, LMHAs and other Medicaid-enrolled providers, and key stakeholders to begin discussing what EPSTD covers and how to maximize use of the EPSDT benefit to improve the provision of early

childhood mental health services (e.g., coverage of mental health screening, diagnosis, and treatment through the EPSTD benefit).

- Evaluate what early childhood mental health services are already being billed for in Medicaid and through what channels (i.e., capitated Medicaid vs. LMHAs).

- Evaluate what clarifications or changes need to be made to the Medicaid billing and reimbursement process to allow providers in both channels to effectively bill for EPSDT and other early childhood mental health services, and whether these changes need to be made at the state or federal level.

- Determine what gaps and barriers for early childhood mental health services exist within Medicaid and how these could be addressed through the EPSDT benefit.

- Determine if there may be other pathways to address existing gaps and barriers for services outside of the EPSDT benefit, and whether these pathways could also be used for the uninsured and private insurance population (e.g., diagnosis provided by local health departments).

- Clarify and promote awareness that mental health screening, diagnosis, and treatment are part of the EPSDT benefit.

- Evaluate what changes need to be made to expand access to the EPSDT benefit through school-based settings (e.g., Michigan's Medicaid state plan amendment allows districts to bill for school-based services provided to both IEP and non-IEP students.)

d) Encourage private payers to support integrated physical and behavioral health:

- Coordinate messaging to encourage the use and reimbursement of ASQ:SE screenings in all pediatric practices.

- Encourage coverage of necessary mental health care identified by the screenings and through other settings.

- Work with the Utah Department of Insurance or commission a study to better understand how and to what level private insurance companies in Utah are covering early childhood mental health services (e.g., services, coverage restrictions, etc.)

- Consider incentives for private insurance companies to cover early childhood mental health services. For example, what incentives could encourage self-funded health insurance plans to improve coverage of early childhood mental health services given they are exempt from state regulations?

STRATEGY #5:

Create incentives to help develop and retain a robust early childhood mental health workforce.

Tactics to support or enhance current initiatives:

a) ✅ Promote a common platform for early childhood mental health certificates and specialized trainings. Specifically, advertise and promote the Infant Mental Health (IMH) endorsement competency system being launched by Utah Association for Infant Mental Health (UAIMH): the "Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health.®"

b) Ensure trainings align with the Alliance for the Advancement of Infant Mental Health competency and endorsement system adopted by the state.

c) Continue to support, promote, and integrate early childhood development and mental health training into college/university programs, including the University of Utah Department of Psychology's IECMH Certificate, the University of Utah Department of Special Education's EI specialist credential, Utah State University's trauma-training program, Weber State programs, etc.

d) Work with DSAMH to continue to ensure that a sufficient number of qualified school-based providers exist to provide services in a school-based setting or can refer students to a partnering mental health clinic or provider (e.g., LMHAs).

e) Support DSAMH's multicultural committee in addressing professional licensing/testing barriers for BIPOC and minority cultures to become therapists.

Other proposed tactics:

f) Institute reimbursement for providers with infant mental health (IMH) specific training or credentials.

STRATEGY #6:

Develop and provide early childhood mental health training for all early childhood caregivers and providers.

Tactics to support or enhance current initiatives:

a) Continue to support early childhood mental health trainings provided to child care providers, such as training provided by The Children's Center Utah, the University of Utah Department of Educational Psychology (rural mental health training program), etc.

Other proposed tactics:

b) Define and determine which early childhood "caregivers" would benefit from training, education, and support (i.e., first responders, teachers, other non-mental health professionals who interact with children and support a child's mental health because of the child's reliance on adults at a young age).

c) Define and determine appropriate education and training platforms (for instance, materials and resources rather than formalized training). Different materials and training opportunities may be developed for different early childhood caregivers and provider types.

d) Partner with Trauma-Informed Utah to bring together champions of trauma-informed practice and early childhood mental health across public school districts.

e) Develop emotional resiliency training, outreach, resources, and educational opportunities for all early childhood caregivers and providers.

Note: DSAMH funding provided by HB 337 (2021) to support training and education for child care providers on child behavioral health and best practices for early child mental health support and interventions. As such, funding for public education efforts, strategy #2, may overlap.

STRATEGY #7:

Estimate the long-term value of early childhood mental health in Utah.

Proposed tactics related to measuring the ROI for early childhood mental health:

a) Conduct an economic impact or ROI study on the value of early childhood mental health in Utah.

b) Begin to collect data to measure the long-term success of mental health efforts in terms of health and life outcomes, while emphasizing the need for immediate investment in evidence-based strategies to provide today's children with resilience in confronting future adverse experiences.

Proposed tactics related to outreach or awareness measures:

c) Generate outreach measurement data. For example, survey households whether they heard the message, how many messages were promulgated, how many early childhood service providers (child care providers, preschools) actively participated in the messaging, etc.

STRATEGY #8:

Decrease disparities in early childhood mental health access and outcomes for different population groups.

Proposed tactics:

a) Include race, ethnicity, and other minority groups as part of any data collected to measure disparities and estimate need and unmet need.

b) Include race and ethnicity as part of outreach measurement data collection.

c) Document the need for mental health services delivered in a second language or to individuals for whom English is a second language.

d) Improve the availability of early childhood mental health programs, services, and supports provided to undocumented children.

e) Support the mental health needs of children with co-existing disabilities.

f) Continue to explore and consider ways to address the mental health needs of additional populations and groups that may benefit from targeted outreach, services, or research initiatives.

Prioritized Strategies and Tactics

✓ High, Near-Term Priorities:

Strategy	Tactic
Strategy #1: *Create a baseline estimate of need for early childhood mental health services.*	**Strategy #1 High, Near-term Tactics:** • Support Early Childhood Utah's (ECU) implementation plan to encourage screening using the Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) at all primary care check-ups, child care providers, and preschools. • Support sequential ASQ:SE screening observation via Utah's Child Health Advanced Records Management (CHARM) program and continued development of non-identified reports via Utah's Early Childhood Integrated Data System (ECIDS). • Issue optional universal school-based mental health screenings, using the ASQ:SE, at the same time Utah's Pre-kindergarten Entry and Exit Profile (PEEP) and Kindergarten Entry and Exit Profile (KEEP) assessments are conducted. • Work with experts from the Office of Child Care, ECU, and The Children's Center Utah's Early Childhood Consultation and Training team to: (1) develop a definition for "soft expulsions;" and (2) develop a soft expulsion screening/assessment question to determine the number of preschool and child care expulsions a child has experienced.

Strategy	Tactic
Strategy #3: *Increase early childhood mental health awareness, promotion, and prevention-related activities to increase understanding and reduce stigma related to mental health.*	**Strategy #3 High, Near-term Tactics:** Develop early childhood mental health public education campaign(s) that increase(s) awareness of the importance of: 1) Early childhood development (by connecting it to adult health and well-being); 2) The value of early assessments; and 3) The availability of existing resources.

Strategy	Tactic
Strategy #4: *Increase integration of physical and behavioral health for children.*	**Strategy #4 High, Near-term Tactic:** Explore how best to leverage the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to expand access to mental health screenings, diagnosis, and treatment to Medicaid-enrolled children, including in school-based settings.

✔ Low-Hanging Fruit Priorities:

Strategy	Tactic
Strategy #2: *Collaborate and coordinate with a wide variety of partners to support early childhood mental health through education, resources, and early childhood caregiver and provider support.*	**Strategy #2 Low-Hanging Fruit Tactic:** Develop a glossary of common terms and include in all documents and presentations to promote common terminology (definitions/language) across the early childhood mental health system.

Strategy	Tactic
Strategy #5: *Create incentives to help develop and retain a robust early childhood mental health workforce.*	**Strategy #5 Low-Hanging Fruit Tactic:** Promote a common platform for early childhood mental health certificates and specialized trainings. Specifically, advertise and promote the Infant Mental Health (IMH) endorsement competency system being launched by Utah Association for Infant Mental Health (UAIMH): the "Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant & Early Childhood Mental Health®"[7].

✔ High, Long-Term Priorities:

Strategy	Tactic
Strategy #4: *Increase integration of physical and behavioral health for children.*	**Strategy #4 Long-Term Importance Tactic:** Encourage private payers to support integrated physical and behavioral health.

Strategy	Tactic
Strategy #7: *Estimate the long-term value of early childhood mental health in Utah.*	**Strategy #7 Long-Term Importance Tactic:** Conduct an economic impact or return on investment (ROI) study on the value of early childhood mental health in Utah. Begin to collect data to measure the long-term success of mental health efforts in terms of health and life outcomes, while emphasizing the need for immediate investment in evidence-based strategies to provide today's children with resilience in confronting future adverse experiences.

Next Steps

The Utah Early Childhood Mental Health Working Group will continue to meet throughout 2022 to continue to evaluate and refine the operational steps, implementation plans, and timing for each strategy and tactic.

Because program details, resource needs, and funding requests can rapidly change during this process, it is important to note that these proposed strategies and tactics may change over time, and new strategies and tactics could be added. Future iterations of the report may be developed as the Pathway for Improving Early Childhood Mental Health in Utah evolves over time.

That said, some broad next steps the Working Group plans to engage in include:

1. Divide the Utah Early Childhood Mental Health Working Group into subgroups to begin evaluating and developing implementation plans for prioritized strategies and tactics.

2. Create a transparent public communication plan to raise awareness of the Workgroup's purpose and proposed strategies.

3. Strengthen the diversity of the Working Group's membership by inviting broader representation to participate in the group and subgroups, including but not limited to:

   a. Local community programs and stakeholders to assist in the development and implementation of the Workgroup's prioritized strategies and tactics.

   b. Additional early childhood mental health experts as they relate to specific strategies and tactics.

   c. A diverse group of parents as appropriate (recognizing that their engagement requires removing barriers to participation such as child care and transportation).

   d. Others as needed.

4. Explore existing and future state and federal funding opportunities to support the strategies and tactics presented above and help improve Utah's early childhood mental health system.

Appendix #1: Additional Ideas from the Ready! Resilient! Utah Early Childhood Mental Health Summit and Working Luncheon

The Ready! Resilient! Utah Early Childhood Mental Health Summit, and subsequent working luncheon hosted by First Lady Abby Cox together with The Children's Center Utah, provided an opportunity for broad public feedback on the proposed vision, mission, guiding principles, and strategies for improving Utah's early childhood mental health system. This feedback was considered and integrated into existing strategies and tactics by the Working Group where appropriate.

Additional ideas to be considered in future phases of this work are listed below. Note that the proposed ideas aligned strategies #2, 4, 5, 6, and 8, so not every strategy is listed below.

Strategy #2: Collaborate and coordinate with a wide variety of partners to support early childhood mental health through education, resources, and early childhood caregiver and provider support.

Support increased awareness of, access to, and availability of early childhood mental health programs, including, but not limited to:

- Programs that align with or are striving to achieve the eight proposed strategies outlined in this document.

- Maternal, infant, and early childhood mental health home visitation programs.

- Programs that provide education on the diagnosis and mental health impacts of ADHD.

- Programs that provide full cognitive mental health assessments.

- Programs that support brain development for children who have experienced significant adversity.

- Local community programs that have targeted reach.

Strategy #4: Increase integration of physical and behavioral health for children.

- Determine adequate reimbursement levels for early childhood mental health screeners.

- Explore whether the EPSDT benefit supports related screeners, such as the SEEK (Safe Environments for Every Kid) questionnaire, or whether other coverage mechanisms should be considered.

Strategy #5: Create incentives to help develop and retain a robust early childhood mental health workforce.

- Support DSAMH's efforts to expand the use of non-licensed professionals in the mental health field (e.g., child and family peer supports) in order to allow licensed mental health professionals to practice at the top of their license.

- Support improvements to Utah's licensure process to allow mental health professionals from other states obtain Utah licenses more quickly.

- Develop programs that support public educators pursuing a degree in social work.

Strategy #6: Develop and provide early childhood mental health training for all early childhood caregivers and providers.

- Support increased pay for child care providers and the early childhood development workforce.

- Support training for program administrators so they can be supportive and responsive to staff who may be experiencing secondary stress and trauma.

Strategy #8: Decrease disparities in early childhood mental health access and outcomes for different population groups.

- Update the state-level qualifying factors for children receiving early intervention services to be inclusive of early childhood mental health (note: would need to ensure appropriate referral services are also available).

Appendix #2: Utah Early Childhood Mental Health Working Group Members

Current working group members as of January 2022.

Tammer Attallah, MBA, LCSW: Executive Clinical Director, Behavioral Health Clinical Program, Intermountain Healthcare

Rebecca Banner: Director, Office of Child Care, Department of Workforce Services

Greg Bell: President and CEO, Utah Hospital Association

Dan Braun, LCSW: Behavioral Health Integration Director, Wasatch Pediatrics

William (Bill) Cosgrove, MD: Pediatrician, Retired

Brittney Cummins: Senior Advisor for Education, Governor's Office

Neal Davis, MD, MS: Pediatrician, Intermountain Medical Group

Ilse DeKoeyer, PhD: Past President, Utah Association for Infant Mental Health; Associate Professor (Lecturer), University of Utah; Child Development Specialist, Help Me Grow Utah

Sydnee Dickson, EdD: Utah State Superintendent of Public Education, Utah State Board of Education

Nic Dunn: Director, Utah Community Builders Foundation

Rebecca J. Dutson: President and CEO, The Children's Center Utah

Representative Steve Eliason: State Representative, HD 45, Utah House of Representatives

Joey Hanna: Executive Director, Utah Parent Center

Moe Hickey: Executive Director, Voices for Utah Children

Teresa Judd: Preschool Special Education and Deaf/HH Specialist, Utah State Board of Education

Brooks Keeshin, MD: Child Psychiatrist, University of Utah, Departments of Pediatrics and Psychiatry; Child Abuse Pediatrician, Primary Children's Center for Safe and Healthy Families

Alysse Loomis, PhD, LCSW: Assistant Professor, College of Social Work, University of Utah

Ashley Lower, EdS: Behavior Specialist, Utah State Board of Education

Jessie Mandle, MPH: Deputy Director and Senior Health Policy Analyst, Voices for Utah Children

Jennifer Mitchell, PhD: Vice President, Clinical Strategy and Innovation, The Children's Center Utah

Mikelle Moore: Senior Vice President and Chief Community Health Officer, Intermountain Healthcare

Jennifer O'Donohoe, MD: Day Treatment Medical Director, Huntsman Mental Health Institute

Kathleen Pitcher Tobey, MS: Board Chair, The Children's Center Utah

Janelle Robinson, MBA, MHA, FACHE: Behavioral Health Service Line Director, Intermountain Medical Group

Eric Tadehara, LCSW, MPA: Assistant Director, Children's Behavioral Health, Utah Division of Substance Abuse and Mental Health

Doug Thomas, MSW, LCSW: Community Health Director (Current), Intermountain Community Health; Director (Previous), Utah Division of Substance Abuse and Mental Health

Codie Thurgood, LCSW: Children, Youth, and Families Program Admin I, Utah Division of Substance Abuse and Mental Health

Katy Welkie, MBA: Vice President, Intermountain Children's Health; CEO, Primary Children's Hospital

Doran Williams, LCSW: Associate Director, COO, and Corporate Compliance Officer, Wasatch Behavioral Health

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Facilitators: Kem C. Gardner Policy Institute

Samantha W. Ball, MPP, Ph.D, Senior Research Associate

Laura Summers, MPP, Senior Health Care Analyst

Appendix #3: Policy Recommendation Subgroup Members

Members:

Dan Braun, LCSW, Behavioral Health Integration Director, Wasatch Pediatrics

William (Bill) Cosgrove, MD, Pediatrician, retired

Brook Dorff, MA, CHES, Maternal Mental Health Specialist, Utah Department of Health

Rebecca J. Dutson, President and CEO, The Children's Center Utah

Erin Jemison, MPA, Independent Consultant

Teresa Judd, Preschool Special Education and Deaf/HH Specialist, Utah State Board of Education

Jessie Mandle, MPH, Deputy Director and Senior Health Policy Analyst, Voices for Utah Children

Jennifer Mitchell, PhD, Vice President, Clinical Strategy and Innovation, The Children's Center Utah

Eric Tadehara, LCSW, MPA, Assistant Director, Children's Behavioral Health, DSAMH

Codie Thurgood, LCSW, Children, Youth, and Families Program Admin I, DSAMH

Lindsay Usry, MPH, Director of Infant and Early Childhood Mental Health Strategy, The Policy Center, ZERO TO THREE

Doran Williams, LCSW, Associate Director, COO, and Corporate Compliance Officer, Wasatch Behavioral Health

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Facilitators: Kem C. Gardner Policy Institute

Samantha W. Ball, MPP, PhD, Senior Research Associate

Laura Summers, MPP, Senior Health Care Analyst

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