Massachusetts Partnership for Early Childhood Mental Health Integration: LAUNCH/MYCHILD/System of Care Model

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BACKGROUND

The LAUNCH/MYCHILD Model is an early childhood mental health model that integrates early childhood mental health services into pediatric primary care medical homes. The Massachusetts Project LAUNCH and MYCHILD programs were Substance Abuse and Mental Health Services Administration (SAMHSA)-funded grants focusing on behavioral health promotion and prevention (LAUNCH) and prevention and intervention (MYCHILD) for infants, young children, and their families. The model embeds an Early Childhood Mental Health Clinician and a Family Partner with lived experience within pediatric practices in community health medical home settings.

Project LAUNCH was awarded to the Massachusetts Department of Public Health (DPH) in 2009, and evaluation of the project was conducted by the Institute on Urban Health Research and Practice (IUHRP) at Northeastern University. The Massachusetts Young Children’s Health Initiative for Learning and Development (MYCHILD) was funded in 2009 by the SAMHSA as a local System of Care grant of the Children’s Mental Health Initiative (CMHI). The Massachusetts Executive Office of Health and Human Services (EOHHS) was awarded the grant; evaluation of the project was conducted by Abt Associates, Inc. Both grants were piloted in the city of Boston administered by the Boston Public Health Commission’s (BPHC) Early Childhood Mental Health Team. With permission from SAMHSA, Massachusetts linked the LAUNCH and MYCHILD programs together under a state/local Partnership for Early Childhood Mental Health Integration which is coordinated by BPHC, DPH and EOHHS.

PROGRAM OBJECTIVES

Massachusetts Project LAUNCH provided enhanced screening and assessment for infants and young children, in order to identify any social, emotional, and behavioral problems early and to provide appropriate services and referrals. Project LAUNCH sought to improve family environments by partnering with the family and pediatric providers to strengthen knowledge of child development, parenting skills, parenting skills, and utilization of community resources. A primary objective of services was to increase social and emotional well-being for children and reduce parental stress and depression. Another objective of the program was to lower utilization of high-cost health services relative to children seen in a comparison site and relative to children not enrolled in Massachusetts LAUNCH who have similar demographic profiles in other areas of the state.

The goals of MYCHILD were to identify young children showing warning signs of serious emotional disturbance (SED) and/or exposed to “toxic stress” as early as possible; to link these children and their families to accessible, affordable, coordinated, culturally and linguistically competent services; to expand service capacity to provide community based mental health clinical and consultation services in children’s natural environments; to provide training of the early childhood and family support workforce to recognize and respond to Infant and Early Childhood Mental Health (IECMH) issues using evidence-based, developmentally-appropriate, relationship-based tools and practices; and to evaluate the model so that continuous improvement is facilitated and return on investment of early intervention and treatment is assessed.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

#11: Percent of children with and without special health care needs having a medical home
TARGET POPULATION SERVED

Project LAUNCH aimed to promote the physical, emotional, social, and behavioral health of young children aged birth to 8 years by enhancing the early childhood service system for high-risk families. MYCHILD served children with Serious Emotional Disturbance (SED), or at imminent risk of developing SED, aged birth through the end of first grade. Services were provided at 7 community health centers/medical homes in Boston.

PROGRAM ACTIVITIES

The Family Partner-Clinician teams provide social-emotional health promotion, prevention, and intervention activities. Clinicians and Family Partners work together and provide comprehensive, family-centered, culturally competent, evidence-based services to address the social and emotional needs of vulnerable children and families. The assessment and care planning process is guided by principles of the Wraparound Approach, including full implementation of child and family screens, assessments, and care coordination. Staff provides services, processes referrals, and connects families to community-based services and programs.

Staff members provide consultation and support within the primary care clinic regarding early childhood mental health, and conduct mental health consultation in early care and education settings. A joint management team oversees the two programs at the state level. Professional development for program staff is conducted jointly as well, through the LAUNCH and MYCHILD Medical Home Learning Collaborative. Each site’s early childhood mental health clinician, family partner, a pediatrician, and an administrator, participated in annual two-day learning sessions focused on family-centered services, coordinated care, and relationship-based case consultation practices. Teams at each site design and implement Quality Improvement (QI) projects and receive support to complete their projects. The Learning Collaborative aims to build early childhood mental health capacity throughout the primary care settings beyond project staff.

Project LAUNCH staff used the Family Nurturing Program (FNP) materials in home visits and implemented the Pyramid Model of early childhood positive behavior support as part of the family strengthening work. MYCHILD staff delivered evidence-based treatment and promising practices including parent-child psychotherapy, parent-child interaction therapy (PCIT), Incredible Years, Attachment, Self-Regulation, and Competency (ARC), and Circle of Security (COS) as part of service delivery. Staff provided information and support to the family to ensure they were successfully connected to community resources.

PROGRAM OUTCOMES/EVALUATION DATA

LAUNCH received individual level data from a total of 255 children across the sites (representing 181 families) and 178 at the comparison site (143 families), all of who gave consent for their records to be transferred to Northeastern University for the evaluation.

Project LAUNCH Child and Family Outcomes: Findings indicate that both children and their caregivers benefited from their participation in Project LAUNCH:

Children: Analyses using individual growth modeling shows improvement in the children’s scores (n = 183) on the ASQ-SE during their participation in Project LAUNCH. The analyses revealed that on average children showed a steady decline in risk level that by the third time point tended to be below the cutoff score, which is clinically significant. Similar results were found for older children (age 5 - 8 years) who were assessed using the Child Behavioral Checklist (CBCL). The results indicate that children who were at increased risk at baseline tended to be within the non-clinical range at time 3. Additionally, analyses comparing outcomes in the Project LAUNCH children and those at a comparison site showed that Project LAUNCH children had improvement in social-emotional behavior scores on average while those at the comparison site had unchanged or worsening scores.

Caregivers: Results based on individual growth analyses of the Parent Stress Index-Short Form (3rd Edition) (PSI) indicate that caregivers (n = 131) who entered Project LAUNCH at clinically significant levels of stress reported declines in stress that brought them within the normal range by the second assessment point, with further declines reported by the third time point. Analysis indicated that parents who were at moderate levels of depression, as measured by the Patient Health Questionnaire (PHQ9), at baseline tended to be within the non-clinical range by the third assessment point.

Caregivers and Children: Results based on growth analysis that examined change over time in the children’s scores on the ASQ-SE as a function of difference with time on the caregiver’s PSI revealed that as parent stress declined, there was a corresponding improvement in children’s social-emotional functioning. Likewise, when caregivers at high levels of parental stress did not improve with time, there was a corresponding worsening in their children’s social-emotional functioning.

Parent Satisfaction: Fifty-nine (59) parents surveyed by telephone reported overall satisfaction with Project LAUNCH services, including the helpfulness of the services for children, parents, and for family issues.

Workforce According to three yearly focus groups with Project LAUNCH site staff from the three sites, staff felt Project LAUNCH increased capacity for both connecting families to services and help with follow-through, and that the assessments used by the project were useful for their
clinical work. An online survey of 41 providers across the three sites indicated that Project LAUNCH affected both their pediatric primary care practices and their own professional development in positive ways.

**Health Care Utilization and Costs:** Preliminary analyses did not find significant differences between LAUNCH children and a matched control group for Medicaid claims for emergency room (ER) visits and hospitalizations, types of ER diagnoses, or overall medical and pharmacy costs during the time period of the study. There was a decrease in costs overall across the period of time studied, but the pattern was the same between the intervention and control groups. Additional analyses will be forthcoming.

**MYCHILD Child and Family Outcomes:** Total Problem Scores on the Child Behavior Checklist (CBCL 1.5 to 5) improved over time. Over 34% of young children showed statistically significant improvement on externalizing behaviors as measured by the CBCL. Almost 29% showed statistically significant improvement in internalizing behaviors. Parents enrolled in the evaluation reported significantly reduced stress, as measured by the Parenting Stress Index Short Form through their twelve-month interviews (p < .02). Caregivers were generally satisfied with services they received through MYCHILD. Improvements were reported in school attendance and housing status.

**MYCHILD Service Utilization and Costs:** MYCHILD is reviewing Medicaid data to gauge the programs impact on cost and utilization, and compare these results to control groups within the Medicaid population. Initial results indicate reduced per month costs as compared to children in the control group. These initial results warrant further study.

**MYCHILD Implementation Findings:** Families served by the MYCHILD program had many needs and faced many challenges. Problems leading to referral included housing problems (46.3%), disruptive behaviors in young children (45.5%), maternal depression (42.8%), other maternal mental disorders (31.2%), anxiety (24.1%), hyperactivity (20.1%), and maternal substance use disorders (18.7%). Children faced an average of four problems at MYCHILD referral.

Family partners worked with families on a wide range of goals from development of parenting skills to education and employment for the caregiver, to assistance with legal and housing issues and basic resources. Focus group participants reported that they had also received assistance in the use of positive parenting methods and helping their children to express their feelings.

All MYCHILD teams and administrators interviewed stated that MYCHILD was successful in a number of areas. Home visits and use of clinician/family partner teams facilitated the engagement of families at risk who might not access traditional clinic-based services. In addition, clinicians and family partners reported that having MYCHILD team members who were representative of the cultures of families and spoke many of the same languages helped the teams to engage families. All teams and administrators implementing MYCHILD identified a number of challenges, including the establishment of referral processes, existing departmental silos within the health centers, and communication of the specific roles played by the team members.

Family Partners were described as essential members of MYCHILD teams. They spent time mentoring parents and advocating for families. With clinical supervision and coaching, they were able to model positive reinforcement, assist with parent-child bonding, and coach parents to help them improve their parenting skills. Family Partners served as care extenders as well as family advocates.

**Program Cost**

A cost effectiveness analysis of Project LAUNCH in 2016 concluded that the annualized program would cost $459,572 across three sites, with the following included in the cost: $117,000 per Early Childhood Mental Health Clinician and Family Partner team, $91,000 for a Program Director and supervisory support, and $19,000 for program development, trainings, and operational costs. The cost per Project LAUNCH participant was calculated at $339.67. The annual cost of preventing social-emotional risk in children via Project LAUNCH was calculated to be $686.

**Assets & Challenges**

**Assets**

Almost all MYCHILD and LAUNCH team members and administrators regarded the programs as a success. Integrating early childhood mental health increased awareness among doctors, staff and the community of early childhood mental health. By increasing awareness and providing an option for services, the programs were able to serve families whose needs had previously not been met. The grant provided the opportunity for staff training in working with children birth through age four, helping to develop new skills and capacity as early childhood clinicians and family partners.

MYCHILD and LAUNCH team members reported that they met families in convenient community locations, and tailored services to child and family needs. Participating teams, administrators and pediatric champions identified a number of factors that facilitated early childhood mental health in primary care including clearly defined roles, regular participation in pediatric meetings, and regular supervision in ECMH for the family partner and clinician.

**Challenges**

MYCHILD and LAUNCH team members reported that integrating Family Partners into the sites presented some challenges. It was reported that some healthcare providers
initially misunderstood the Family Partner role. LAUNCH and MYCHILD teams and administrators needed to communicate the specifics of the Family Partner role, as distinct from that of a case manager or other site staff, before healthcare providers began to communicate and collaborate with them on a regular basis.

MYCHILD and LAUNCH teams and administrators reported flexibility was essential to accommodate the complex needs of families. Staff flexibility around appointment times, location of therapeutic and support visits, and services provided, were not sufficient to keep some caregivers engaged in services. Scheduling proved to be problematic because many of the caregivers had inconsistent work schedules and conflicting childcare needs.

Administrators expressed concerns over sustainability of the programs once the grants ended, given current funding options. Services provided by Family Partners employed by community health centers are not reimbursed by MassHealth. Administrators felt that Family Partner time would need to be billable for the models to be sustainable.

**Overcoming Challenges**

The medical home sites have worked hard at finding funding for sustainability of the services provided by Project LAUNCH and MYCHILD. Sites used evaluation results showing benefits of providing the services of an ECMH Clinician and Family Partner to children and families to support their sustainability efforts. Two LAUNCH sites and three MYCHILD sites secured funding to continue to provide services to children and families similar to the LAUNCH/MYCHILD Model.

**LESSONS LEARNED**

The MYCHILD/LAUNCH Model is a promising practice for the delivery of early childhood mental health in pediatric medical homes. In each grant, significant reductions in parenting stress were observed in parents enrolled in the evaluations, along with reductions in child behavior problems. LAUNCH services were provided in a cost-effective manner, at an annual cost of $339.67 per participant. Family Partners were shown to be essential members of MYCHILD and LAUNCH teams, contributing to improved family outcomes. They used their lived experience to work as care extenders to coach parents in positive parenting practices. Future evaluations should be conducted to further determine the health and other outcomes as well as cost-effectiveness.

**FUTURE STEPS**

The Massachusetts Department of Public Health was awarded a System of Care Expansion grant by SAMHSA, allowing services modeled on the MYCHILD model of care to expand to a new site in Boston, and to sites in the cities of Worcester and Springfield. The System of Care Expansion grant services are now provided by Family Partners and Mental Health Clinicians employed by community-based behavioral health organizations who can be reimbursed for both clinical and Family Partner work, with the goal of forming a model of care that is sustainable within Massachusetts.

**COLLABORATIONS**

The MA Partnership for Early Childhood Mental Health Integration meets on a weekly basis to manage integration of several initiatives and grants. There are a number of councils that have continued to thrive since their formation under the LAUNCH/MYCHILD partnership in Massachusetts, including a project-level Parent Council and Collaborative Leadership Team, and collaborations with city and state partners, such as the Boston Local Child Wellness Council, and the State-level Young Children’s Council.

**PEER REVIEW & REPLICATION**

At this time, our evaluation results have not been peer reviewed, though a paper is in process. The Family Partner and Clinician model of care has been replicated in multiple other initiatives in Massachusetts.

**RESOURCES PROVIDED**

The Partnership for Early Childhood Mental Health’s website: www.ecmhmatters.org

Please access the toolkit for our model at: http://www.ecmhmatters.org/ForProfessionals/Pages/MedicalHome.aspx#toolkit

Key words: infant mental health, early childhood mental health integration, primary care, family partner

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