



CONNECTICUT ASSOCIATION FOR Infant Mental Health

Promoting, supporting and strengthening children's earliest relationships,
prenatal to age six

www.ct-aimh.org

CT-AIMH Integrated Care Pilot Informational Session 2024

Presented by:

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PART ONE: The CT-AIMH Integrated Care Pilot

The purpose of this pilot is to ensure that children between the ages of 0-5 years, are monitored, screened, assessed, and referred for appropriate developmental and mental health services, in their community by an integrated team of professionals that may include:

- The subject child's pediatrician,
- A co-located FRC Family Educator (at 3 pilot pediatric sites),
- A Mid-level Development Assessment Practitioner and/or
- Any accessed service providers (including but not limited to early intervention (B-3 services), Infant/Early Childhood Mental Health (IECMH) clinical services or home visiting services).

In the first year of the pilot (in 3 pilot locations), working with children 0-3 years old, and their families, and continuing with those families into year two. Then, in year two, also adding any new children 0-3 years old (pediatric patients), and their families.





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This
Integrated
pilot
program
will
address
the
following
gaps:

Support children 0-3 who do not qualify for Birth to Three Services (30%) with a Midlevel Developmental Assessment, and services

Increasing the capacity and competency of the IECMH workforce through specialized IMH training, Reflective Supervision/Consultation, and IECMH-Endorsement ®

Demonstrate the need to create an Enhanced Rate of pay through Medicaid (and then through private insurers) for these specialized services for children 0-6 and their families.

- Screenings (Developmental, Social/Emotional, M-Chat, Post-Partum Depression, Social Determinants of Health)
- Developmental Assessments (Midlevel Developmental Assessments, B-3, etc)
- Infant and Early Childhood Mental Health Services
- Consultation between providers and with families
- Follow-up





Partner 1: CT-AIMH

- ▶ Connecticut Association for Infant Mental Health (CT-AIMH) is a statewide, non-profit, professional organization that offers expertise in infant and early childhood mental health.
- ▶ We promote and hold a set of Competency Guidelines®, that when they are met, lead to an Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant or Early Childhood Mental Health®.





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CT-AIMH Mission

- ▶ CT-AIMH works to promote, support and strengthen nurturing, quality relationships for infants, young children and their caregivers, within the context of family, community and culture.
- ▶ It is CT-AIMH's hope that all infants and young children in Connecticut will experience nurturing, responsive care through strong relationships that ensure optimal social and emotional growth and development.



**CT-AIMH Mission-Related
Priorities:**

(1) Increase the Infant and Early Childhood Workforce Capacity and Competency to meet the social and emotional needs of infants, young children and their families.

(2) Engage Visibly and Effectively in Public Policy Advocacy Issues relating to infant mental health system of care and related funding.

(3) Share Expertise and Promote Awareness of Issues Relating to Infant/Early Childhood Mental Health.





Partner #2: Family Resource Centers (FRCs)

- ▶ FRCs-located in 40+ communities across CT
- ▶ The Connecticut Family Resource Center concept promotes comprehensive, integrated, community-based systems of family support and child development services located in public school buildings. This model is based on the "Schools of the 21st Century" concept developed by Dr. Edward Zigler of Yale University. Family Resource Centers provide access, within a community, to a broad continuum of early childhood and family support services which foster the optimal development of children and families.
- ▶ The FRC program is a school-based initiative implemented in 62 schools in the state. Administered by the CSDE, FRCs provide access to a continuum of services that foster the optimal development and education of children beginning at birth.
- ▶ Established in 1988, FRCs were part of the national movement to promote the importance of early childhood and its link to school achievement. They were also forerunners in the use of the school to provide early childhood education, childcare and family support services, a model that has since been widely adopted in several states, most notably Kentucky, which included the Connecticut FRC model in the Kentucky Education Reform Act (KERA).



Partner #3: Pediatrics

- ▶ Both CT-AIMH and FRCs share a common goal of promoting infant and young child mental health within a cross-generational framework. Yet, to date, neither has established a long-standing working relationship with pediatric practices.
- ▶ This is important, since so many infant and early childhood mental health challenges can potentially be addressed early and expeditiously in the setting of pediatric primary care; and the overwhelming majority of children living in any given community are seen by a pediatrician on a regular basis over an extended period of time, typically starting at a very early age.
- ▶ Pediatrics can become a hub-where all of a child's screenings, assessments, and services received can be monitored, reviewed, and stored



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How this pilot impacts infants, young children, and women?

1. Screenings:

- ASQ-3 Developmental Screening (for children 0-3)
- ASQ-SE Social/Emotional Screening (for children 0-3)
- M-Chat for Autism (for children 18-24 months)
- Social Determinants of Health (for families)
- Edinberg Maternal Depression Scale (for women 1-8 weeks after giving birth)

2. Assessment:

- Midlevel Developmental Assessment (MLDA)
 - a. IDA-2 (children 0-3)
 - b. DACY-2 (Children 3-6)
- Birth to Three Assessment

3. Referrals for Services:

- Birth to Three Services (children 0-3)
- Preschool Special Ed (Children 3-6)
- Child First HV (Children 0-6 and their families)
- Evidence-based HV (Children 0-6 and their families)
- Clinical IMH Services (Children 0-6 and their families)
- Head Start
- Other community services



PART TWO:

Building Capacity for a Competent Workforce

The Pathway to IECMH-Endorsement® for licensed clinical providers:

1. IECMH-Endorsement®
2. IMH Training Series
3. Reflective Supervision/Consultation Group Experience
4. CT-AIMH Membership



2024 & 2025
Endorsement
Scholarship
Announced for 40
Licensed Clinical
Professionals



CONNECTICUT ASSOCIATION FOR
Infant Mental Health



Pathway to Infant or Early Childhood Mental Health Endorsement[®] (IECMH-E)[®]

Made possible through the Integrated Care Pilot funded by the
Connecticut Department of Social Services



Take the first step
to becoming
Endorsed in Infant or Early Childhood
Mental Health

Included:

- IECMH-Endorsement[®]
- 8-Day IMH Training Series
- CT-AIMH Membership
- Reflective Supervision/Consultation
Group Experience

Get started on your path to Endorsement.
Fill out an online application to indicate
your interest in starting on your
FREE Endorsement journey!

click
here!

Go to our website to
register for this
opportunity!

www.ct-aimh.org

We will contact you
in January to begin.
The registration link
is also on our
Facebook and our
Linked In pages.



1. CT-AIMH IECMH- ENDORSEMENT®

Competencies address:

- the acquisition of knowledge
- the application of skills
- the capacity to analyze or think carefully
- the capacity to be reflective





IECMH Competencies-8 areas of expertise:

1. **Theoretical Foundations** (Child dev., relationship practice...)
2. **Law, Regulation and Policy** (Ethical practice...)
3. **Systems Expertise** (Community resources...)
4. **Direct Service Skills** (Observation, Safety, Screening...)
5. **Working with Others** (Building relationships, support...)
6. **Communicating** (Listening, speaking, writing...)
7. **Thinking** (Solving problems, planning...)
8. **Reflection** (Self awareness, curiosity, emotional response...)



IECMH-Endorsement®

- ▶ On-line application
- ▶ Compile online portfolio:
 - Work experience, training, education, references, reflective consultation/supervision and for mentor category only-leadership*
- ▶ When complete, submit for review
- ▶ Sit for Exam (Infant Mental Health Specialist and Infant Mental Health Mentor-Clinical)
- ▶ Receive Certificate and name added to CT-AIMH website: Endorsement Registry



2. IMH Training Series

1. Infant Toddler Development, Screenings, Assessments and Referrals: What is Appropriate & Available for Very Young Children & their Families?

2. Attachment and Trauma Core Concepts

3. and 4. Integrating a Trauma Lens into Infant Mental Health Practice with Young Children and their Caregivers (Part 1 and Part 2)

5. Parent-Child Interactions, Deepening our Observations

6. Culturally Responsive Framework for Working with Young Children and their Families

7. Family Time Visitation: Promoting Parent-Child Relationships

8. Reflective Practice: How Infant Mental Health Principles can be Integrated into the Workplace



3. Reflective Supervision/Consultation Groups

Regular, collaborative opportunity to explore one's feelings that surface in work with families and how those feelings impact one's work. Process of professional growth and development.

- ▶ 2hrs/mo. for 24+ months
- ▶ IMH-Endorsed clinical facilitator
- ▶ Cross-sector groups of 6-8 persons/each

Part Three: Data Collection and Implications

▶ The purpose of this Integrated Care Pilot is to ensure that children 0-5 are monitored, screened, and assessed as needed, and then referred to appropriate and available community resources to ensure optimal development and social and emotional well being. This is accomplished by having a co-located, seasoned, knowledgeable, and compassionate community provider (FRC Family Educator) in the pediatric setting, to offer timely screenings, resources, and referrals to community resources.

▶ Quantitative data will be collected on the number of pilot participants that receive screenings, assessments, and referrals for service (compared to baseline), as well as qualitative information on how well the integrated care pilot model works for families, providers, and pediatricians.

▶ Implications: To supply data that indicates the necessity of Medicaid billing at an enhanced rate for these specialized services for infants, young children, and families (i.e. needed IMH trainings and Endorsement ®).



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Questions and Contact Information



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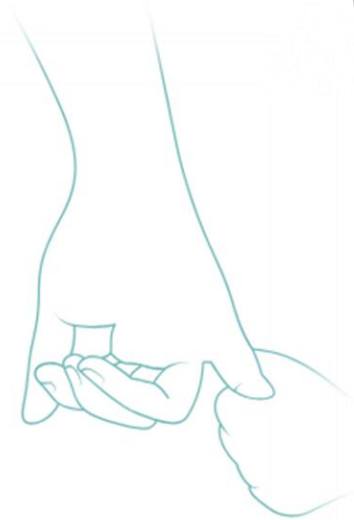
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Integrated Care Pilot Contact Information:



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