

Hawai‘i’s Integrated Infant and Early Childhood Behavioral Health Plan

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Version 1

Hawai‘i’s Integrated Infant and Early Childhood Behavioral Health Plan (IECBH)

Index

Background and Context: The Need for Comprehensive, Cross-Sector Approaches to Service Provision	3
The Framework	
Foundational Values and Principles	7
Overarching Indicators of Success	7
How To Use this Plan	8
Summary of Components	8
Recommendations for Critical First Steps	9
Strategies and Objectives by Components	
Systems & Policy	10
Marketing, Outreach, & Community Education	16
Workforce Development	18
Programs & Services	22
Appendix	28



Background and Context: The Need for Comprehensive, Cross-Sector Approaches to Service Provision

In Hawai`i, our system of care for young children spans across multiple departments and their internal divisions, foundations and the child and family-serving nonprofits contracted through those entities.

Therefore, it is essential for public and private partners in Hawai`i to coordinate efforts to address gaps, avoid duplication, and maximize all resources.

It is our belief that the system of care for young children is not the kuleana (responsibility) of any one agency, but all of us.

This Integrated Infant and Early Childhood Behavioral Health (IECBH) Plan proposes to integrate child and family mental health and trauma-informed care into our health and early care and learning systems throughout Hawai`i. This integration will create an intentionally aligned child and family-serving system that promotes school readiness and family success.

The plan outlines a way to move forward with shared goals and actions progressing over multiple years. It provides a path for organizations and individuals to collectively work towards creating equitable systems of care that reduce racial and socioeconomic disparities, ultimately ensuring that all children succeed in school and life.

An infusion of infant and early childhood behavioral health practices into all infant and early childhood services is needed to ensure that all children are developing on track socially, emotionally, and academically.

Social and emotional health is critical to positive child outcomes and development, and relationship-based services promote brain development and social and emotional well-being to establish healthy foundations for life.

Integration of effective infant-family and early childhood behavioral health principles and practices are needed to support all early childhood providers in their work.

Cross-sector programs must be assisted in implementing and maintaining relationship-based practices, developing family-centered engagement practices, addressing cultural and community concerns, and infusing strength-based language in all work.

This requires a continuum of linked services that promote the value of early childhood behavioral health, a comprehensive system of screening and referral for early identification of concerns, and a range of treatment services to address issues identified by parents, physicians, caregivers, educators, and other community providers.

Infant and early childhood behavioral health comprises cross-disciplinary practices that focus on the well-being of very young children within the context of their early relationships, family, community, and culture.

The goal of this plan is to infuse early childhood behavioral health principles into all prenatal to five systems in Hawai‘i.

Services are designed to support the development of strong relationships between young children and their parents/caregivers and service providers, while addressing a variety of educational, health, and social service needs within a community and cultural context. This work, occurring across various disciplines, is informed by an understanding that the first few years of life in a child’s overall development is critical.

Research shows

There is solid evidence regarding the critical importance of early parent-child and provider-child relationships in a child’s brain development, sense of self, ability to self-regulate, development of empathy, and ability to attune to others. Early relationships lay the foundation for a child’s lifelong health and well-being by supporting resilience as a young child learns to cope with stressors and environmental demands. The behavioral health of the infant and young child in the context of early relationships and settings is viewed as foundational for health in all areas of development (Cohen, 2009; Shonkoff & Phillips, 2000; Webster-Stratton & Reid, 2004), with costly social and academic consequences for unmet needs.

The integrated early childhood behavioral health service model is therefore grounded in providing a wide array of services to address behavioral concerns and enhance relationships between young children and their parents and other key caregivers; the well-being of families, and the developmental outcomes of their infants; toddlers, and preschoolers (Fraiberg, 1980; Fraiberg et al., 1975; Sroufe, 1989; Stern, 2004; Weatherston, 2005; Zeanah and Zeanah, 2009).

Research on infant brain development indicates negative biological and disruptive family circumstances can influence the architecture of the brain (Shonkoff & Phillips, 2000). Because early development is highly dependent upon nurturing and sensitive caregiving, those risk conditions that are most likely to reduce caregiver responsiveness and sensitivity (e.g., maternal depression, trauma, substance use, domestic violence) can have serious and lasting impacts upon both early attachment and later relationships (Goodman & Brand, 2009; Ostler, 2008; Shonkoff, 2006; Wachs, Black & Engle, 2009; Yates, Egeland & Sroufe, 2003). Shonkoff and others refer to repeated cumulative risks during early development as “toxic stress” and call for the earliest possible interventions designed to reduce long-term impacts (Shonkoff, 2006).



Thus, infant and early childhood programs should not only screen for conditions placing young children at risk, but also provide a range of interventions designed to alleviate early toxic stress in the child and family.

Services provided to infants, young children, and their families must extend across a continuum of promotion, preventive intervention, and treatment services, starting even before birth.

All services must address the needs of young children within their relationships with their families, other significant caregivers (e.g., extended family members and child care workers), and providers in community programs offering a range of promotion, prevention, and treatment services.

Approaches within each area are defined as follows.

Promotion: These services and supports recognize the central importance of early relationships on brain development, learning, and the emotional and social well-being of all young children. Services include a focus on positive early relationships and guidance within the home, child development settings, and other service settings for young children and their families.

Prevention and Early Intervention: These services and supports buffer effects of risk and stress and address potential early relationship challenges or vulnerabilities that have a documented impact on early development. Specific intervention strategies are designed to nurture mutually satisfying relationships between young children and the significant adults in their world to prevent the progression of further difficulties. Health and developmental vulnerabilities, parenting difficulties, domestic violence, family discord, and other major child and family stressors may warrant the delivery of preventive intervention services in a variety of settings.

Treatment: These services and supports target children and their families in distress or with clear symptoms indicating a mental health disorder. The services address attachment and relationship problems and the interplay between the child and significant caregivers that jeopardize achieving optimal early behavioral health and early emotional and social development outcomes. Specialized early mental health treatment services may focus on child-parent dyads or other important relationships and are designed to improve child and family functioning and the mental health of the child, parents, and other caregivers. (California Center for Infant-Family and Early Childhood Mental Health, 2016)

Families typically do not seek behavioral health treatment services for very young children on their own and, as a consequence, infants, toddlers and preschoolers do not enter the behavioral health system through traditional portals. If referrals are made, they usually come from community agencies where infants and toddlers are seen, such as pediatric practices, specialty healthcare clinics serving very high health risk infants and toddlers, day care centers, Early Head Starts, early intervention programs, early learning programs, parent support programs, and child welfare offices (Poulsen, 2010). Thus, there is a need for promotion and prevention services to be provided within community child-serving agencies. This requires an understanding of infant and early childhood behavioral health, education of the workforce, community outreach, and funding to assure the provision of a wide range of services and appropriate and timely referrals for treatment when necessary.

Unfortunately, there is agreement at both the policy and practice levels that early childhood systems are largely fragmented, hindering the adoption and diffusion of evidence-based practices at the local level (Halfon, Russ, Oberklaid, Bertrand & Eisenstadt, 2009) and a fluid process of service delivery across systems. Even while knowledge of early childhood behavioral health is increasing, community barriers related to access to services will continue, particularly for isolated families, and must be addressed. Innovation that is leveraged at reducing disparities in outcomes for infants and young children are needed (Shonkoff, 2010). Therefore, state policies and program processes must be included in any strategic plan for infant and early childhood behavioral health.



This is a particularly critical time to ensure that needed behavioral health resources and supports are made available to children, families, and service providers. As we face a raging pandemic, devastating economic destabilization, and systemic and historic racism, our communities more than ever need the initial screenings, assessments, treatment services, resources and workforce supports to meet the needs of children and families.

Hawai`i's Early Childhood State Plan (2019-2024), the comprehensive needs assessment and resulting strategic implementation plans funded by the recent federal Preschool Development Grant awarded to the state, identified the need to focus on our vulnerable children first through more workforce professional development support and an increased social-emotional and behavioral health focus through cross-sector collaboration. Opportunities to ensure that needed services are accessible by families and delivered by well-trained providers can be created by visionary leadership across all child and family-serving systems in the state.

The Framework

Foundational Values and Principles of the Plan

The four components, goals, strategies, and objectives in this document provide a framework for a plan for improving existing services and increasing the range of services offered across systems for infants, toddlers, and preschoolers in Hawai'i. Foundational to this framework are certain values and guiding principles, including the following:

- Early childhood services and systems actively work to reduce racial disparities and class inequities in all actions and responses. This includes fostering inclusion and countering the effects of discrimination and marginalization that jeopardize healthy development.
- Programs and services are culturally and linguistically responsive, considering how different cultures and ethnic groups may have different views and interpretations, both of the concept of children's social and emotional development and of the type of system needed to address the needs of young children and their families.
- Services and supports are coordinated, aligned, and integrated at the state and local/community levels.
- Strong local systems within a comprehensive state system are key to improving child and family outcomes.
- Programs, services and practices are developmentally appropriate, evidence-informed, and trauma-informed.
- Programs, services and practices emphasize a whole-family and whole-child approach that aims to develop and strengthen parent-child relationships.
- The voice of parents is heard at all decision-making tables.
- All planning emphasizes shared responsibility and accountability.
- Data is collected and used to implement, improve and report.

Overarching Indicators of Success

INDICATOR 1

More keiki are on track for school—academically, socially and emotionally; their families have the tools to support their emotional development and strengthen their own tools for resilience¹

INDICATOR 2

Capacity of the early childhood health, safety, and learning systems to support practitioners and families in positive early childhood behavioral health increases across a variety of settings

INDICATOR 3

Families have expanded access to well-coordinated early childhood behavioral health screenings and services centered on the needs of the family²

1 Example of indicator: "Does this child live in a home where the family demonstrates qualities of resilience during difficult times" - 81.2% of families from Hawaii answered yes to all or most of the times, National Survey of Children's Health 2018-19

2 Example of indicator: "How Difficult was it to get the mental health treatment or counseling (children 3-17) that this child needed" - 69.2% received or needed mental health care and did not have difficulty getting it, 2018-19 NSCH Indicator 4.4a

How to Use this Plan

As you read this plan, keep in mind many organizations and agencies will play a role in accomplishing the goals and objectives; no one organization will be responsible for accomplishing a goal. This is the nature of complex and cross-disciplinary work. The plan is intended to build on, strengthen and amplify existing work that supports and addresses the safety, connection and other behavioral health needs of young children five and under and their families. Collaboration on progress toward the goals, sharing information, and blending funding will help actualize this plan. As a reader of the plan and a collaborator/implementor, the plan should be treated as dynamic and one that will guide more detailed work plans within and across organizations. The strategies to reach each objective and the timeline to meet goals and objectives will be reassessed throughout the year, at least annually.

Summary of Components

COMPONENT 1	COMPONENT 2	COMPONENT 3	COMPONENT 4
<p>Systems & Policy</p>	<p>Marketing, Outreach, & Community Education</p>	<p>Workforce Development</p>	<p>Programs & Services</p>
<p>Goal 1: Have state policies and services in place with sustainable funding streams that support IECBH across Hawai`i</p>	<p>Goal 2: Create mechanisms to improve understanding in families, communities, and policy-makers on the importance of infant and early childhood behavioral health to long-term health and positive outcomes</p>	<p>Goal 3: Increase the quality and capacity of the early childhood and behavioral health workforce to address social, emotional, and behavioral needs of young children and their families</p>	<p>Goal 4: Create pathways for access to a full range of IECBH programs and services providing promotion, prevention, and treatment</p>
<p>Strategy 1.1 Develop State Policies and Systems to Support IECBH</p> <p>Strategy 1.2 Build and maintain a comprehensive database of service utilization, outcomes, and impact</p> <p>Strategy 1.3 Create and utilize stable and consistent funding resources to support IECBH across Hawai`i</p>	<p>Strategy 2.1 Strengthen promotion, public education, and outreach efforts focused on the prevention and/or early intervention of infant and early childhood behavioral health (IECBH) concerns</p>	<p>Strategy 3.1 Develop Cross-sector Workforce Training and Support</p> <p>Strategy 3.2 Increase use of IECBH consultants across systems and programs, including primary care</p>	<p>Strategy 4.1 Ensure equitable access to all IECBH services including prevention and treatment Services</p>



Recommendations for Critical First Steps

Hawai'i partners recognize the financial crisis affecting the state because of COVID-19 pandemic and other budget shortfalls. While funding is needed, there are critical first steps needed to execute the strategic plan.

Some of the recommendations for the critical first steps include:

- Maximize existing resources to implement suggested strategies while exploring new funding sources
- Seek funding from public and private sources to accomplish the goals and objectives of the plan
- Find champions to work on parts of the plan, and bring on a Coordinator to facilitate implementation and collaboration
- Convene and define the role of a cross-sector leadership team, which includes family representatives



COMPONENT 1
Systems & Policy

GOAL 1
Have state policies and services in place with sustainable funding streams that support IECBH across Hawai'i

Strategy 1.1 **Develop State Policies and Systems to Support IECBH**

Rationale:
Clear state policies are needed to ensure Hawai'i is meeting federal mandates for parity across behavioral and physical health systems. Champions are needed in the community and in the legislature to create favorable policies focused on strengthening child and family outcomes and reducing risks and the negative impacts of trauma.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>▶ Identify an interim state agency “home” for IECBH in Hawai‘i</p>	<p>▶ Identify policies, staffing and resources to enable a state agency “home”</p>	<p>▶ Identify a permanent state agency “home” for IECBH in Hawai‘i</p>
<p>▶ Convene and support a cross-sector leadership team (the Team), including family representatives¹, for Hawai‘i’s IECBH Plan implementation</p> <p>The Team will develop a shared vision, goals and milestones, alongside accountability and evaluation methods to gauge progress</p>	<p>▶ The Team will establish a work plan annually and identify primary implementers and policies needing legislative action to fully implement the IECBH plan</p>	<p>▶ The Team will meet on a regular basis to monitor plan implementation and track outcomes and progress</p> <p>The Team will share an annual implementation report with all stakeholders</p>
<p>▶ Build on and develop a shared vision of the key IECBH principles, competencies, and standards upon which early childhood policies and practices should be established across all child-serving programs and settings</p> <p>Identify potential early adopters in child-serving programs that will integrate the key IECBH principles, competencies, and standards</p>	<p>▶ Identify a key set of organizations and agencies to adopt the shared behavioral health principles, competencies, and standards, and support those organizations and agencies in actively working towards implementing them</p>	<p>▶ Develop a technical assistance process for promoting/supporting all infant and early childhood programs in utilizing the behavioral health principles, competencies, and standards through daily practice and models based on best practices that build on the unique strengths and cultures of Hawai‘i</p>
<p>▶ Work with health plans and Point of Service providers to understand the feasibility (benefits and challenges) of integrating IECBH principles and standards into care and service settings</p>	<p>▶ Establish a policy whereby all health plans will be required to include IECBH treatment in their services</p>	<p>▶ Require the majority Point of Service contract service providers for the birth to five population to have specialized training in IECBH</p>
<p>▶ Coordinate with other networks preventing and mitigating against the effects of trauma, abuse and neglect on young children on policy and systems changes to improve outcomes for families</p>	<p>▶ Adopt a multigenerational approach with a strong focus on buffering against Adverse Childhood Experiences (ACEs) and promoting wellness and resilience across family serving agencies and organizations</p> <p>Establish a Community of Practice to support resilience approaches and counter ACEs</p>	<p>▶ Provide ongoing support for a cross-sector network of leaders focused on improving system outcomes for preventing and mitigating the effects of trauma, abuse and neglect on young children</p> <p>Continue to strengthen policies that enable and reinforce resilience skills across the lifespan</p>
<p>▶ Develop champions and leaders in the legislature to increase opportunities for funding and favorable policy changes</p>	<p>▶ Develop and support policies that enable inter-agency, cross-disciplinary integration of IECBH principles, standards and practices, such as legislation designating Hawai‘i as a “wellness and resilience” state</p> <p>Support services that implement developmentally appropriate practices in identifying and treating families</p>	<p>▶ Create and refine state and local policies that codify IECBH principles in services and programs; for example, (1) create policies that prohibit the suspension and expulsion of young children from early childhood programs and provide implementation supports, including the utilization of IECBH consultation at the program and family dyad level, and (2) establish in statute an IECBH consultancy system model to enable onsite consultation for programs to address significant behavioral concerns and to avoid suspension and expulsion of young children from programs</p>
<p>▶ Explore the benefits and challenges of assessing maternal behavioral health risk, and viable approaches to integrating the practice for providers</p>	<p>▶ Assess the feasibility of policy that requires conducting perinatal risk assessments which address ACEs as well as risk for child abuse and developmental delays for all newborns</p>	<p>▶ Partner to adopt state legislation that increases and improves perinatal risk assessments and offers technical assistance to providers to adopt a consistent practice</p>



COMPONENT 1
Systems & Policy

GOAL 1
Have state policies and services in place with sustainable funding streams that support IECBH across Hawai'i

Strategy 1.2
Build and maintain a comprehensive database of service utilization, outcomes, and impact

Rationale:
Timely and adequate data are necessary to evaluate the success of early childhood services and systems and to inform public policy. An integrated early childhood longitudinal data system would serve this need and is a long-term goal. An early childhood data system should include information on children's participation in health, child care, early learning, and social services; screening and evaluation results; and program-level data on quality indicators, staffing, and financing. Such data could answer essential questions concerning utilization disparities, children's progress and wellbeing, effective allocation of resources to higher-need children, and outcomes of investments made in early childhood.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>Determine the top five questions about early childhood behavioral health services that should be answered through a data system, deliberated and finalized by the cross-sector leadership team (the Team) and invited researchers</p>	<p>Work with legislators to create more effective policies about resource allocation, based on behavioral health needs in infant and early childhood programs across the mixed delivery system, identified through examination of cross-sector data</p>	<p>Regularly use data to answer key questions about children's progress and family/community well-being, effective allocation of resources to highest need families, and outcomes of investments made in early childhood</p>
<p>Assess current data systems and evaluate use as a starting point and possible home for an IECBH data system. Review existing collaborative data systems as potential models.</p>	<p>Identify a permanent home for the IECBH data system² and build the initial components of an integrated IECBH data system</p>	<p>Build out remaining components of an integrated data system used for collection</p>
<p>Secure nominal funds to test the use of available IECBH data to create an informational brief</p>	<p>Secure initial funding for a data system that can be utilized to track IECBH services and program utilization, program outcomes, costs, and impact of program improvement efforts (including attrition in infant and early childhood workforce)</p>	<p>Secure sustainable funding for state IECBH data system integration across early intervention, early care and learning, child welfare services, and other child-serving programs</p>
<p>Outline key data issues that can be used to develop legislative briefs</p>	<p>Produce one to two data briefs from existing data as test run for answering key research question(s)</p>	<p>Prepare legislative and funder reports to highlight findings in the database</p>
<p>Examine feasibility of creating unique newborn identifiers (UNI), using vital statistics, by reviewing states that current have UNI to determine their strategies and key partnerships needed</p>	<p>Establish a collaborative set of key partners (i.e., health plans, hospitals, State Vital Records) to identify implementation strategies</p>	<p>Ensure necessary electronic medical and data systems are in place</p>



COMPONENT 1
Systems & Policy

GOAL 1
Have state policies and services in place with sustainable funding streams that support IECBH across Hawai‘i

Strategy 1.3
Create and utilize stable and consistent funding resources to support IECBH across Hawai‘i

Rationale:
Assurance must be established so that federal laws designed to ensure access to infant and early childhood behavioral health treatment services are being implemented and enforced through an oversight process, resulting in a reduction of burdensome paperwork requirements, and provision of understandable information for families. Utilization of Med-QUEST/EPSDT and other existing state and federal resources to the maximum extent allowable will help ensure consistent funding to support IECBH in Hawai‘i.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>Secure initial funding for the coordination of the IECBH Plan</p>	<p>Secure two years of funding for the coordination of the IECBH Plan</p>	<p>Review key milestones and progress on implementation, and adjust strategies to achieve the goals annually, through the careful review by the cross-sector leadership team (the Team)</p>
<p>Partner with public/private insurers to define and consider the establishment of an “imminent risk” reimbursement code for entry of birth through age 5 children into mental health services, eliminating the requirement of “medical necessity”, to support the earliest possible access to needed services and reduce long-term costs</p>	<p>Research other states’ legislation and administrative rules to consider and recommend implementing “imminent risk”</p>	<p>Work with departments, agencies and insurers to implement policies or guidelines on “imminent risk” reimbursement codes</p>
<p>Work with Med-QUEST to understand the quality of data collected, clarifying disparities across screening and treatment services and data integrity</p>	<p>Research prevention and treatment services provided by the private sector, and explore EPSDT and research administrative cost claiming funding potential and develop systems to implement</p> <p>Support Med-QUEST in developing a plan for the use of EPSDT funds for screening and treatment of IECBH concerns</p> <p>Include mechanisms for community health clinics to bill Med-QUEST/EPSDT for services</p> <p>Develop codes that are defined, published for providers, and recognized by the American Medical Association (AMA)</p>	<p>Support use of EPSDT/CHIP funds in community health clinics, and other allowable community settings, for screening and treatment services for infant and early childhood behavioral health</p>
<p>Coordinate with the DHS Child Welfare Services Division for opportunities to support and maximize resources (funding, training, materials) to enhance child and family wellbeing, and staff understanding of IECBH</p>	<p>In partnership with the DHS Child Welfare Services Division, mobilize on opportunities to maximize resources, funding, training materials to benefit expansion of staff knowledge and support</p>	
<p>Monitor federal websites for grant opportunities to develop comprehensive systems focused on mental health prevention, treatment, and consultation for children under age 5 (e.g., SAMHSA)</p>	<p>Apply for federal grants to build improvements in IECBH services</p>	<p>Develop a sustainability plan for continued services through use of cost savings and outcome data gathered during pilot periods of federal grants</p>
<p>Research potential funding methodologies for using federal funds for IECBH consultation and services as part of early childhood provider continuous quality improvement</p>	<p>Work with the agencies and their divisions to establish the funding methodology for piloting behavioral health consultation for early childhood providers. Test a small pilot with the established funding methodology.</p>	<p>Evaluate and begin to expand early childhood behavioral health consultation to providers inclusive of all four recognized settings—child care, family child care, family child interaction learning programs, and home visiting. Adjust for provider needs and availability of consultation providers statewide</p>
<p>Inventory community programs and workshops addressing IECBH concepts and identify existing and potential funding</p>	<p>Find one or two opportunities to blend public and private funds to maximize regular training and technical assistance on IECBH concepts, (e.g., brain development, ACEs & Counter ACEs, historical trauma, trauma-informed care, community resilience) to make training more available and cost-effective</p>	<p>Secure funding for regular training and technical assistance on topics related to IECBH in several educational delivery mediums</p>



COMPONENT 2

Marketing, Outreach,
& Community Education

GOAL 2

Create mechanisms to improve understanding in families, communities, and policy-makers on the importance of infant and early childhood behavioral health to long-term health and positive outcomes

Strategy 2.1
Strengthen promotion, public education, and outreach efforts focused on the prevention and/or early intervention of infant and early childhood behavioral health (IECBH) concerns

Rationale:

Confusion exists about what behavioral health is and what services are available to support the full range of IECBH needs in Hawai'i. Improving information-sharing and the development and dissemination of outreach materials for families, early childhood practitioners, policy-makers, primary care providers, and prenatal systems will help to increase knowledge about the importance of behavioral health, availability of services, more appropriate referrals, and better access to needed services.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>Develop outreach and marketing materials to educate families, community members, health care providers, and legislators about the importance of early brain development, parent-child relationships, Adverse Childhood Experiences (ACEs), and “Counter ACEs” to reduce the stigma attached to mental health concerns, to normalize “developmental check-ups,” and to support early detection of problems</p> <p>Identify distribution partners, such as health plans, resource and referral services and key community partners</p>	<p>Translate outreach and marketing materials in a variety of languages that reflect the cultures and ethnicities in communities across the islands</p>	<p>Establish system navigators in primary care settings to fully inform families about services available and to create linkages for families to needed resources and services</p>
<p>Design a resource and referral website portal for families, physicians, providers or those who care of young children and others to access IECBH best practice research, and to find qualified providers of care and support</p>	<p>Identify the home, funding, data collection, and maintenance of the website</p>	<p>Website is established and utilization of it is tracked. Unmet needs will be documented</p>
<p>Work with family-serving organizations and family representatives to develop more effective and culturally-relevant family outreach materials, including PSAs focused on infant and early childhood behavioral health</p>	<p>Consider use of group family support models for engaging families in prevention activities and in supporting the growth of skills to promote social and emotional development for all family members</p>	<p>Develop and implement wide-reaching media campaigns around IECBH and family well-being through social networking, television and radio ads, PSAs, and texting processes</p>
<p>Share free, nationally available materials such as CDC’s “Learn the Signs, Act Early” website materials, milestone app, and resources with service providers, health care practitioners, primary care, and families</p> <p>Develop materials that are culturally relevant and specific to Hawai‘i to support referring sources (e.g., early care and learning programs, pediatricians, community health clinics) in understanding the differences between IECBH programs and services, eligibility criteria, and how best to refer families while educating families about the need for and benefits of referrals</p>	<p>Share outreach and marketing materials with families, beginning in the prenatal period, by collaborating with programs serving women prenatally, such as Early Head Start and home-visiting programs, community obstetricians and labor and delivery centers</p> <p>Pilot family toolkits that support positive attachment and healthy relationships in the home with Native Hawaiian communities</p>	<p>Secure funding and/or leverage and build upon what other communication campaigns have done to promote infant/early childhood health and wellness, and implement campaign statewide</p>
<p>Include all IECBH-related programs and services into web-based resource and referral databases</p>	<p>Share materials widely through websites, text messaging programs, resource tables at pediatric and early childhood conferences, and distribute printed materials directly to health clinics, community organizations and early childhood programs</p>	<p>Use family champions in outreach campaigns focused on the promotion of screening and available services and materials</p>
<p>Promote awareness and utilization of DOH’s “Screening and Referral Guidelines” with early childhood providers for timely access to services</p>	<p>Inventory existing IECBH-related resources in Hawai‘i that include websites, trainers, toolkits, etc. that can be used in an outreach and marketing campaign to support referring agencies</p>	<p>Conduct an annual forum on IECBH promotion with community stakeholders, legislators, and families³</p>
<p>Promote the concept of a consultancy model as a service to support child care providers and families in their understanding of child development and to assist them in identifying and addressing areas in which young children may be exhibiting problematic behaviors</p>	<p>Advertise and recruit for the consultancy model to provide onsite coaching and mentoring support to increase early childhood providers’ understanding of children’s behaviors, identify appropriate strategies to use, and confer with families if referrals are deemed appropriate</p>	<p>Support legislation that promotes greater understanding of children’s behavioral health needs through the implementation of consultancy models in the state</p>

COMPONENT 3
Workforce Development

GOAL 3
Increase the quality and capacity of the early childhood and behavioral health workforce to address social, emotional, and behavioral needs of young children and their families

Strategy 3.1 **Develop Cross-sector** **Workforce Training** **and Support**

Rationale:
All infant and early childhood providers should be trained in core relationship skills and relationship-based practices to support the promotion and preventive intervention of behavioral health services. Workforce efforts must be expanded across both pre-service training and in-service training for a wide range of providers of infant and early childhood services, including health, mental health, social services, education, and child care.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>Enhance the coordination across early childhood workforce development efforts to include IECBH knowledge and the importance of reflective practice, and explore ways to incentivize skill and knowledge acquisition within the early childhood workforce⁴</p>	<p>Provide at regular intervals opportunities for cross-sector workforce trainings focused on infant-family and early childhood behavioral health interventions</p>	<p>Scale trainings and ongoing technical assistance to at least 50% of identified “child-serving programs”</p>
<p>Expand provider training around trauma and support for behavioral health concerns to improve understanding of the meaning of many behaviors seen in very young children</p>	<p>Secure funding to sustain on going professional development models to build workforce competence, using competency-based models</p>	<p>Document changes in staff practices in the provision of behavioral health services that address promotion, prevention, and treatment for infants, toddlers, preschoolers, and their families</p>
<p>Work to help partners in the early childhood field recognize the value of IMH credentials and endorsement</p>	<p>Establish pathways and support for employees to receive credential and endorsement that include employer reimbursement for support and training</p>	<p>Employers and state contracting agencies recognize the value of credentials and endorsement of personnel through increased levels of compensation</p>
<p>Infuse basic brain development and IECBH principles in-service training into home visitation, child care, and child welfare, with a plan to provide ongoing support to those receiving training with reflective supervision</p>	<p>Create the infrastructure for jointly-funded training opportunities and ensure infusion of reflective practice in trainings</p>	<p>Build sustainable long-term funding for cross-sector workforce development in IECBH and reflective supervision for those working in the early childhood field</p>
<p>Survey staff and students on pre-service curricula in higher education institutions to understand strengths and opportunities in developing IECBH core knowledge, such as early brain development, infant mental health, relationship-based practices, family-centered practice skills, and strength-based skills to support family partnerships Identify “early adopter” pre-service and in-service programs where early childhood behavioral health principles could be integrated</p>	<p>Develop partnerships with providers of behavioral health pre-service and in-service education in at least two higher education institutions to develop and improve upon basic curriculum elements and training curricula⁵ Incorporate identified IECBH competencies required to work with children under age 5 and their families, including the use of multi-generational and culturally-appropriate practices</p>	<p>Coursework will be available in at least two institutions of higher education that includes IECBH competencies required to work with children under age 5 and their families, including the use of multi-generational and culturally-appropriate practices</p>
<p>Investigate mechanisms to establish loan forgiveness programs for IECBH education, with required number of years of service in public sector programs in Hawai‘i</p>	<p>Secure funding and establish a loan forgiveness program for at least one pre-service IECBH training program in Hawai‘i</p>	<p>Evaluate the impact of a loan forgiveness program(s) on the number of IECBH specialists practicing in Hawai‘i</p>
<p>Offer training and information to early childhood program directors and providers to help them to understand the benefits of reflective supervision and how it can be used within a variety of organizations</p>	<p>Infuse reflective practice strategies into at least one infant and early childhood agency on every island in Hawai‘i to improve the quality of services, as well as reduce turnover and address job stress</p>	<p>Require reflective practice supports for all providers working in infant and early childhood programs through the infusion of funding, resources and program/policy development</p>
<p>Survey and assess training, consultation, and coaching needs of providers serving young children</p>	<p>Develop in-person and online distance learning opportunities for early childhood and clinical staff that serve rural communities, through existing evidence-based programs or home-grown curriculum in Hawai‘i to improve adoption of IECBH approaches</p>	<p>To the extent possible, recruit and support professionals/trainers from the community who understand the resources and cultures of that community and can provide more relevant professional development support</p>



COMPONENT 3
Workforce Development

GOAL 3
Increase the quality and capacity of the early childhood and behavioral health workforce to address social, emotional, and behavioral needs of young children and their families

Strategy 3.2
Increase use of IECBH consultants across systems and programs, including primary care

Rationale:
Currently, there is insufficient availability and utilization of mental health consultation for early childhood programs in general. Use of mental health consultation is a cost-saving measure for all child-serving systems and providers, enabling earlier access to services needed to avoid long-term mental health concerns, as well as to support policies that prohibit suspension and expulsion of young children. Furthermore, it is important to implement consultation models that involve coordination between behavioral health specialists and pediatric primary care providers to coordinate and address both physical and behavioral health needs of young children.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<ul style="list-style-type: none"> Agree on a set of IECBH competencies that incorporates national best practice models 	<ul style="list-style-type: none"> Adopt the cross-walk model and explore implementing it across departments and agencies working with young children 	<ul style="list-style-type: none"> Evaluate costs, successes, and a process for expanding implementation of the competencies
<ul style="list-style-type: none"> Develop a vetting process that includes the competencies above Recruit cross-sector members to participate on a board for vetting professionals to populate a consultation registry 	<ul style="list-style-type: none"> Establish a consultation registry and identify its “home” 	<ul style="list-style-type: none"> Establish funding to hire a state coordinator for IECBH to manage the IECBH consultation system
<ul style="list-style-type: none"> Explore possible funding for IECBH consultation services across sectors 	<ul style="list-style-type: none"> Establish a funding mechanism for consultation to primary care providers 	<ul style="list-style-type: none"> Provide sustainable funding for IECBH consultation through telecommunications in both private and public health plans
<ul style="list-style-type: none"> Test the vetting and proposed consultation model in a pilot project with early childhood providers 	<ul style="list-style-type: none"> Implement Infant and Early Childhood Behavioral Health consultation (IECBHC) in several pilot agencies 	<ul style="list-style-type: none"> Expand IECBH consultation model to other infant and early childhood programs
<ul style="list-style-type: none"> Integrate a consultation internship into the professional development programs Determine data needed from the pilot to make the case for funding the model to scale 	<ul style="list-style-type: none"> Develop an implementation plan that includes a financing strategy for consultation to early childhood settings, as well as parent-child dyadic consultation 	<ul style="list-style-type: none"> Evaluate costs, successes, and a process for expansion of consultation services
<ul style="list-style-type: none"> Maintain telehealth/telepractice models utilized during the pandemic to improve service access and consultation between IECBH specialists, primary care clinics, and infant and early childhood programs across the mixed delivery system 	<ul style="list-style-type: none"> Develop a pilot model using cross-system funding for IECBH consultation to home-based services programs 	<ul style="list-style-type: none"> Create mechanisms that will help ensure access in rural communities across the state for both training and consultation support
<ul style="list-style-type: none"> Work with stakeholders to create an operational plan for a behavioral health phone consultation line to increase access to early childhood behavioral health expertise needed by primary care providers 	<ul style="list-style-type: none"> Identify sources of funding that can be braided to pay for phone and text consultation 	<ul style="list-style-type: none"> Establish a behavioral health phone line to provide access to IECBH consultation for primary care providers and pediatricians
<ul style="list-style-type: none"> Research what is necessary for IECBH practitioners to become Med-QUEST providers 	<ul style="list-style-type: none"> Work with partners at Med-QUEST to define and accept scope of services, qualifications and settings for practitioners 	<ul style="list-style-type: none"> Appropriately trained and vetted IECBH practitioners will be able to receive Med-QUEST reimbursement
<ul style="list-style-type: none"> Develop a mentoring and coaching model design to support and train IECBH consultants 	<ul style="list-style-type: none"> Identify funding sources and develop a coaching and mentoring model 	<ul style="list-style-type: none"> Through the consultation registry, identify and deploy IECBH mentor/coaches

COMPONENT 4
Programs & Services

GOAL 4
Create pathways for access to a full range of IECBH programs and services providing promotion, prevention, and treatment

Strategy 4.1
Ensure equitable access to all IECBH services including prevention and treatment Services

Rationale:
Every child in Hawai‘i, birth to age 5, should be screened at regular intervals to determine whether that child should receive interventions within family and community settings or move to a higher level for assessment or treatment. Families and providers should experience seamless transitions between levels of services and across program/agency settings. Ensuring reliable access to prevention and treatment services for children, ages birth to 5, and their families will reduce future spending on special education, medical treatment and juvenile justice. The Federal Mental Health Parity Law⁶ requires publicly- and privately-insured children to have access to mental health services equal in scope, duration, and accessibility to those with physical health conditions. Models must exist for both publicly- and privately-insured children and families.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>IECBH Plan cross-sector leadership team (the Team) adapts and ratifies the SMART framework⁷ for expansion of IECBH prevention and treatment services</p>	<p>Provide training and technical assistance to treatment providers on the use of the SMART framework to strengthen an integrated and seamless IECBH system</p>	<p>Expand the use of the SMART framework to strengthen an integrated and seamless IECBH system across most service providers</p>
<p>Recruit/secure a primary care provider/pediatrician as a member of the Team</p>	<p>Strengthen and connect existing alliances focused on prevention and treatment activities for collaborative actions on program and practice changes</p>	<p>Expand integrated models of care, relying on preliminary outcomes from pilot sites</p>
<p>Determine and strengthen entry points for IECBH services and treatment through primary care, pediatricians, and other clinical settings by considering procedures such as shared enrollment forms and “no wrong door” for service access</p>	<p>Advocate for inclusion of “whole family” government/non-government approaches to IECBH services, including attention to maternal mental health, intergenerational and historical trauma, postpartum depression, and multi-generational approaches to treatment options through managed care organizations</p>	<p>Implement or strengthen the availability of at least one organization on every island in Hawai‘i, with a focus on behavioral health needs of the child and family, that utilizes the multigenerational approach to service delivery adopted in Hawai‘i). The organization will serve as an anchor in the community and share promising practices with others. Evaluate cost savings of this approach over individual therapeutic services delivered to each family member</p>
<p>Create integrated intake, screening, and assessment strategies to support connections between services and improve collaboration across systems Build a common infrastructure connecting health, human services and social services organizations</p>	<p>Develop and sustain “system navigators” to support referral sources and families in accessing and enrolling into services Pilot placement of navigators into at least three community primary care clinics, with training and ongoing support for the clinics, clinicians and navigators</p>	<p>Evaluate family responses to community support models, cultural fit, and ease of access of the models adopted</p>
<p>Evaluate Hawai‘i’s current prevention and treatment services and assess the tiers of the intervention pyramid and national best practices for service density and capacity</p>	<p>Evaluate and test models of easily accessible, non-stigmatizing community supports for IECBH interventions in at least three communities on different islands⁸</p>	<p>Evaluate changes in transitions across systems, including early intervention services, IDEA 619 services, and treatment services</p>
<p>Identify points of entry for prevention and treatment services and determine if families access services successfully through those points of entry</p>	<p>Develop a cross-sector plan to improve transitions for families between service sectors, including referrals, coordination of eligibility determination for services, and provision of services across key systems serving infants, toddlers, and preschoolers</p>	<p>If warranted, expand the use of system navigators based on an examination of cost savings in primary care by shifting responsibilities for screening, referral, and accessing services from physicians to navigators</p>
<p>Encourage pregnant women and new parents to enroll in text programs to access free information, sent by text, designed to fit due date and child’s first few years of life</p>	<p>Expand and connect families through peer-to-peer networks and family support programs to strengthen family capacity, support prevention activities, and improve family engagement and education</p>	<p>Strengthen parent advocacy to promote young children’s behavioral health and share awareness of programs with other parents and caregivers</p>

CONTINUED...



COMPONENT 4
Programs & Services

GOAL 4
Create pathways for access to a full range of IECBH programs and services providing promotion, prevention, and treatment

Strategy 4.1
Continued

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>▶ Encourage and support engagement of family members to assess IECBH programs and services</p>	<p>▶ Encourage family evaluation of IECBH services to assess goodness of fit within communities and to seek expansion if needed so there are no geographic disparities and continuity across communities</p>	<p>▶ Ensure there are standard practices and programs of IECBH services across all geographic communities</p>
<p>▶ Expand comprehensive primary prevention to include IECBH through the expansion of two-way texting programs</p> <p>▶ Identify funding sources to begin the development of the IECBH core story that integrates with existing family support texting platforms</p> <p>▶ Strengthen entry points for IECBH services through a comprehensive texting referral management system</p>	<p>▶ Complete and vet IECBH texting platform with IECBH professionals</p> <p>▶ Develop marketing, outreach and registration process for enrolling in texting platform</p>	<p>▶ A comprehensive early childhood two-way texting platform is in place through State agency contracts that gives IECBH support and guidance to families, prenatally through their child's first three years</p>
<p>▶ Increase use of IECBH consultants across early childhood settings</p>	<p>▶ Create opportunities for in-person and tele-consultation between early childhood providers and IECBH consultants</p>	
<p>▶ Develop and deliver curriculum/training modules on an IECBH approach in pediatrics and primary care in Hawai'i through a series of sessions</p>	<p>▶ Implement additional IECBH-related curriculum/training modules to pediatricians/primary care doctors and allied health professionals and provide tele-health consultation for doctors to implement IECBH practices</p>	<p>▶ Identify early adopters committed to integration of IECBH into pediatric and family medicine practices</p> <p>▶ Identify sustainable funding for tele-consultation between pediatricians/primary care clinics and IECBH consultants</p>

COMPONENT 4
Programs & Services

GOAL 4
Create pathways for access to a full range of IECBH programs and services providing promotion, prevention, and treatment

Strategy 4.2
Develop and maintain a coordinated and cohesive system for screening, referral, and utilization of services for young children and their families.

Rationale:
National guidelines and federal requirements for Medicaid-eligible health care exist for providing developmental screenings at well-child check-ups. Requirements also exist for screening within certain federally-funded programs (e.g., MIECHV, Early Head Start/Head Start). Across systems, there is often duplication of efforts in screening young children, with little information shared with families about the rationale for screening and next steps, and no linkage between systems to share data and referral information. Hawai`i would do well to develop a cohesive and coordinated system for screening, referral, and utilization, including information on follow-up and access to services.

Short-term Objectives (By Dec. 2021)	Intermediate-term Objectives (By Dec. 2022)	Long-term Objectives (By Dec. 2025)
<p>Support the list of recommended screening tools and establish standards for their use, including frequency of administration based on AAP Bright Futures</p>	<p>Secure sustainable funding for recommended screenings tools for maternal postpartum depression, trauma in both children and parents, and behavioral health screens for all family members</p>	<p>Promote use of recommended screening tools and make them available to all providers, with technical assistance provided as needed</p>
<p>Promote use of the DOH Developmental Screening and Referral Guidelines by early childhood providers, including how to share information with families, refer for services, and track access to services following referral</p>	<p>Develop online training modules for screening, referral, and utilization of services to ensure accessibility, availability and greater capability in discussing assessment results and referrals with families</p>	<p>Evaluate changes in rates of screening and referral based on provider education efforts</p>
<p>Explore options with Med-QUEST leadership to address quality and consistency of screening in primary care</p>	<p>Create quality oversight for HMOs with financial penalties when standards are not met and maintained</p>	<p>Unbundle CPT codes for developmental and behavioral/trauma screening from capitated rates to improve financial reimbursements to primary care and to increase rate of screenings</p>
<p>With cross-sector leaders, set a percentage goal for the rate of birth to five children screened and assessed statewide (e.g., 50% screened by 2022)</p>	<p>Identify and/or develop continuous quality improvement practices around screening, referral and access to services</p>	<p>Evaluate changes related to duplication of screenings, monitoring when screenings indicate potential concern but do not require immediate referral, and improvements in screening rates, referrals and access to services</p>
<p>Analyze models used in other states and regions to track screening and analyze data that can be utilized by a variety of providers for service improvement and communication with families</p>	<p>Select a model for a comprehensive screening database, and secure funding to establish and maintain it</p>	<p>Provide training and implementation support on the selected comprehensive screening database</p>
<p>Examine the potential implementation of a common infrastructure or national model of screening and referral in one underserved community on O'ahu</p>	<p>Develop a funding mechanism for the implementation of a selected screening and referral system in at least one underserved community on O'ahu</p>	<p>Secure funding and expand successes of the selected screening and referral system pilot to other islands in Hawai'i</p>
<p>Collaborate with Med-QUEST to develop a plan to certify community-based organizations so they can be reimbursed for screenings and IECBH services</p>	<p>Work with Med-QUEST to certify several community-based organizations and support initial billing to Med-QUEST of allowable screening and IECBH services</p>	<p>Grow the number of community-based organizations, with attention to equity in geographic spread, that are certified to bill and be reimbursed by Med-QUEST for IECBH screening and services</p>
	<p>Establish linkages across systems for collection and access to data on screening, utilizing a unique child identifier to track children through the screening and referral system (universal consent form, data sharing agreements)</p>	<p>Evaluate the increase in referrals and enrollment in needed services based on screening results</p>

Appendix

Abbreviations, Acronyms, & Definitions of Terms Used in this Document

<u>ACEs</u>	<u>Adverse Childhood Experiences</u>
<u>CCDBG</u>	<u>Child Care & Development Block Grant</u>
<u>CPT</u>	<u>Current Procedural Terminology, a medical “services” code published by the American Medical Association</u>
<u>CWS</u>	<u>Child Welfare Services</u>
<u>DHS</u>	<u>Department of Health Services</u>
<u>DOE</u>	<u>Department of Education</u>
<u>DOH</u>	<u>Department of Health</u>
<u>EI</u>	<u>Early Intervention</u>
<u>EOEL</u>	<u>Executive Office on Early Learning</u>
<u>EPSDT</u>	<u>Early & Periodic Screening, Diagnostic, and Treatment</u>
<u>HMG</u>	<u>Help Me Grow</u>
<u>HMO</u>	<u>Health Maintenance Organization</u>
<u>HV</u>	<u>Home Visiting</u>
<u>IECBH</u>	<u>Infant and Early Childhood Behavioral Health</u> [Note that an underlying assumption is that very young children cannot be adequately served without the involvement of the family, particularly if they are under age 2]; this term is used interchangeably with the term Infant and Early Childhood Mental Health
<u>Parent</u>	is used to signify the primary caregiver in a child’s life. It can indicate a biological mother, biological father, resource caregiver (formerly called foster parent), or another primary figure involved with raising a young child (e.g., grandparent, aunt, uncle)
<u>SAMHSA</u>	<u>Substance Abuse and Mental Health Services Administration</u>

Process of Creating the Plan

Through the cross-sector work of the Early Childhood Action Strategy (ECAS), including public agencies and private partner input, it became apparent that there was a critical need for a plan to address the infant and early childhood behavioral health needs of our keiki, birth to five. In Hawai`i our system of care for young children spans across multiple departments, their internal divisions, foundations and the child and family-serving nonprofits that are contracted through those entities.

In February 2020, the state Early Learning Board—the governing entity of the Executive Office on Early Learning (EOEL), which together with the EOEL, is statutorily tasked with the coordination of the early childhood system in Hawai`i—approved a motion requesting the development of a social-emotional and behavioral health action plan that would complement and augment existing plans, such as the Early Childhood State Plan. This request resulted in planning and documenting the goals and strategies described in Hawai`i's Integrated Infant and Early Childhood Behavioral Health (IECBH) Plan.

A cross-sector Advisory Team was established to develop the guiding principles of the plan and scope of services, to hire a consultant to write the plan with the Advisory Team, to establish priorities for the work, and to provide oversight. (See Appendix for members of the Advisory Team).

The timeline for the project was July 13, 2020 to January 31, 2021.

The Advisory Team contracted with WestEd Center for Prevention and Early Intervention to act as the consultant supporting the Advisory Team in developing the plan, conducting a **scan of the status** of IECBH in Hawai`i, including what exists and what is missing, conducting **key informant interviews**, and summarizing key issues in infant and early childhood mental health in the form of a **brief white paper**. Meetings were held monthly between the WestEd consultant, Dr. Karen Finello, and the Advisory Team to review and contribute to documents as they were being developed, to discuss and modify multiple draft versions of the IECBH Plan, to make decisions about short, intermediate, and long-term objectives and timelines for each, and to provide guidance on key informant contacts for more information.

Key informant interviews with eight individuals were conducted by the WestEd consultant (see Appendix for names and organizations of key informants).

Constituent Reviews with key leaders across Hawai`i were conducted by Advisory Team members (See Appendix for names of participants in the Reviews). Modifications and changes were made to the Plan based on consideration of all feedback.

Planning/Advisory Team:

- Justina Acevedo-Cross, Hawai'i Community Foundation
- Jo Ann Farnsworth, Association of Infant Mental Health Hawai'i
- Christine Jackson, Executive Office on Early Learning/
Head Start State Collaboration Office
- Stacy Kong, Hawai'i Department of Health/Early Intervention Section
- Keiko Nitta, Hawai'i Department of Health/
Children with Special Health Needs Branch
- Kerrie Urosevich, Hawai'i Early Childhood Action Strategy

Key Informants:

- Amelia Rachel Hokule'a Borofsky, PhD., Play Therapist & Parent
- Steven Choy, PhD, Chaminade University & Family Programs Hawai'i
- Anthony Guerrero, MD, AAP; Chair of Dept of Psychiatry,
Univ of Hawai'i Medical School; Director of Child and
Adolescent Psychiatry at UH Medical School
- Malia Taum-Deenik, JD, Hawai'i Dept of Human Services,
Director's Office, Legislative Coordinator
- Sharon Thomas, DHS/EPST
- Curtis Toma, MD, DHS/Med-QUEST Division Medical Director
- Melodie Vega, Keiki 'O Ka 'Aina and 'Eleu Network
- Fern Yoshida, Hawai'i Dept of Education, Student Support Section

Constituent Review Participants:

- Association of Infant Mental Health Hawai'i, Board of Directors
- DHS Med-QUEST
- DHS Office of the Director
- DOE Student Services Branch
- DOH Behavioral Health Services Administration
- DOH Family Health Division
- Early Childhood Action Strategy Convener Team
- Early Learning Board Chair and Executive Office on Early Learning Director
- Ke Ala Ho'aka Associates (KAHA)
- P-20
- Promising Minds Fellows and Community of Practice advisors and members
- University of Hawaii JABSOM Pediatrics

Special Thanks to Family Hui Hawai'i for photos used throughout the Plan.

Endnotes

- 1 The Team shall have different levels of leadership to ensure effective oversight, decision-making and action
- 2 Explore the DOH as the logical, permanent home to track IECBH data starting with health services (e.g., home visiting, physician EPSDT screening and developmental screening done by other providers, and early intervention services)
- 3 Conduct an Institute on IECBH borrowing from the Tulane model, to educate and incentivize policymakers within health, human services, education, judiciary and private sector to champion IECBH
- 4 Examples include stipends, higher salaries for endorsed staff, time off for trainings and planning
- 5 Examples include Clinical Psychology, Early Childhood Special Education, public health, social work) and two systems serving infants, toddlers, and preschoolers, Child Welfare, and Early Intervention
- 6 The Mental Health Parity and Addiction Equity Act (MHPAEA)
https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet
- 7 The SMART System of Care aims to identify all children who are at risk for medical, mental health, emotional, developmental or learning problems and ensures they and their families receive the appropriate level of assessment and treatment they need to succeed in school and in life. The System of Care also requires participation and buy-in from a wide network of organizations treating children and their families. The coordinated and integrated system aspires to reach all children from birth to 5 through a series of steps.
- 8 Strengthen understanding of roles and responsibilities of CWS, MCHB, 0-3 court, DOH, HIDEOE, EOEL, UH, etc.
- 9 As part of the model, include planning for children who age out of Early Intervention services to ensure ongoing relevant services for them as preschoolers, including behavioral health assessments and services

