From the Research and Training Center for Children's Mental Health, Tampa, Florida...

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(From the Executive Summary) As part of the Assuring Better Child Health and Development (ABCD II) program, NASHP [the National Academy for State Health Policy] surveyed Medicaid, maternal and child health, and children’s mental health agencies in all 50 states and the District of Columbia to gather information on how states are addressing the healthy mental development of children ages birth to three. The objective of the survey was to identify critical issues, common approaches to addressing them, and innovative approaches that might be useful to states participating in the ABCD II Consortium and to other states as well. NASHP received survey results from 101 respondents representing all 50 states and the District of Columbia. [Selected key findings follow]

1. In just over half of the states (26), at least one agency reported recommending specific screening tools to detect young children who may be delayed, or at risk of delay, for social emotional development. The most frequently recommended screening tools are the Ages and Stages Questionnaire (ASQ), the Ages and Stages Questionnaire: Social and Emotional (ASQ:SE), the Denver Developmental Screening Test, and the Parents’ Evaluation of Developmental Status (PEDS).

2. Various resources are available in the states to assist primary care providers who identify a child in need of further assessment or in-house follow up. Mental health consultation was mentioned most frequently (48 percent), followed by state-funded care coordinators (33 percent), public health nursing consultation (30 percent), and lists of organizations for physician referrals (27 percent). However, these low percentages suggest that none of these resources are readily available.

3. Respondents to the survey noted that children with mild or subtle emotional and behavioral disorders obtain care through a variety of agencies: private primary care providers, local health departments, early intervention, community mental health centers, school systems, or community programs. However, many respondents indicated that these children often do not receive services, either because they do not qualify or the programs lack resources to treat the children.

4. Medicaid and mental health agencies reported some collaboration with each other but each reported less collaboration with early intervention agencies. Collaboration tends to be in the form of regularly scheduled meetings to share information and jointly developed policies and projects. Many states are involved in comprehensive strategic planning efforts that may assist state agencies in enhancing collaboration with each other and with private partners.

5. Just over half (26) of all states reported providing education or information to primary care providers to encourage them to focus on young children’s early mental health development. Nearly half of respondents (48 percent) indicated that other organizations in their states provide training. They consider on-site training and in-person conferences to be the most effective mechanisms, but they tend to use fairly traditional methods to provide information, most commonly through dissemination of materials. Nevertheless, states are adopting new formats such as learning collaboratives and in-office training.
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