

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

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Version 2

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

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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 of 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.

In the plan, we use infant and early childhood *behavioral health* as a broader, more holistic term that includes mental health, trauma-informed care, and substance use; infant and early childhood *mental health* (IECMH) is a major component of behavioral health, and there is a national movement to develop a workforce and payment for services provided by individuals who are trained in IECMH competencies (we refer to these as IECMH practitioners and IECMH services).

This 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 IECMH trauma-informed care practices into all infant and early childhood services is needed to ensure that all children are developing on track socially, emotionally, and academically.

Social emotional health, a component of IECMH, is critical to positive child outcomes and development. 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 mental health principles and practices is needed to support all early childhood providers in their work.

Cross-sector programs need assistance 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 IECMH, 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 mental 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 mental health principles into all prenatal-through-age 5 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 mental 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.

IECMH involves providing a wide range of services to address social-emotional development and mental health concerns, with an emphasis on enhanced relationships between young children and their parents and other key caregivers as well as the well-being of families and improved developmental outcomes of 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 shows that 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 on 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, prevention, 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: 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 prevention 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 mental health, including early social-emotional 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 mental health treatment services for very young children on their own and, as a consequence, infants, toddlers and preschoolers do not enter the mental 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, child care centers, Early Head Start, early intervention 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 mental 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 fragmented, hindering the adoption and diffusion of evidence-based practices at the local level (Halfon, Russ, Oberklaid, Bertrand & Eisenstadt, 2009). Even while knowledge of early childhood mental health is increasing, community barriers related to access to services will continue, particularly for



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 continue to address the impacts of the COVID-19 pandemic and its 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.

isolated families, and must be addressed. Innovations aimed 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.

Hawai'i's Early Childhood State Plan (2019-2024), the comprehensive needs assessment and resulting strategic implementation plans funded by the 2018 federal Preschool Development Grant Birth through Five (PDG B-5) awarded to the state, identified the need to focus on our vulnerable children first through more workforce professional development support and an increased 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 and related goals, strategies, and objectives in this document provide a framework for a plan to improve existing services and increase 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-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 present and heard at all decision-making tables.
- All planning emphasizes shared responsibility and accountability.
- Data are collected and used to implement and improve, and results are reported publicly.

Overarching Indicators of Success

INDICATOR 1

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

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 family**

* 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 Hawai‘i answered yes to “all or most of the time,” National Survey of Children’s Health (NSCH) 2018-19 Indicator 6.12.

**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, NSCH 2018-19 Indicator 4.4a.

How to Use This Plan

As you read this plan, keep in mind that 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 through age 5 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 as a collaborator/implementer, please treat the plan 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 re-assessed throughout the year, at least annually.

Summary of Components

COMPONENT 1	COMPONENT 2	COMPONENT 3	COMPONENT 4
Systems & Policy	Marketing, Outreach, & Community Education	Workforce Development	Programs & Services
Goal 1: Have state policies and services in place with sustainable funding streams that support IECBH across Hawai'i	Goal 2: Create mechanisms to improve understanding in families and communities, and among policymakers, on the importance of IECBH to long-term health	Goal 3: Increase the quality and capacity of the IECMH workforce to address social, emotional, and mental health needs of young children and their families	Goal 4: Create pathways for access to a full range of IECMH programs and services providing promotion, prevention, and treatment
Strategy 1.1 Develop state policies and systems to support IECBH Strategy 1.2 Build and maintain a comprehensive database of service utilization, outcomes, and impact Strategy 1.3 Identify and use stable and consistent funding resources to support IECBH across Hawai'i	Strategy 2.1 Strengthen promotion, public education, and outreach efforts focused on the prevention of IECMH concerns	Strategy 3.1 Develop cross-sector workforce training and support Strategy 3.2 Increase use of IECMH consultants across systems and programs, including primary care	Strategy 4.1 Ensure equitable access to all IECMH services Strategy 4.2 Develop and maintain a coordinated and cohesive system for screening, referral, and use of IECMH services for young children and their families

Recommendations for Critical Next Steps

Hawai'i partners recognize the financial crisis affecting the state as a result of the COVID-19 pandemic and other budget shortfalls. While funding is needed, recommendations for critical next steps required to execute the plan 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 work with the Plan Coordinator to facilitate implementation and collaboration
- » Convene and define the role of a cross-sector Leadership Team, which includes family representatives
- » Establish a cross-sector team (to be known as the IECMH TA Consultation Team) that includes representatives from home visitation, early intervention, and early childhood care and learning settings to engage with ZERO TO THREE to create an IECMH consultation model for the state



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 policies focused on strengthening child and family outcomes and reducing risks and the negative impacts of trauma.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
	Identify policies, staffing, and resources to enable a permanent state agency “home” for IECBH in Hawai‘i	Identify a permanent state agency “home” for IECBH in Hawai‘i
Convene and support a cross-sector Leadership Team (the Team), including family representatives, for Hawai‘i’s IECBH Plan implementation	The Team will establish a work plan annually and identify primary implementers and policies needing legislative action to fully implement the IECBH Plan	The Team will meet on a regular basis to monitor plan implementation and track outcomes and progress The Team will share an annual implementation report with all stakeholders
Build on and develop a shared vision of the key IECMH principles, competencies, and standards upon which early childhood policies and practices should be established across all child-serving programs and settings Identify potential early adopters in child-serving programs that will integrate the key IECMH principles, competencies, and standards	Identify a key set of organizations and agencies to adopt the shared IECMH principles, competencies, and standards, and support those organizations and agencies in actively working towards implementing them	Develop a technical assistance process for promoting/supporting all infant and early childhood programs in using the IECMH principles, competencies, and standards through daily practice and models based on best practices that build on the unique strengths and cultures of Hawai‘i
Work with health plans and providers and explain the benefits and challenges of integrating IECMH principles and standards into care and service settings	Establish a policy whereby all health plans will be incentivized to include IECMH services in their benefits	Incentivize the majority of providers for the birth through age 5 population to have specialized training in IECMH
Coordinate with other efforts to prevent and mitigate the effects of trauma, abuse, and neglect on young children for policy and systems changes to improve outcomes for families	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 Establish a Community of Practice to support resilience approaches and advantageous childhood experiences or “counter ACEs”	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 Continue to strengthen policies that enable and reinforce resilience skills across the lifespan
Develop champions and leaders in the legislature to increase opportunities for funding and favorable policy changes	Develop and support policies that enable inter-agency, cross-disciplinary integration of IECMH principles, standards, and practices, such as legislation designating Hawai‘i as a “wellness and resilience” state Support mental health services that implement developmentally appropriate practices in identifying and treating young children and their families	Create and refine state and local policies that codify IECMH 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 use of IECMH consultation, at the program and family dyad level, and (2) establish in statute an IECMH consultation system model to enable onsite consultation for programs to address significant behavioral concerns and to avoid suspension and expulsion of young children from programs
Implement a system of screening and referral for postpartum depression, and for other maternal mental health and substance use issues	Assess the feasibility of policy that requires conducting perinatal risk assessments that address ACEs as well as risk for child abuse and developmental delays for all newborns	Partner to adopt state legislation that increases and improves perinatal risk assessments and offers technical assistance to providers to adopt a consistent practice

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. Such a system should include information on children’s participation in health, child care and 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 well-being, effective allocation of resources to higher-need children, and outcomes of investments made in early childhood.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
	<p>Determine the top five questions about early childhood mental 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 mental health needs in infant and early childhood programs across Hawai'i, identified through examination of 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 determine if IECMH data can be incorporated into an existing system</p> <p>Identify a permanent home for the IECMH data system and build the initial components of an integrated IECMH data system</p>	<p>Build out remaining components of an integrated IECMH data system</p>
	<p>Secure funds to test the use of available IECMH data to create an informational brief</p> <p>Secure initial funding for a data system that can be used to track IECMH services and program utilization, program outcomes, costs, staff retention, and other impacts of program improvement efforts</p>	<p>Secure sustainable funding for state IECMH data system integration across early intervention, early care and learning, child welfare services, and other child-serving programs</p>
	<p>Outline key data that can be used to develop legislative briefs</p> <p>Produce one or two legislative briefs from existing data as a pilot test for answering key research question(s) with data available</p>	<p>Prepare legislative and funder reports to highlight findings from the data</p>
	<p>Examine feasibility of creating unique newborn identifiers (UNI), using vital statistics, by reviewing states that currently have UNI to determine strategies used and key partnerships needed</p> <p>Establish a collaborative group of key partners (i.e., health plans, hospitals, State Vital Records) to identify implementation strategies</p>	<p>Ensure that necessary electronic medical records and other 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
Identify and use stable and consistent funding resources to support IECBH across Hawai‘i

Rationale:

A variety of federal and state funds may be used to support the provision of IECMH services in Hawai‘i. This includes taking advantage of new federal funding opportunities, building on existing state and federal resources to the maximum extent allowable, and exploring additional and new opportunities with the private sector – and combining these types of public and philanthropic funds when possible. Because of its role in funding services to meet the needs of infants, young children, and families, Medicaid is an essential leader and partner in the state’s efforts to develop sustainable funding for IECMH services.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
		Review key milestones and progress on implementation of the IECBH Plan, and adjust strategies to achieve goals annually, through the careful review by the cross-sector Leadership Team (the Team)
Educate providers and public/private insurers regarding use of “imminent risk” reimbursement codes for the entry of birth through age 5 children into mental health services, eliminating the requirement of “medical necessity” for initial visits, to support the earliest possible access to needed services and reduce long-term costs	Work with departments, agencies, and insurers to expand use of “imminent risk” reimbursement codes	Continue work with departments, agencies, and insurers to expand use of “imminent risk” reimbursement codes
Identify potential providers of IECMH services, including pediatric and behavioral health community partners, and educate them about screening and referral for the treatment of IECMH concerns	Explore potential funding sources and partner with Medicaid to develop reimbursement for IECMH services delivered by IECMH-endorsed and/or vetted providers Partner with Medicaid to develop a plan to increase screening and referral for the treatment of IECMH concerns identified in EPSDT visits Engage pediatric community partners/providers to educate stakeholders on IECMH services and providers	Work with IECMH providers to increase screening and referral for the treatment of IECMH concerns identified in EPSDT visits
Collaborate with state agencies to develop a plan and process to certify community-based organizations. Collaborate with Medicaid to develop a plan for IECMH services to be reimbursed.	Work with state agencies to certify several community-based organizations. Work with Medicaid to reimburse for IECMH services provided by IECMH-endorsed and/or vetted providers.	Grow the number of community-based organizations, with attention to equity in geographic spread, that are credentialed to bill and be reimbursed by Medicaid for IECMH services
Coordinate with the DHS Child Welfare Services Branch for opportunities to support and maximize resources (funding, training, materials) to enhance child and family wellbeing, and staff understanding of IECMH	In partnership with the DHS Child Welfare Services Branch, mobilize efforts/ opportunities to maximize resources, funding, and training materials to expand staff knowledge and support of IECMH	
Monitor federal websites (e.g., SAMHSA) for grant opportunities to develop comprehensive systems focused on mental health promotion, prevention, treatment, and IECMH consultation for children, birth through age 5	Apply for federal grants to support improvements in IECMH services across the state	Develop a sustainability plan for continued IECMH services through use of cost savings and outcome data gathered during pilot periods of federal grants
Research potential methodologies for using federal funds for IECMH consultation and services as part of early childhood provider continuous quality improvement	Work with state agencies to identify funding for piloting IECMH consultation for early childhood providers and complete field testing of a pilot in one or more settings	Evaluate and begin to expand IECMH consultation to providers in child care settings—center-based care, family child care, family-child interaction learning programs, and home visiting. Adjust for provider needs and availability of consultation providers statewide.
Inventory community programs incorporating IECMH concepts; identify existing and potential funding for these programs	Identify one or two opportunities to blend public and private funds to maximize regular training and technical assistance on IECMH concepts, (e.g., brain development, ACEs & Counter ACEs, historical trauma, trauma-informed care, community resilience) to make training more available and cost-effective	Secure funding for regular training and technical assistance on topics related to IECMH using a variety of educational delivery approaches

COMPONENT 2

Marketing, Outreach,
& Community Education

GOAL 2

Create mechanisms to improve understanding in families and communities, and among policymakers, on the importance of IECBH to long-term health

Strategy 2.1 Strengthen promotion, public education, and outreach efforts focused on the prevention of IECMH concerns

Rationale:

There is a need for families and the community to understand the importance of social-emotional development in the first 5 years of life. Improving information-sharing and the development and dissemination of outreach materials for families, early childhood practitioners, policymakers, and prenatal and primary care providers will help to increase knowledge about the importance of behavioral health and availability of services, and lead to more appropriate referrals and better access to needed services.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
Develop outreach 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 advantageous childhood experiences or “Counter ACEs” to reduce the stigma attached to mental health concerns, normalize “developmental check-ups,” and support early detection of problems. Identify distribution partners, such as health plans, resource and referral agencies, and key community partners.	Translate outreach and marketing materials in a variety of languages that reflect the cultures and ethnicities in communities across the islands	Establish patient navigators in primary care settings to help guide families through the health care system to overcome obstacles in receiving care, fully inform them about available services, and create linkages for families to IECMH resources and services
Design a resource and referral website for families, physicians, professionals, providers who care for young children, and others to access IECMH best practice research, information on IECMH services, and to find qualified providers of IECMH services	Identify a location/home, funding, data collection process, and maintenance needed for the website	The website is established and its use tracked to determine how user-friendly and effective it is and areas needing improvement
Work with family-serving organizations and family representatives to develop more effective and culturally-relevant family outreach materials, including PSAs focused on IECMH	Expand use of group family support models for engaging families in prevention activities and in supporting the growth of skills to promote social connections and resilience for all family members	Develop and implement wide-reaching media campaigns around IECMH and family well-being through social networking, television and radio ads, PSAs, and texting campaigns
Share free, nationally available materials on child development (e.g., CDC’s “Learn the Signs, Act Early” website, Milestone Tracker app) with childcare service providers, health care providers including primary care, and families 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 IECMH programs, services, and eligibility criteria, and how best to refer families, while also educating families about the need for and benefits of referrals	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 Pilot family toolkits that support positive attachment and healthy relationships in the home with various communities, including Native Hawai‘ian, rural, etc.	Secure funding and/or leverage and build upon what other communication campaigns have done to promote infant and early childhood health and wellness, and implement campaign statewide
	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	Use family champions in outreach campaigns focused on the promotion of screening and available services and materials
Enter information on all IECMH-related programs and services into Aloha United Way’s (AUW) Keiki Central and 211 databases		
Promote awareness and use of DOH’s “Screening and Referral Guidelines” with early childhood providers to increase timely access to IECMH services	Identify existing IECMH-related resources in Hawai‘i, including websites, trainers, toolkits, etc. and use them in an outreach and marketing campaign to support referring agencies	Convene an annual Institute on IECMH promotion with community stakeholders, health care providers, child care providers, legislators, and families
Promote the concept of an IECMH consultation model 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	Recruit early childhood practitioners for the IECMH consultation model to receive onsite coaching and mentoring support for increased understanding of children’s behaviors, to identify appropriate strategies to use, and to confer with families if referrals are deemed appropriate	Support legislation that promotes greater understanding of children’s mental health needs through the implementation of IECMH consultation models in the state
Educate candidates for public office that IECBH is an integral part of any policy agenda that prioritizes children and families		

COMPONENT 3
Workforce Development

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

Strategy 3.1
Develop cross-sector workforce training and support



Rationale:
All infant and early childhood providers need training in relationship-based practices to support the delivery of mental health services. Workforce development efforts must be expanded across both pre-service and in-service training to a wide range of providers of infant and early childhood services, including physical health, mental health, social services, education, and child care.

Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
Enhance the coordination across early childhood workforce development efforts to include IECMH knowledge and the importance of reflective practice, and explore ways to incentivize skill and knowledge acquisition within the early childhood workforce	Provide at regular intervals opportunities for cross-sector workforce trainings focused on infant-family and early childhood mental health interventions	Scale trainings and ongoing technical assistance across all islands, especially in communities with highest need children and families
Expand provider training around trauma and support for mental health concerns to improve understanding of why young children may behave in ways that may seem inappropriate or challenging and that may require intervention	Secure funding to sustain ongoing professional development to build workforce knowledge, using competency-based models	Evaluate changes resulting from IECMH and trauma-informed training in the provision of trauma-responsive practices, including more timely and appropriate referrals
Work to help partners in the early childhood field recognize the value of IECMH credentials and endorsement	Establish pathways and support for practitioners to receive IECMH credentials and endorsement that include employer reimbursement for training	Employers and state contracting agencies recognize the value of IECMH credentials and endorsement and demonstrate this through increased staff compensation
Infuse basic brain development and IECMH principles into in-service training for home visitation, child care, and child welfare, with a plan to provide ongoing support through reflective supervision to those receiving training	Create the infrastructure for jointly-funded training opportunities and ensure infusion of reflective practice in trainings	Build sustainable long-term funding for cross-sector workforce development in IECMH and reflective supervision for those working in the early childhood field
Explore partnerships between providers of mental health pre-service and in-service education and with higher education institutions	Develop partnerships between providers of mental health pre-service and in-service education and at least two higher education institutions to improve on basic curriculum elements and training curricula Incorporate into curricula IECMH competencies required to work with children birth through age 5 and their families, including the use of multi-generational and culturally-appropriate practices	Coursework is available in at least two institutions of higher education that includes IECMH competencies required to work with children birth through age 5 and their families, including the use of multi-generational and culturally-appropriate practices
Investigate mechanisms to establish scholarships, stipends, and loan forgiveness programs for IECMH education, with required service commitment in Hawai'i public sector programs	Secure funding and establish a scholarship, stipend, or loan forgiveness program for at least one pre-service IECMH training program in Hawai'i	Evaluate the impact of scholarship, stipend, or loan forgiveness program(s) on the number of IECMH specialists practicing in Hawai'i
Offer training and information to early childhood program directors and providers to help them understand the benefits of reflective supervision and how it can be used within a variety of organizations and settings	Infuse reflective supervision 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	Require reflective supervision supports for all providers working in infant and early childhood programs through the infusion of funding, resources, and program/policy development
Assess IECMH training, consultation, and coaching needs of providers serving young children	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 IECMH approaches	To the extent possible, recruit and support practitioners/trainers from the community who understand the resources and cultures of that community and can provide more relevant professional development support

COMPONENT 3
Workforce Development

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

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

Rationale:
There is insufficient availability and use of IECMH consultation for early childhood programs. Use of IECMH consultation enhances quality and reduces costs for all child-serving programs and settings, enabling earlier access to services needed to avoid long-term mental health concerns, as well as to support policies that limit suspension and prohibit expulsion of young children. It is also important to implement IECMH consultation models that involve coordination between behavioral health specialists and pediatric primary care providers to coordinate and address both physical and mental health needs of young children.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
Establish a cross-sector team (to be known as the IECMH TA Consultation Team) that includes representatives from home visitation, early intervention, and early childhood care and learning settings to engage with the ZERO TO THREE technical assistance center to create an IECMH consultation system in Hawai'i	The IECMH TA Consultation Team meets regularly to develop the IECMH consultation system, and field tests the system in three initial early childhood settings	The IECMH TA Consultation Team identifies lessons learned and best practices through the field testing of the IECMH consultation system in three initial settings and develops plans to extend the system to additional settings
1. Infrastructure The IECMH TA Consultation Team shall determine its priorities for the establishment of the IECMH consultation system including the following:	Pilot and evaluate the IECMH consultation system in home visitation, early intervention, and early learning settings Consider legislation to institutionalize IECMH consultation (e.g., see draft legislation/Colorado bill)	Expand the IECMH system to scale across the state Hire a state coordinator to manage the IECMH consultation system
1a. Determine IECMH consultation database needs	Design a database system to be housed in the Office of Wellness & Resilience	Fund the maintenance of the database and the generation of data analysis reports
1b. Determine/adopt a set of IECMH competencies	Provide training on competencies through a variety of cross-sector venues	
1c. Determine the process for IECMH consultants to be vetted and included in a provider registry	Establish a registry of IECMH consultants Establish a lead agency and an organizational home for the vetting of IECMH consultants	Implement a continuous quality improvement (CQI) process for IECMH consultation that is embedded in the registry
2. Workforce Development Identify IECMH consultation workforce training needs and design training programs; employ recruitment strategies to identify consultation candidates	Train both external and internal consultants in IECMH consultation competencies	Support the IECMH consultation workforce through reflective supervision, coaching, and ongoing continuing education
3. Funding Identify funding sources (e.g., CCDBG, Medicaid, HRSA) for IECMH consultation across settings	Work with health plans to include IECMH consultation as reimbursable services	Expand the use of and payment for IECMH consultation to pediatric and primary care settings
4. Equity & Inclusion Design the IECMH consultation system to address equity across language, geography, and economic conditions	Establish equitable and consumer-friendly access for families and IECMH service providers to include telehealth and text-based platforms	
4a. Explore grassroots initiatives for IECMH support for families, using peer specialists and kupuna	Pilot initiatives through community-based programs and agencies, such as Tutu and Me and Federally Qualified Health Centers (FQHCs)	Encourage FQHCs to add infant mental health peer support specialists to their care teams
	Expand behavioral health phone consultation line for primary care providers to cover supports for children, birth to age 3	Identify long-term sources of funding that can be braided to support the phone consultation line
Work with Medicaid to develop a plan to reimburse for IECMH services delivered by unlicensed IECMH practitioners	Work with Medicaid to define details of reimbursable IECMH services, rates, and settings when provided by unlicensed IECMH practitioners	Unlicensed IECMH practitioners will be eligible to access Medicaid reimbursement for IECMH services provided

COMPONENT 4
Programs & Services

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

Strategy 4.1
Ensure equitable access to all IECMH services



Rationale:
If every child in Hawai'i, birth through age 5, were screened at regular intervals, a determination could be made as to whether it would be most beneficial to receive interventions within family and community settings or whether s/he requires a higher level of intervention. Children and families deserve to experience seamless transitions between levels of services and across program/agency settings. Ensuring reliable access to promotion, prevention, and treatment services for children, birth through age 5, and their families will reduce future spending on special education, medical treatment, and juvenile justice. The Federal Mental Health Parity Law requires publicly- and privately-insured children to have access to mental health services equal in scope, duration, and accessibility to services for physical health conditions.

Short-term Objectives ((By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
Determine and strengthen entry points for IECMH services and treatment (through primary care, pediatricians, and other clinical settings) by considering procedures such as shared enrollment forms and a “no wrong door” approach for service access	Advocate for inclusion of “whole family,” government/non-government approaches to IECMH services, including attention to maternal mental health, intergenerational and historical trauma, postpartum depression, and multi-generational approaches to treatment options through managed care organizations	Provide financial support and technical assistance to at least one organization on every island, with a focus on behavioral health needs of the child and family, that uses the multi-generational approach to service delivery adopted in Hawai‘i to serve as a model in the community and to share promising practices with others Begin to evaluate cost savings of this multi-generational approach over individual therapeutic services delivered to each family member
Create integrated intake, screening, and assessment strategies to support connections to needed IECMH services and improve coordination across systems Build a common infrastructure (e.g., data, communications, procedures) connecting health, human services, and education organizations	Develop and sustain “patient navigators” to link referral sources (or referring agencies) with families, and to facilitate family access and enrollment into services Pilot the placement of navigators into at least three community primary care clinics, with training and ongoing support for the clinics, clinicians, and navigators	Evaluate family responses to community support models, cultural fit, and ease of access to the models adopted
Evaluate Hawai‘i’s current promotion, prevention, and treatment services and apply national best practices for service density and capacity	Evaluate and test models of easily accessible, non-stigmatizing community supports for IECMH interventions in at least three communities on different islands	Evaluate changes in transitions across systems (e.g., IDEA Part C, Early Intervention to IDEA Part B, Section 619 Special Education Preschool)
Identify points of entry for IECMH promotion, prevention, and treatment services and determine if families are able to access IECMH services successfully through those points of entry	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	Begin an analysis of cost savings in primary care from shifting responsibilities for screening, referral, and accessing services from physicians to navigators, and if warranted, expand the use of navigators based on this analysis
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	Expand and connect families through peer-to-peer networks and programs to strengthen family capacity, support promotion and prevention activities, and improve family engagement and education	Strengthen parent advocacy to promote young children’s mental health and share awareness of these programs with other parents and caregivers
Encourage and support engagement of family members in assessing IECMH programs and services	Design the evaluation of IECMH services to assess goodness of fit within communities, and to seek expansion, if needed, to eliminate geographic disparities across communities	Ensure that standard practices and IECMH services are in place across communities
Expand comprehensive primary prevention to include IECMH through the expansion of two-way texting programs	Complete and vet texting platform with IECMH practitioners Develop marketing, outreach, and registration process for enrolling families in texting platform	A comprehensive early childhood two-way texting platform is in place through State agency contracts that gives IECMH support and guidance to families, prenatally through their child’s first five years
Increase use of IECMH consultants across early childhood settings	Create opportunities for in-person and telehealth consultation between early childhood providers and IECMH consultants	Providers in early childhood settings know when and how to access IECMH consultation. Access to consultation is supported through sustainable funding sources.
	Implement additional IECMH-related training modules to pediatricians/primary care providers and allied health professionals, and provide telehealth consultation for doctors to implement IECMH in their practices	Identify sustainable funding for telehealth consultation between pediatricians/primary care clinics and IECMH consultants

COMPONENT 4
Programs & Services

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

Strategy 4.2
Develop and maintain a coordinated and cohesive system for screening, referral, and use of IECMH 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 (home visiting), 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 benefit from a cohesive and coordinated system for screening, referral, and treatment, including information on follow-up and access to services.



Short-term Objectives (By July 2023)	Intermediate-term Objectives (By July 2024)	Long-term Objectives (By Dec. 2025)
Develop a list of recommended screening tools and establish standards for their use, including frequency of administration based on American Academy of Pediatrics (AAP) Bright Futures	Secure sustainable funding for recommended screening tools for maternal postpartum depression, trauma in both children and parents, and behavioral health screens for all family members	Promote use of recommended screening tools and make them available to all providers, with technical assistance provided as needed
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 referrals	Develop online training modules to increase early childhood provider capacity to support families through the screening, referral, and utilization of services process	Evaluate changes in rates of screening and referrals based on provider education efforts
Work with cross-sector leaders and partners to identify actions needed to improve quality, consistency, and use of child development screening in primary care and other settings and determine a state benchmark for screening	Work with partners to begin implementing recommended improvements in child development screening in primary care and other settings	Complete recommended improvements in child development screening in primary care and other settings
Analyze models used in other states and regions to track screenings; analyze Hawai'i-specific data for service improvement	Select a model for designing a comprehensive screening database, and secure funding to establish and maintain it	Provide training and implementation support on the selected comprehensive screening database
Examine the potential implementation of a national model of screening and referral in one underserved community on O'ahu	Identify a funding mechanism for the implementation of a selected screening and referral system in at least one underserved community on O'ahu	Secure funding for the selected screening and referral system pilot to expand to other islands
	Grow the number of community-based organizations, with attention to equity in geographic spread, that are certified to bill and be reimbursed by Medicaid for IECMH screening and other services	Evaluate the increase in referrals and enrollment in needed services based on screening results

Appendix

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

A note: these definitions are offered to provide context for this report, which seeks to integrate the ongoing work of the families, programs, and various professions that interface with children from birth through age 5. These definitions are intended to add clarification and help everyone use the same language and in so doing, support each other's work.

ACEs	<u>Adverse Childhood Experiences</u>
CDC	<u>Centers for Disease Control and Prevention</u>
Counter ACEs	<u>Advantageous Childhood Experiences</u>
CCDBG	<u>Child Care and Development Block Grant</u>
DHS	<u>Department of Human Services</u>
DOE	<u>Department of Education</u>
DOH	<u>Department of Health</u>
EIS	<u>Early Intervention Section</u>
EOEL	<u>Executive Office on Early Learning</u>
EPSDT	<u>Early & Periodic Screening, Diagnosis, and Treatment</u>
FQHC	<u>Federally Qualified Health Centers</u>
HRSA	<u>Health Resources and Services Administration</u>
HV	<u>Home Visiting</u>
MIECHV	<u>Maternal, Infant, and Early Childhood Home Visiting</u>
PSA	<u>Public service announcement</u>
SAMHSA	<u>Substance Abuse and Mental Health Services Administration</u>

Behavioral health: The promotion of mental health, resilience, and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities ([SAMHSA](#)).

Mental health: Includes one's emotional, psychological, and social well-being. It affects how one thinks, feels, and acts. It also helps determine how one handles stress, relates to others, and makes healthy choices (adapted from [CDC](#)).

Hawai'i Infant and Early Childhood Behavioral Health (IECBH) Plan: Proposes to integrate child and family mental health and trauma-informed care into the 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.

Infant and Early Childhood Mental Health (IECMH): The developing capacity of the child from birth through 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture. Experts from a range of disciplines consider IECMH to be the foundation of healthy, lifelong development. IECMH is also a term used to describe the full continuum of services and supports (i.e., promotion, prevention, and treatment) necessary to promote healthy development, prevent mental health problems, and treat mental health disorders ([ZERO TO THREE](#)).

Social emotional development, a component of IECMH, encompasses a child's growing ability to regulate emotions, attention, and impulses and to slowly build a repertoire of social skills that allow the child to engage successfully with peers for play and problem-solving. This realm of development is particularly important because it is understood that the ongoing and successful development of social-emotional skills in the early years is linked to the development of higher-order cognitive functioning and school readiness (adapted from [SAMHSA](#)).

Infant and Early Childhood Mental Health (IECMH) Consultation: A prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, home visiting, early intervention, and their home. Mental health consultation is not about “fixing kids,” nor is it therapy. Mental health consultation equips caregivers to facilitate children's healthy social and emotional development ([Center of Excellence for Infant & Early Childhood Mental Health Consultation, Georgetown University](#)).

Infant and Early Childhood Mental Health Consultants (IECMH Consultants):

1) Work to support strong relationships and supportive environments for children; 2) Focus on building the capacity of the adults in children's lives to understand young children's social emotional development; 3) Are highly-trained licensed or license-eligible professionals with specialized knowledge in childhood development, the effects of stress and trauma on families, the importance of attachment for young children, and the impacts of adult mental health on developing children; and 4) Use a strengths-based approach and consider all levels of influence to support young children and their caregivers ([Center of Excellence for Infant & Early Childhood Mental Health Consultation, Georgetown University](#)).

Reflective Practice: A means of developing a greater level of self-awareness about and insight into the nature and impact of one's actions and interactions, in which such deepened understanding provides an opportunity for personal and professional growth and development. Reflective practice helps staff members understand their own reactions to the children and families with whom they engage, and it assists them in using this self-awareness as a springboard for developing strategies to enrich their work (adapted from [SAMHSA](#)).

Reflective Supervision (RS): A process in which an IECMH practitioner engages in a reflective, collaborative, and regular relationship with a trusted supervisor, who is an experienced professional trained in RS. Together, they examine the practitioner's thoughts, feelings, and reactions evoked in working closely with pregnant women, infants, young children, and their families. This process helps practitioners gain a deeper understanding of the complexities of their work with families, which leads to improved outcomes for family engagement and intervention. RS goes beyond clinical supervision with its emphasis on relationships and shared exploration of how each relationship affects other relationships (e.g., between practitioner and parent, between parent and infant/toddler) (adapted from [AIMH TN](#) and [Alliance for the Advancement of Infant Mental Health](#)).

RS can be provided by either a supervisor within an organization/agency or by a consultant to the organization/agency. When an external consultant provides RS, this is referred to as Reflective Supervision Consultation (RSC). To ensure the quality of RS or RSC, it should be a competency-based practice with the supervisor receiving ongoing training and their own reflective supervision.

Promotion: Of healthy emotional development focuses on supporting the well-being of all children. It might involve programs to educate parents and other caregivers about the role they play in creating responsive and nurturing environments for young children ([ZERO TO THREE](#)).

Prevention: Approaches, such as IECMH consultation, that can help identify and support children who are at risk of developing mental health problems. Child care settings, pediatric offices, home visiting programs, and other early childhood programs can provide screening and support aimed at addressing the situations that cause children to be at risk ([ZERO TO THREE](#)).

Treatment: Focuses on specialized interventions for infants, toddlers, and families who are already exhibiting symptoms of mental health challenges. Treatment is provided by staff who have advanced training in IECMH ([ZERO TO THREE](#)).

Parent: 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).

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 through age 5. 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 below 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 below for names and organizations of key informants).

Constituent reviews with key leaders across Hawai‘i were conducted by Advisory Team members (see below for names of participants in the Reviews). Modifications and changes were made to the plan based on consideration of all feedback.

The plan was updated in the first half of 2022, with changes made for clarification, updated timelines, and to accurately reflect work already in motion.

Planning/Advisory Team:

- Justina Acevedo-Cross, Hawai'i Community Foundation
- JoAnn 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, and Director of Child and Adolescent Psychiatry, Univ of Hawai'i Medical School
- Malia Taum-Deenik, JD, Legislative Coordinator, Director's Office, Hawai'i Dept of Human Services
- Sharon Thomas, DHS/Med-QUEST Division
- Curtis Toma, MD, Medical Director, DHS/Med-QUEST Division
- Melodie Vega, Keiki 'O Ka 'Aina and 'Eleu Network
- Fern Yoshida, Student Support Section, Hawai'i Dept of Education

Constituent Review Participants:

- Association of Infant Mental Health Hawai'i, Board of Directors
- DHS Med-QUEST Division
- DHS Office of the Director
- DOE Student Services Branch
- DOH Behavioral Health Services Administration
- DOH Family Health Services 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 Hawai'i JABSOM Pediatrics

Special thanks to Family Hui Hawai'i for photos used throughout the plan.

Contact:

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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 IECMH data starting with health services (e.g., home visiting, physician EPSDT screening, developmental screening done by other providers, early intervention services).
- 3 Conduct an annual Institute on IECMH, borrowing from the Tulane model, to educate and incentivize policymakers within health, human services, education, judiciary, and private sector to champion IECMH.
- 4 Examples include scholarships or stipends, higher salaries for endorsed staff, time off for trainings, and other professional development.
- 5 Examples include clinical psychology, early childhood special education, public health, and social work, as well as two systems serving infants, toddlers, and preschoolers—child welfare and early intervention services.
- 6 The Mental Health Parity and Addiction Equity Act (MHPAEA)
https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

