



How Might We Help Georgia Families with Young Children Thrive?

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Team Lead, Child Development Studies

22nd Annual Rosalynn Carter Georgia Mental Health Forum
May 12, 2017

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 65 / No. 9

March 11, 2016

Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood — United States, 2011–2012

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Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Surveillance Summaries / Vol. 66 / No. 8

March 17, 2017

Differences in Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders Among Children Aged 2–8 Years in Rural and Urban Areas — United States, 2011–2012



The **NEW ENGLAND JOURNAL** of MEDICINE

Perspective
APRIL 6, 2017

RURAL HEALTH CARE

Out of Sight, Out of Mind — Behavioral and Developmental Care for Rural Children

Kelly J. Kelleher, M.D., and William Gardner, Ph.D.



Milbank Memorial Fund

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REPORT

Behavioral Health Integration in Pediatric Primary Care: Considerations and Opportunities for Policymakers, Planners, and Providers

by Elizabeth Tobin Tyler, JD, MA, Rachel L. Hulkower, JD, MSPH, and Jennifer W. Kaminski, PhD

RURAL HEALTH POLICY IN BRIEF

Access to Mental Health Services for Children in Rural Areas

Journal of Clinical Child & Adolescent Psychology, 00(00), 1–23, 2017
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 **Routledge**
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Evidence Base Update for Psychosocial Treatments for Disruptive Behaviors in Children

Jennifer W. Kaminski  and Angelika H. Claussen

National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention

An Over-Simplified System Map

All young
children



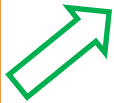
Young
children
exhibiting
impairment

An Over-Simplified System Map

All young
children

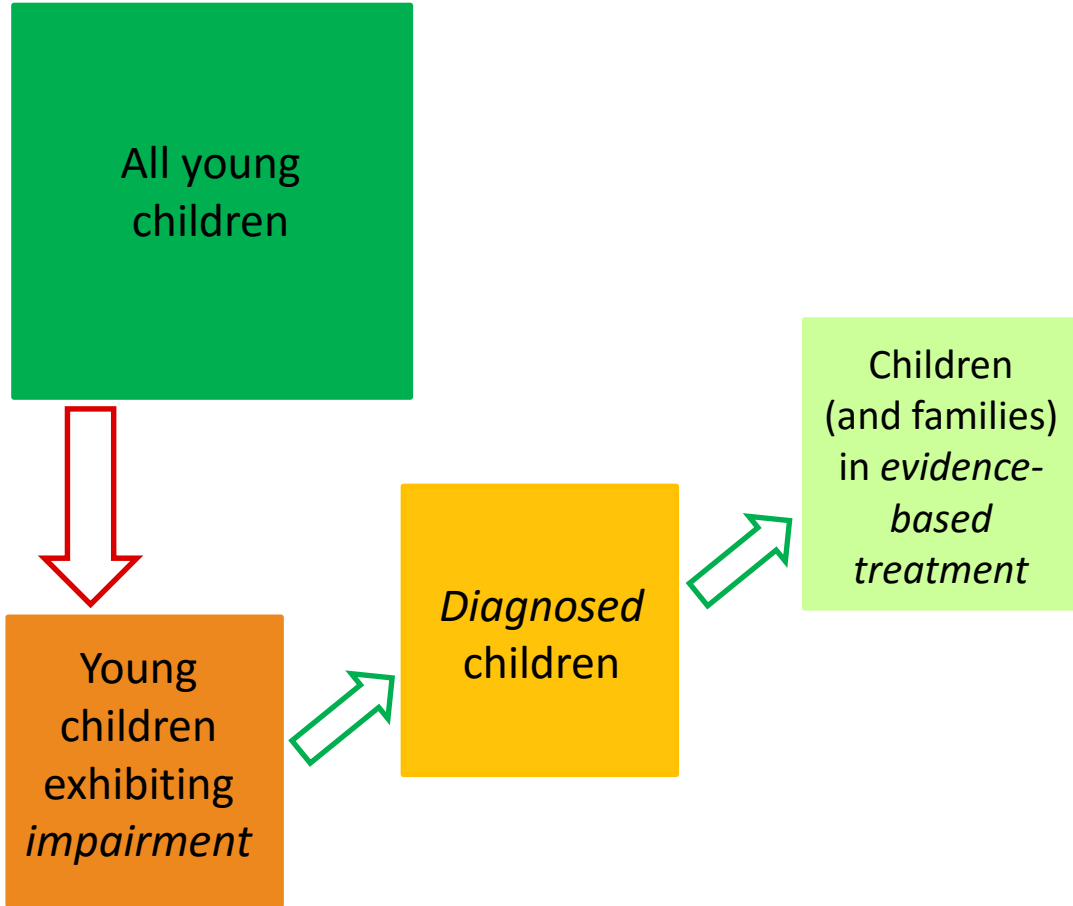


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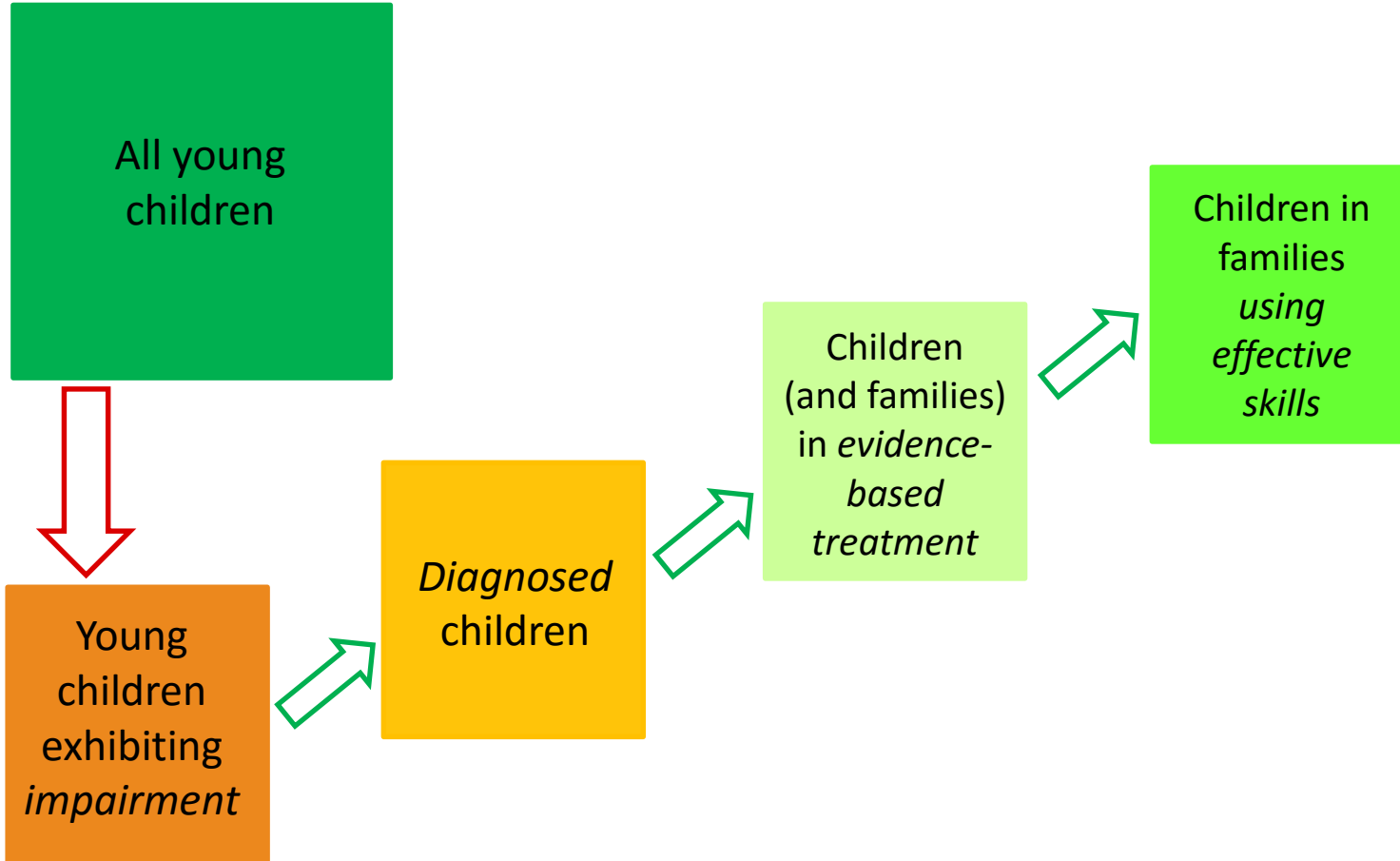


Diagnosed
children

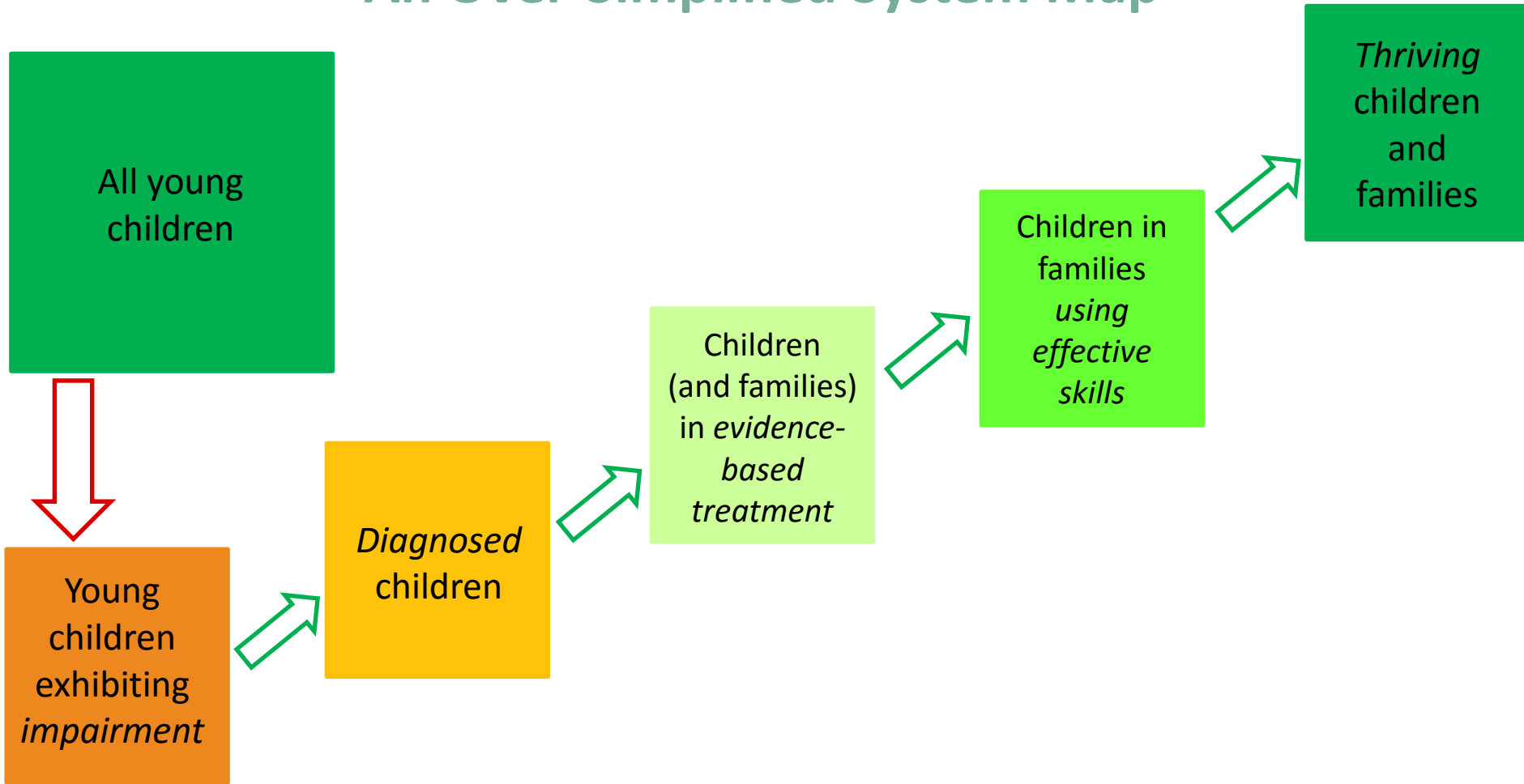
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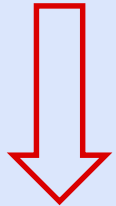
An Over-Simplified System Map



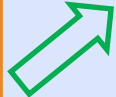
An Over-Simplified System Map



All young children



Young children exhibiting impairment



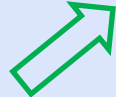
Diagnosed children



Children (and families) in evidence-based treatment



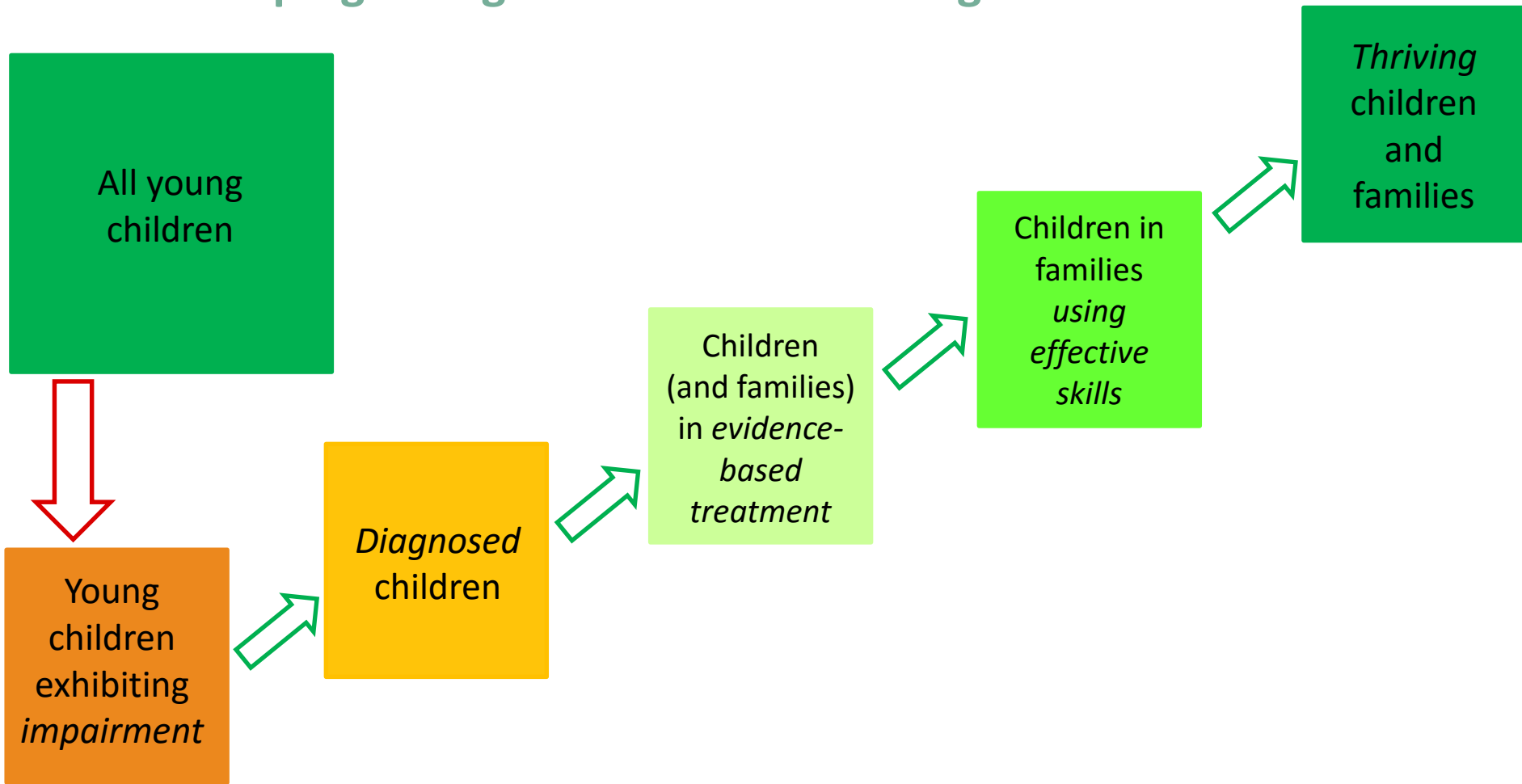
Children in families using effective skills

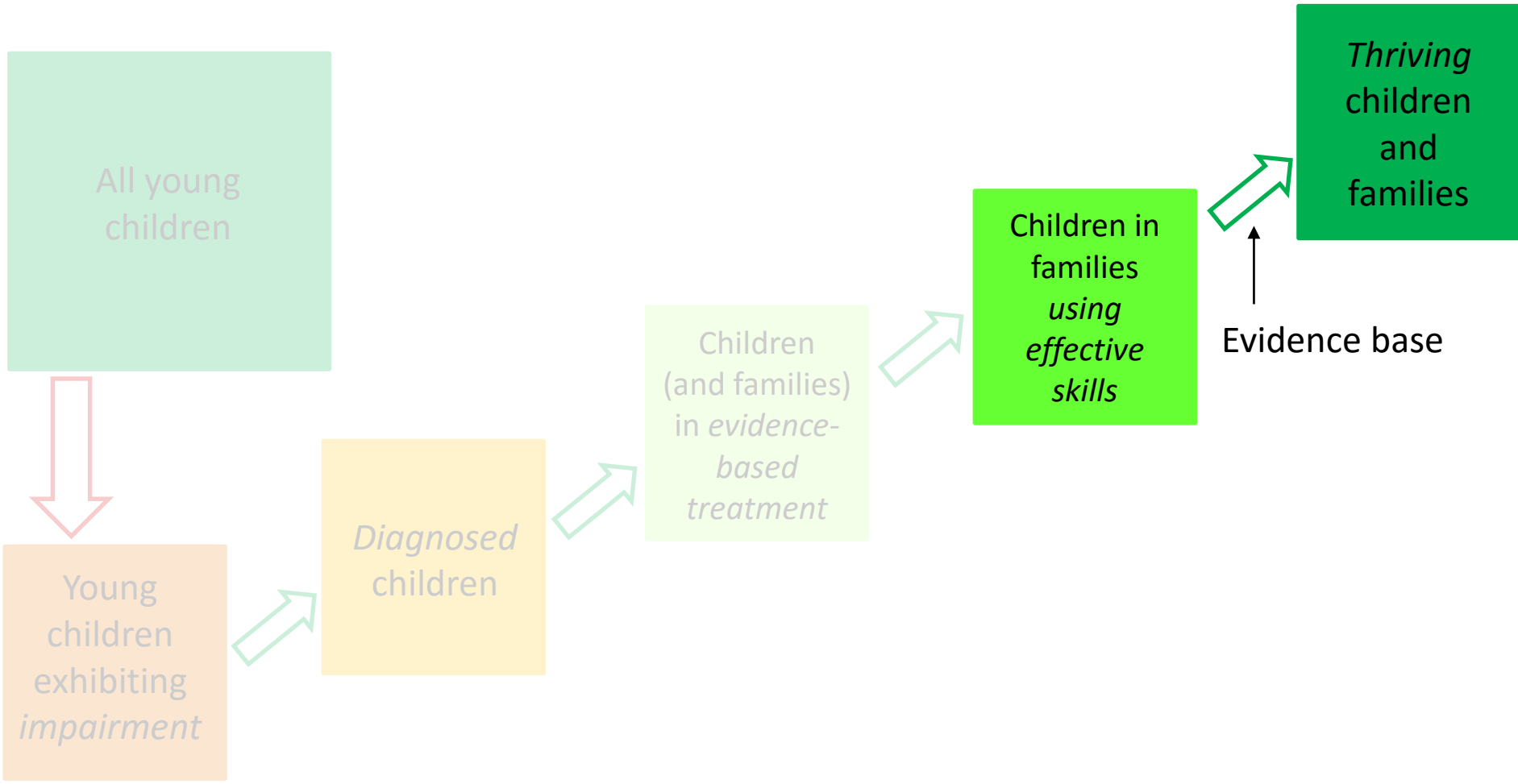


Thriving children and families

Supportive environments and policies

Helping Georgia Families with Young Children Thrive





All young children



Young children exhibiting impairment



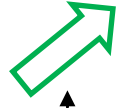
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Children (and families) in evidence-based treatment

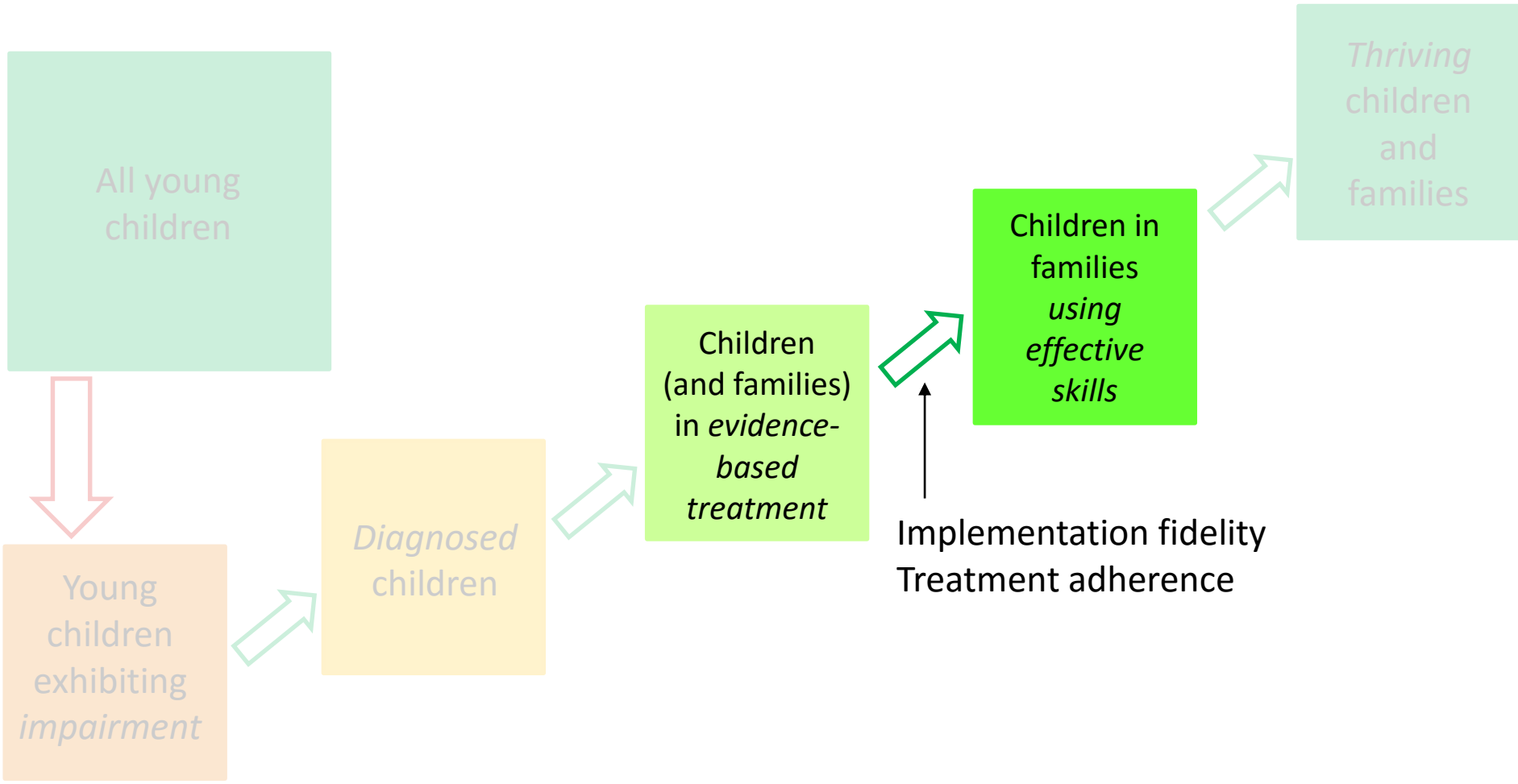


Children in families using effective skills



Evidence base

Thriving children and families



All young children

Connect more families to existing EBT
Increase the number of families seeking EBT
Provide EBT in more locations
Increase the number of EBT providers
Incentivize EBT over non-EBT

Young children exhibiting impairment

Diagnosed children

Children (and families) in evidence-based treatment

Children in families using effective skills

Thriving children and families



Getting More Children and Families into Evidence-Based Treatment (EBT)

1. Connect more families to existing EBT

- Provider registries
- Care coordinators/health navigators
- System of care
- Group-delivered treatment



2. Increase the number of families seeking EBT

- Reduce stigma/raise awareness of benefits of EBT
- Raise awareness among referring physicians
- Medication-related (e.g., prior authorization) policies

Getting More Children and Families into Evidence-Based Treatment (EBT)

3. Provide EBT in more locations

- Telemental health (remotely delivered EBT)
- School-based health centers
- Schools as underutilized facilities
- EBT integrated into primary care (co-location)
- Federally Qualified Health Centers
- Parents' workplaces



Getting More Children and Families into Evidence-Based Treatment (EBT)

4. Increase the number of EBT providers

- Increase number or geographic spread of licensed providers
- Enhanced services from primary care (e.g., Project ECHO, consultation)
- Lower-intensity EBT by other early childhood professionals
- Peer-provider models

5. Incentivize EBT over non-EBT

- Preferred provider lists
- Value-based payment systems



All young children

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Young children exhibiting impairment

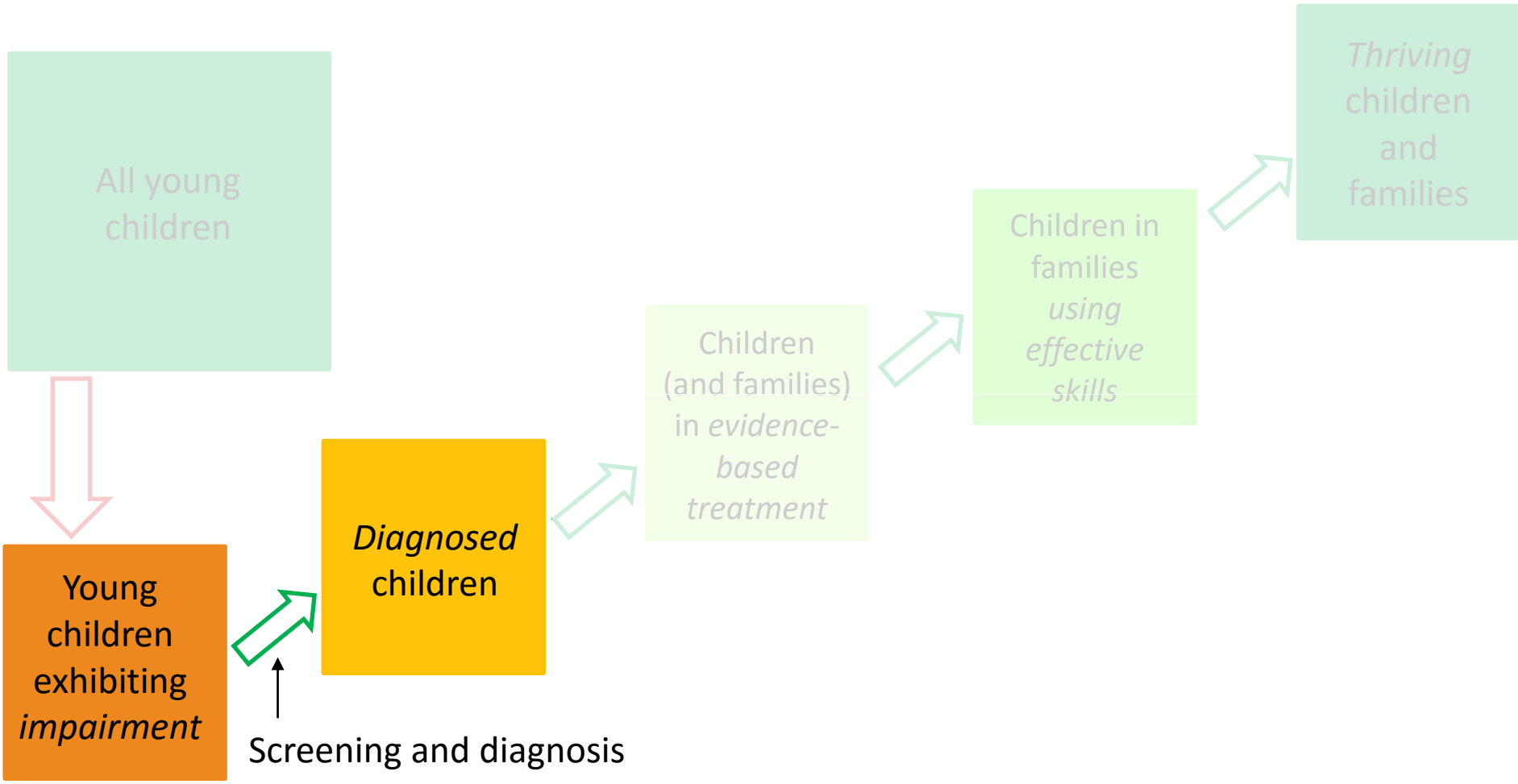
Diagnosed children

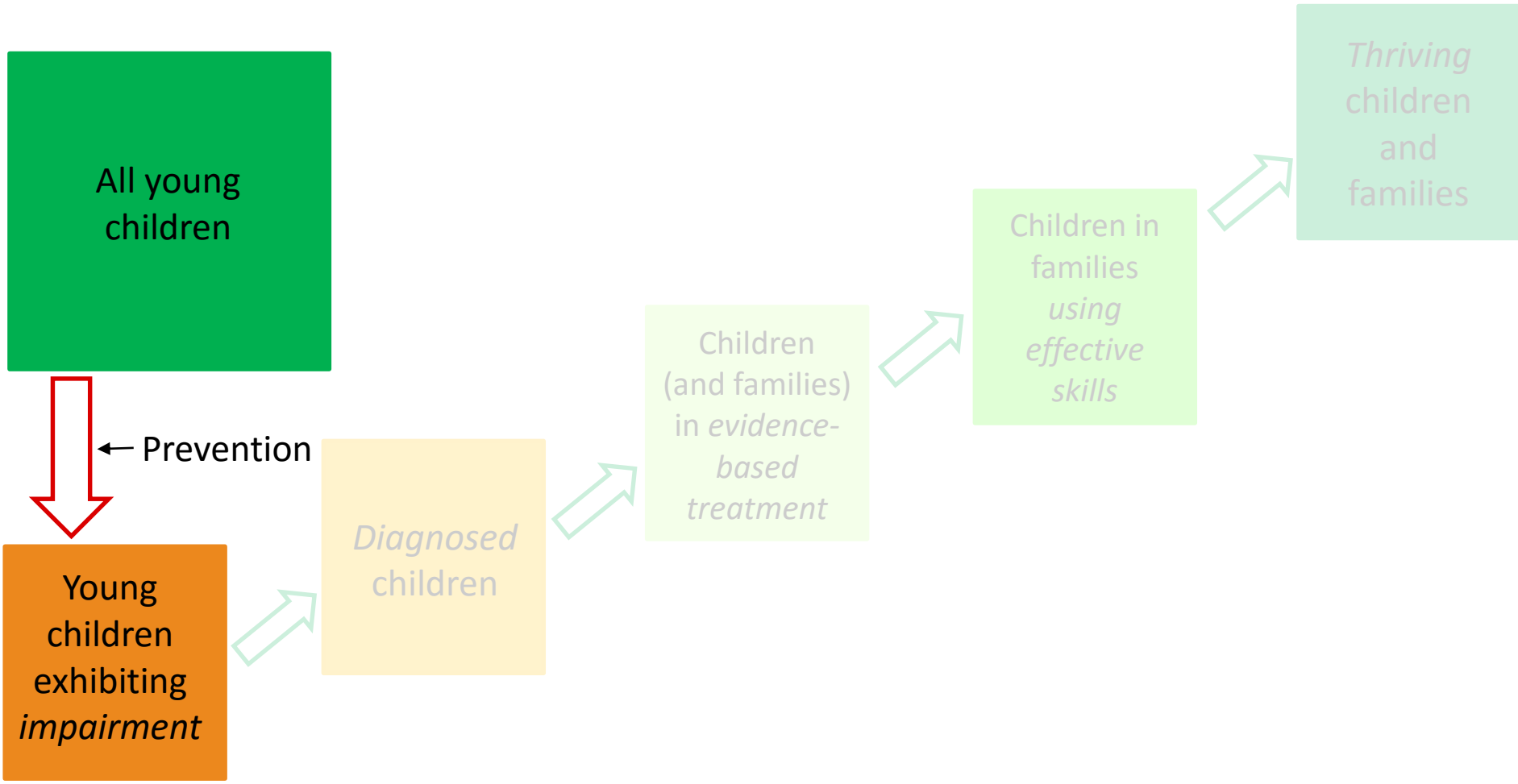
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Children in families using effective skills

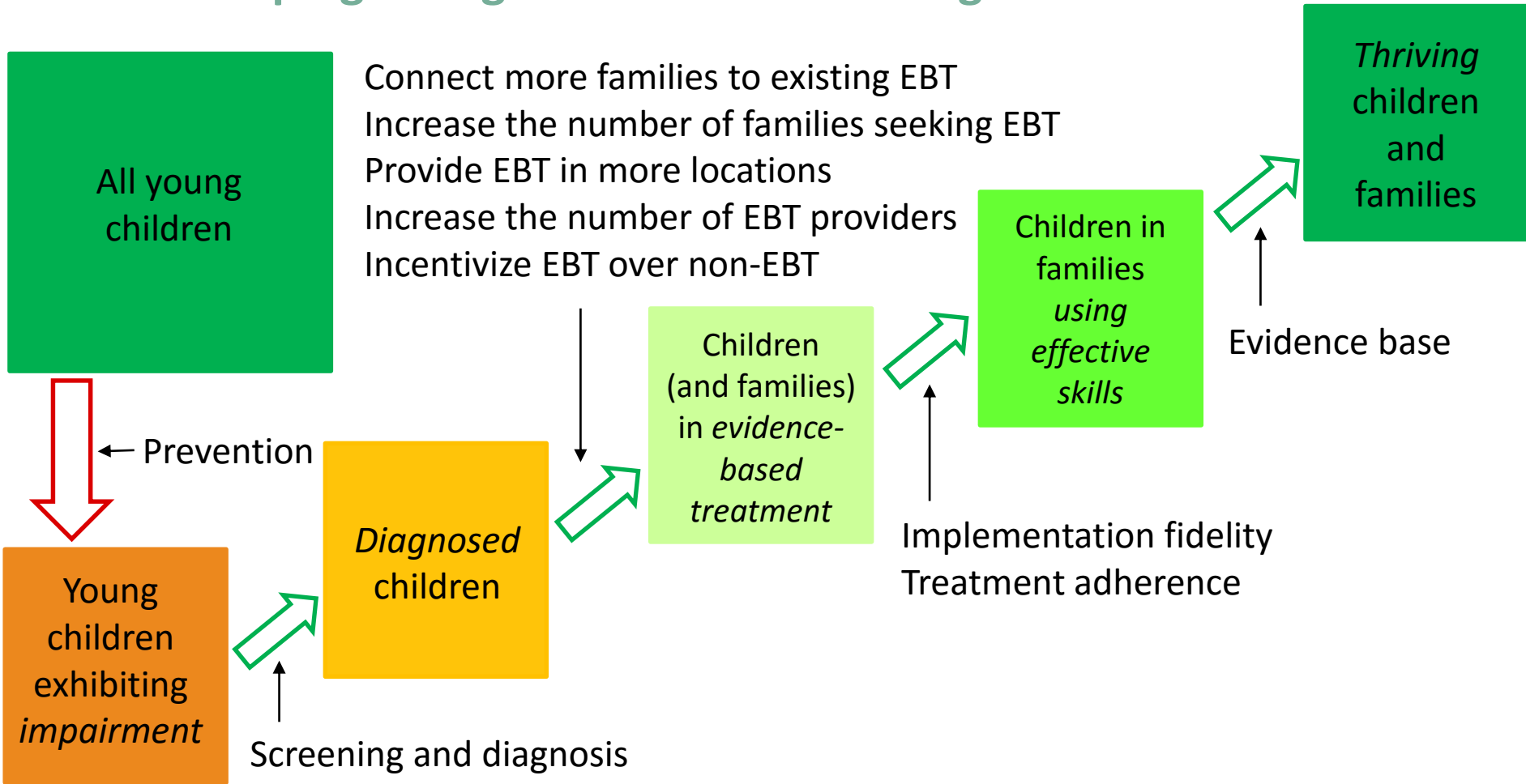
Thriving children and families







Helping Georgia Families with Young Children Thrive



How Can I Learn More?

- *MMWRs* on MBDDs
 - <https://www.cdc.gov/mmwr/volumes/65/wr/mm6509a1.htm>
 - <https://www.cdc.gov/mmwr/volumes/66/ss/pdfs/ss6608.pdf>
- *New England Journal of Medicine* Perspective
 - <http://www.nejm.org/doi/full/10.1056/NEJMp1700713>
- CDC-sponsored *Milbank* report
 - <https://www.milbank.org/publications/behavioral-health-integration-in-pediatric-primary-care-considerations-and-opportunities-for-policymakers-planners-and-providers/>
- Psychosocial treatment for disruptive behaviors
 - <http://www.tandfonline.com/doi/full/10.1080/15374416.2017.1310044>
- CDC policy brief
 - https://www.cdc.gov/ruralhealth/docs/Rural_Childrens_Mental_Brief.pdf



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Questions or Comments?

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