 <b>VERMONT</b> DEPARTMENT FOR CHILDREN AND FAMILIES CHILD DEVELOPMENT DIVISION	<h1>GM: 13.1</h1>
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## Early Childhood and Family Mental Health (children through age 6 and their families)

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CIS early childhood and family mental health services are intended to assist children, families, child care providers, and individuals, programs, and/or organizations serving the needs of young children and their families. Services are intended to address parent/child relational concerns, support access to and effective utilization of community services and activities, and develop parents', caregivers' and practitioners' skills in order to promote and support children's healthy social, emotional, and behavioral development.

Early Childhood and Family Mental Health services include:

1. Intervention (treatment) services:
  - a. Are intended for early detection of social, emotional, and/or behavioral mental health developmental problems, to provide preventative and early intervention supportive services in order to mitigate these problems, and to expand young children's access to mental health Medicaid services;
  - b. Are provided in settings identified by the child's family as their natural environments;
  - c. Use evidence-based practices or curricula;
  - d. Adhere to eligible service activities for children's clinical and support services for the CUPS Cost Center procedures, and documentation requirements outlined in Section Two of the Medicaid Fee-for-Service Manual produced by the Department of Mental Health (available at [http://mentalhealth.vermont.gov/sites/dmh/files/publications/DMH-Medicaid\\_Fee-for-Service\\_Manual.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/publications/DMH-Medicaid_Fee-for-Service_Manual.pdf)); and
  - e. Are intended for the early intervention of social, emotional, and behavioral developmental delays. This funding is not intended for intensive or long-term mental health treatment services, or treatment services delivered in non-natural settings.
2. Consultation services:
  - a. Provided beyond three (3) sessions must be outcomes-based using a pre- and post-assessment tool, and utilize the One Plan;

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- b. Are intended to improve the overall capacity of caregivers and child care providers to support the healthy social, emotional and behavioral development of young children;
  - c. May be provided as requested by a family, child development professional, child care program, or other child-/family-serving community group and may be either in-person (face-to-face) or by phone (but not by email). The minimum time that may be counted for this training per family, child development professional, child care program, or other child-/family-serving community group per day is 15 minutes; the maximum time that may be counted for consultation per family or community group per day is 8 hours; and
  - d. Consultation may include:
    - i. Outreach, information and referral for families who are not already receiving community mental health center treatment services. In this case, consultation may result in referrals to Dr. Dynasaur/Medicaid treatment covered services;
    - ii. Addressing program-related issues or supporting the development of foundational skills to promote early identification, intervention, screening and referral for mental health Medicaid services for young children and their families;
    - iii. Program mentoring or reflective supervision for child care staff and other direct service providers to enhance their understanding of and skill in addressing factors within their programs to support children's healthy social, emotional and behavioral health and development;
    - iv. Identifying opportunities to improve collaboration around the early detection of mental health problems and expanding young children's access to mental health Medicaid services; and
    - v. Responding to identified opportunities for community resource development through program planning, policy development and interagency coordination.
3. Education (training) services:
- a. provided beyond three (3) sessions must be outcomes-based using a pre- and post-assessment tool, and utilize the One Plan;
  - b. are intended to build the skills or capacity of individuals to improve their ability to meet the social, emotional, and behavioral development of the young children in their care;
  - c. must be provided for at least 15 minutes, but not more than 8 hours, per day per family, child development professional, child care program, or other

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- child-/family-serving community group in order to be counted as a CIS Education Service; and
- d. Education may include:
    - i. Training for the community mental health center staff or other CIS and community early childhood professionals about the benefits of participating in medical/Medicaid related services, how to assist families to access such services, and how to more effectively refer children and their families to such services;
    - ii. Training of foundational skills for families, community-based groups and early childhood professionals to support children's social, emotional and behavioral health and development; and
    - iii. Learning about the paperwork necessary for documenting consultation. However, education services do not include the day-to-day supervision of community mental health center staff (or contractors) or internship students.
  4. Therapeutic Child Care services are intended to provide outcome-based, planned combinations of consultation, education, and intervention services within high quality child care settings to improve child care staff's and parent's skills and abilities to support optimal social, emotional, and behavioral development of the young children in their care.
- Therapeutic Child Care services:
- a. Must be delivered in accordance with guidance provided by the Child Development Division which can be found at (<http://dcf.vermont.gov/cdd/cis>)
  - b. Therapeutic child care funded through CIS must report the following performance measure data to the State (see Section K) below:
    - i. Children increase their social and emotional skills;
    - ii. Parents increase their knowledge and skills around how to support their children's social and emotional needs; and
    - iii. Child care staffs improve their ability to support children's healthy social and emotional development.