

MassAIMH Launch Event October 24, 2015
Summary of Policy Committee Breakout Group
Group discussion facilitated by Policy Chair, Ellen Cullen

Policy Committee Mission:

The mission of the MassAIMH public policy committee is to keep track of and inform the Association of legislative and political issues affecting children and families. The committee promotes an understanding of the issues and needs of children and families through education efforts with lobbyists, advocates, legislators and other public policy makers.

We had active Massachusetts policy individuals representing difference organizations in our breakout session. Many important topics emerged when posed the question, what are the “burning issues” and areas of need that MassAIMH should consider? The issue of silos and/or specific singular contracts that do not allow cross funding, coordination of services and service delivery seemed to be a vital topic of concern, especially with point made that silos are not helpful to caregivers. Another theme centered on the need for more attention involving resources, workforce capacity building and training development for the specific age group of infants and toddlers. A viewpoint was made that it appears as though babies are on the back burner (fugitively speaking) in favor of other age groups in child care settings. The necessity for integration of behavioral/mental health and primary care for infants and toddlers emerged as a growing need as well as maternal care and early detection and response to young families as a whole. Awareness of the effect of family trauma on infants and toddlers surfaced as a topic involving response, education and intervention knowledge for multiple disciplines including, child protective services, courts, child care providers, foster/kinship parenting, primary care and behavioral/mental health providers. The general benefit of state departments infant-early childhood representatives’ ability to come together in attempts to leverage funds and identify needs, readiness and engage in collaborative efforts was noted. Caution was posed as government agency employees are not able to advocate but can inform and educate; efforts are being made with this collaborative approach from a couple of different ongoing working groups. The identification and use of developmentally appropriate screening and assessment tools was mentioned as a first line of defense pertaining to prevention and as a necessary universal procedure in recognition of efficient interventions. A major barrier for guidance and treatment of children 0-5 was indicated by Massachusetts’ lack of a crosswalk to facilitate accurate translation between DC: 0-3R and DSM- V for serious emotional disturbances. It was also noted that both public and commercial insurance payers do not readily acknowledge through a payment structure the social and emotional needs in this young age group, especially with the need of parent and child intervention.

Other notable ideas not discussed due to lack of time but identified by attendees on discussion questions and feedback sheets included: establishing a universal parenting class for all new parents similar to childbirth classes; the importance of integrated professional response; treating children’s and family’s development as an interwoven system across all domains of growth; enhance understanding that prevention is a money saver, especially regarding insurance reimbursement.

Some suggestions for networks and connections to facilitate the above ideas were: Massachusetts Chapter American Academy of Pediatrics (MCAAP) working group Children’s Mental Health

Task Force; Massachusetts Child Psychiatry Access Project (MCPAP); Department of Early Care and Education; Touchpoints; Healthy Steps; Massachusetts Head Start Association; community-based networks such as Coordinated Family and Community Engagement Programs (CFCE) grantees and Thrive in Five; and Children's Trust Fund – View from All Sides annual conference. This list was developed in a short period of time and does not exhaust the numerous resources in our state.