

# **Memorandum of Understanding between the Division of Behavioral Health and the Division of Family and Community Services Regarding Infant and Early Childhood Mental Health Services**

The mission of the Department of Health and Welfare is to promote and protect the health and safety of Idahoans. The provision of Infant Mental Health services supports the Department's mission, and the following goals:

- Goal 1: Improve the health status of Idahoans
- Goal 3: Enhance the delivery of health and human services

A key component of the promotion of the health and safety of Idahoans is the provision of services to ensure the healthy social-emotional growth of all children. The following document outlines the procedures for the provision of mental health services to children birth to three years old whose parents or others are concerned about their child's behavioral or social-emotional development.

## **Definition of Infant Mental Health**

Mental health for this population is defined as the capacity of infants and toddlers to experience, regulate and express emotions, form close, stable and secure interpersonal relationships; and explore the environment and learn. *Mental health within this age group is synonymous with healthy social and emotional development.*<sup>1</sup>

Children's mental health and social-emotional skills develop within the parent-child relationship and the family constellation of supports. In identifying social, emotional and behavioral difficulties it is necessary to address the parent/child dyad in screening, assessment and the development and implementation of intervention/therapeutic plans.

## **Background Information**

The Infant Toddler Program in Family and Community Services is the Lead Agency for children birth to three years old who qualify for early intervention services under federal education law, (Part C of IDEA). As lead agency, the Infant Toddler Program coordinates a comprehensive, interagency, interdisciplinary system that enables eligible children and their families to receive needed services and supports in a timely and family-centered manner. Early intervention services to infants and toddlers are delivered through the provisions outlined in the Individualized Family Service Plan (IFSP). Some services are provided by other partner agencies.

Through the Infant Toddler Program, multiple agencies and programs, both public and private, coordinate activities and resources to ensure that appropriate referrals, screening, assessment, and treatment of children with developmental delays including social, emotional, and behavioral concerns, are made. Developmental difficulties often present complex, interrelated dynamics impacted by parent-child relationships, socioeconomic influences and community supports.

The Division of Behavioral Health, Children's Mental Health Program provides a continuum of public mental health services for children with a Serious Emotional Disturbance (SED) and their families through outpatient and inpatient treatment or in residential settings. Services are delivered primarily through contracts and service agreements with private service providers. Medicaid pays for the majority of public mental health services for children in Idaho. The children's mental health system is guided by the Children's Mental Health Services Act (CMHSA), which places the right and responsibility to access mental health services on parents and guardians. The Department's children's mental health services are voluntary and provided to eligible children. Children must meet the Department's target population of having an SED to be eligible for services. SED is determined by a child/youth having a mental health

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<sup>1</sup> Zero to Three Fact Sheet, May, 2003

diagnosis and impairment in their ability to function successfully in normal life areas, including school, home, and community.

### **Standards of Practice**

Because infants, toddlers, and young children are uniquely dependent on their families, the principles of family centered practices are critically important to the delivery of effective services. For any Department reimbursed mental health services for infants and young children, the following standards shall be assured:

- Family members and/or primary caregivers must be present and participating in mental health services or those that address social emotional development.
- Parents and/or primary caregivers are supported and reinforced to be reflective in their parenting.
- Cultural and family strengths, interests, and priorities are incorporated into any early childhood mental health interventions.
- Intervention strategies must be quality age appropriate practices
- Discharge and transition planning is documented in the initial plan for services and throughout ongoing services.

### **Procedure for Referral**

Referrals for social and emotional assessment may be made by the family, a physician, health care professional, Parents as Teachers home visitor, Early Head Start program, child protection, or other community program working to serve the child, parent or family. Referrals may be made directly to the Idaho Infant Toddler program or through other programs of the Department of Health and Welfare.

1. When a concern regarding a child under the age of three with behavioral or social-emotional challenges is identified, a referral will be made to the Idaho Infant Toddler Program for evaluation and eligibility determination for services through Idaho's early intervention system.
2. The intake worker for the Infant Toddler Program will complete an intake with the family. Information from the primary referral source and the parent/caregiver will be used in the evaluation process. Age appropriate assessment tools will be used to evaluate the child and the child/parent (primary caregiver) interaction.
3. Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team which includes the primary referral source, CMH Consultant, and other appropriate partners for eligibility determination due to social/emotional development and interactive disorders as defined by Infant Toddler Program's eligibility criteria.<sup>2</sup> With notice or invitation from the Infant Toddler Program, Children's Mental Health personnel agree to participate in the multidisciplinary team meetings when social or emotional concerns are identified.
4. If the child is not eligible for services through the Infant Toddler Program, a referral will be made to a program that will meet the needs of the child and family. This may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood providers.
5. If the child is found to be eligible for early intervention services, an Individualized Family Service Plan (IFSP) will be developed by the IFSP team which includes the family. The IFSP will include behavioral and/or social-emotional goals and will coordinate activities being implemented by all programs involved with the family.

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<sup>2</sup> Special Circumstance: If child/family has an open child protection case, the child protection caseworker will participate in the multi-disciplinary team to assist in cross program planning. A representative from the Children's Mental Health Program will also be invited to the team planning process to address other services that may be available. If other department employees are working with the family, they will be invited to attend the planning meeting as well.

6. Services will be provided to the child and their family as outlined by the IFSP. Individual child evaluations or treatment services provided by the Children's Mental Health Program (CMH) are the financial responsibility of CMH and early intervention evaluations and services provided by the Infant Toddler Program (ITP) are the financial responsibility of the ITP. Financial responsibility for the purchase of additional or contracted services will be determined through the multidisciplinary team and authorized by the Behavioral Health and the FACS Regional Program Managers or designees, as necessary.
7. The team will periodically review each IFSP at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined within the IFSP. The team will revise the IFSP as needed by developing addenda or rewriting the plan if additional services or changes in services are required for effective early intervention. For children who are mutually served by CMH and ITP, the IFSP team will include representatives of both programs for plan development, amendment, or transition planning.
8. A transition-planning meeting will be held prior to the child's third birthday or graduation from early intervention services. Referrals to appropriate services and supports to continue child/family well being after exit will be made. MDT and/or IFSP team members, which may include CMH staff, will participate in transition planning.

**Training**

Infant Toddler Program and Children's Mental Health Program agree to exchange information about all relevant training events and to participate in collaborative planning and resource identification related to meeting identified training needs for personnel serving infant and young children.

Infant Toddler Program and Children's Mental Health Program agree to provide updated information about program status and modifications for the purposes of apprising one another about available resources and any changes to services or referral procedures.

The signatories below agree to the provisions contained in the Memorandum or Agreement and agree to engage in dispute resolutions strategies should there be misunderstandings or interpretations that result in significant differences between the programs.

This Memorandum of Understanding is effective upon the date of signature by both division administrators and shall be automatically renewed annually unless there is an identified need for revision by either party. Should there be a recognized need for revision, the party who recognizes need for change is responsible to notify the other party and convene a meeting to propose the revisions. Following collaborative work the MOU shall be updated as required.

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 Kathleen Allyn, Administrator  
 Div. of Behavioral Health

4/13/07  
 Date

Michelle Britton  
 Michelle Britton, Administrator  
 Div. of Family & Community Services

9/18/07  
 Date