

# Special Report



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## Early Childhood Mental Health Services in Kansas

### KEY FINDINGS

Early childhood is a vital period for a child's development. National studies show that up to a fourth of children age 0–5 have mental health issues.

This special report finds that:

- In Kansas, early childhood mental health services are delivered through a complex system of early childhood and mental health organizations, as well as providers of child care, health care and child welfare.
- The availability of early childhood mental health services in Kansas varies regionally based on a community's expertise, interest and funding. For example, there is a ninefold difference — 0.7 percent compared with 6.5 percent — between regions in the percentage of Kansas children age 0–5 in Medicaid who receive mental health services.
- Early childhood mental health services receive a mixture of state, federal, local and private funds, with Medicaid and the Children's Initiatives Fund as the main state sources.
- Kansas children age 0–5 in Medicaid receive a variety of mental health treatments, but three of the most frequent types are community-based services that primarily community mental health centers provide.
- The governor's proposed budget for fiscal year 2013 includes lower funding levels than the FY 2012 budget for early childhood mental health services through the Children's Initiatives Fund. If adopted, these funding reductions could affect the availability of early childhood mental health services throughout the state, making it important to monitor and track whether children receive the services they need in the future.

### About this Report

This special report outlines information on the types of early childhood mental health services in Kansas and the availability of services in regions of the state. A future report will study the early childhood mental health workforce capacity of various regions of Kansas as well as the screening and referral practices among primary care providers.

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## INTRODUCTION

The field of early childhood mental health focuses on young children’s capacity to experience, regulate and express emotions, to form close and secure relationships, and to explore the environment and learn.

In Kansas, the availability of early childhood mental health services varies greatly among regions, and the services available depend on efforts to create and maintain them. Because of these regional differences, some young Kansas children may not receive treatment for mental health issues that can affect brain development and social-emotional development, which can lead to long-term difficulties in school, at home and in the community.

This brief examines the Kansas system of early childhood mental health services, including Medicaid and the Children’s Health Insurance Program

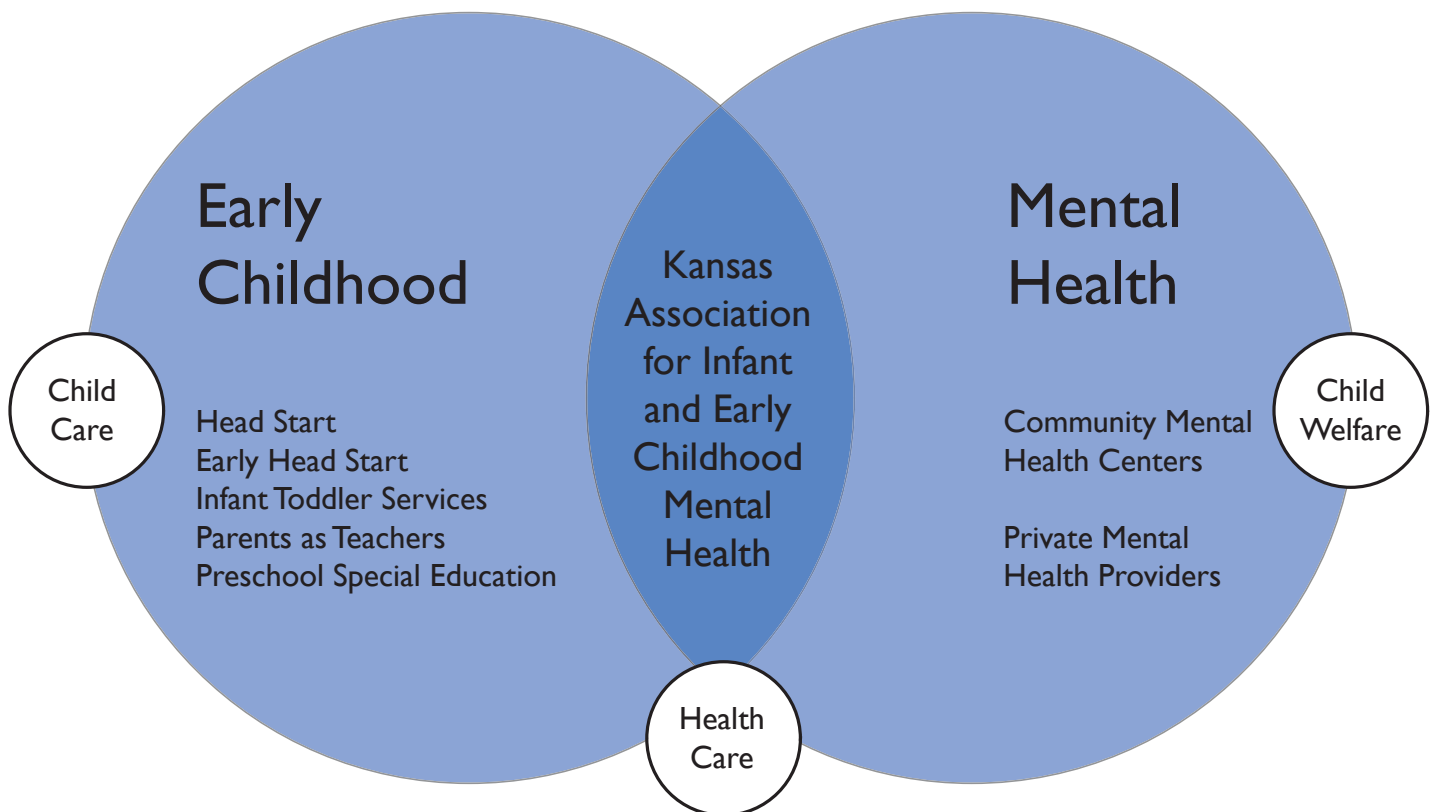
(CHIP) mental health utilization for young children, and the main funding streams for these services.

## EARLY CHILDHOOD: A CRITICAL TIME

The first few years of life are vital for children due to their rapid cognitive, social and emotional development. This development is critical for their future, so they are ready for school and later can be productive adults.

However, national studies estimate that between 7 percent and 25 percent of children age 0–5 experience mental health issues — also known as social-emotional development problems — that negatively affect their everyday functioning, development and school readiness. Children can reliably be diagnosed as early as 2 years old with mental health issues such as conduct, anxiety and depressive disorders. Infants under 2 may be identified with

Figure 1. Kansas Early Childhood Mental Health Providers by Sector



problems related to social interaction, self-regulation and the parent-child relationship. According to the 2010 Census, 246,178 Kansans are age 0–5, meaning that between about 17,000 and 61,000 Kansas children may be affected by a mental health disorder in early childhood.

A variety of interventions exist, ranging from preventive services for children at high risk for social-emotional delays to more intensive interventions for children identified with a diagnosable mental illness. For young children at risk, participation in high-quality early education programs has been shown to enhance cognitive and social development. For young children and families with identified mental health issues, targeted services provided early in childhood can promote brain development and social-emotional development.

## **ENTERING THE SYSTEMS**

In Kansas, early childhood programs and mental health organizations are the main groups that provide early childhood mental health services, although child care, health care and child welfare also have connections to the services, as illustrated by Figure 1.

Children may enter early childhood programs or the mental health system through screenings and referrals. Research shows that screenings and referrals for more intensive services are important because early detection and intervention have shown potential to treat mental health issues that otherwise may persist or worsen.

However, screening activities do not happen universally. Some providers in common early childhood settings — such as primary care, child welfare and child care facilities — may not have the training, knowledge or

resources to provide screenings or referrals. As a result, many young children with mental health issues are not identified as needing help until later in life and miss a critical window for early intervention.

## **TYPES OF PROVIDERS**

### **Early Childhood Programs**

Children who are at risk for mental health issues or have been identified with social-emotional delays may receive services such as screening and assessment, referrals, and education and support for parents through early childhood programs, such as Infant Toddler Services (also known as Part C) or Early Head Start.

The parent-child relationship is an essential part of a young child’s mental health. Targeted education and support for parents have been a focus of many early childhood programs, particularly those such as Early Head Start or Healthy Families that provide home visits for parents and at-risk children.

Early childhood programs also intersect with early childhood mental health through social skills training, or social-emotional development curriculum for children and families. This evidence-based intervention focuses on skills such as building friendships, recognizing emotional cues, solving problems and coping with anger. Some community mental health centers (CMHCs) provide social skills training through therapeutic preschools, although children usually must qualify for the state’s serious emotional disturbance (SED) waiver to receive this service. In Kansas, the SED waiver provides intensive services for children 4 years and older, with some exceptions, who experience serious mental health issues and are at risk of needing inpatient psychiatric

treatment. The therapeutic preschool services that CMHCs offer are more intensive than early childhood programs.

### **Mental Health Organizations**

Children who have been diagnosed with a mental health issue may receive more intensive therapeutic services through CMHCs or private mental health practitioners. Therapeutic interventions may reduce disruptive behavior among children and increase effective parenting skills. CMHCs are the main providers of interventions, such as individual or family psychotherapy and wrap-around and crisis services. However, some CMHCs or private providers do not serve children age 0–5.

In Kansas, some CMHCs and private providers collaborate with early childhood programs to provide mental health consultation. A consultant with mental health expertise works with early care and education providers or families to improve their ability to prevent, identify and respond to mental health issues. This consultation has been shown to improve early care providers' mental health competency levels.

### **Kansas Association for Infant and Early Childhood Mental Health**

According to researchers, a comprehensive system for early childhood mental health includes an effective workforce that is well-trained on best practices in children's mental health. The Kansas Association for Infant and Early Childhood Mental Health (KAIMH) is a state-funded nonprofit organization that provides training specifically in early childhood mental health and manages an early childhood and infant mental health accreditation system, which provides

certification for early care providers and mental health specialists. KAIMH also coordinates mental health consultation in multiple communities.

### **STATEWIDE AVAILABILITY**

Early childhood mental health service availability varies in communities throughout Kansas. Some early childhood and mental health providers have the expertise, training, interest and capacity to serve young children and families, but other providers may not.

Table 1 shows the organizations and services provided throughout the state. While these organizations serve multiple counties, many services are limited statewide. For instance, CMHCs cover all Kansas regions, but some regions may not have the staff capacity or expertise to work with young children. Other organizations may have the expertise, but their services are not available in all areas of Kansas or the programs may have waiting lists.

### **MEDICAID/CHIP MENTAL HEALTH SERVICES**

Three of the most frequent types of Medicaid/CHIP-funded mental health services provided in 2010 to Kansas children age 0–5 were community-based services provided primarily by CMHCs. Psychosocial rehabilitation (38.3 percent), community psychiatric support and treatment (16.7 percent), and targeted case management (10.1 percent) together accounted for about two-thirds of the services these children received, as shown in Figure 2. Psychosocial rehabilitation and community psychiatric support and treatment are only available to children with SED. Medicaid mental health services are provided primarily by CMHCs, as well as private mental health practitioners and child welfare providers.

**Table 1: Early Childhood Mental Health Services by Direct Service Providers**

Direct Service Providers	Ages Served and Main Criteria for Service	Number Served FY 2010	Assessment/ Screening	Mental Health Consultation to Early Care Providers	Parent Education and Support	Social Emotional Curriculum/ Social Skills Training	Intensive Therapies	Crisis Services	Wrap-Around Services
<b>Community Mental Health Centers</b>	All ages <sup>A</sup> Identified mental health issue or diagnosis	2,982 <sup>B</sup>							
<b>Early Head Start/ Head Start</b> (32 counties/ 86 counties)	Age 0–4 / Age 3–5 Low-income	2,023/ 6,925		<sup>C</sup>					
<b>Parents as Teachers</b> (89 counties)	Age 0–2 Universal	18,758							
<b>Healthy Families</b> (16 counties)	Age 0–2 High-risk	605							
<b>Infant Toddler Services</b>	Age 0–2 Disability or developmental delay	7,372		<sup>C</sup>					
<b>Preschool Special Education</b>	Age 3–5 Disability or developmental delay	10,604							
<b>Private Mental Health Providers</b>	All ages Identified mental health issue or diagnosis	Not available							

**Notes** The direct service providers listed here are the main statewide or multicounty early childhood mental health providers, but these services may not be available for all Kansas children. This table does not address access, such as wait lines, regional availability or program criteria. Therefore it should only be used to determine what services are available within the listed program. The services listed at the top of the table comprise the system. This table and other research show that Kansas has gaps in service, which according to the National Institute of Mental Health reflects a national trend of fragmented services for children. Sources for this information were interviews with early childhood mental health providers, document review and literature review.

<sup>A</sup>Children 4 and older may qualify for serious emotional disturbance (SED) waiver services, with exceptions granted for younger children.

<sup>B</sup>Source: Kansas Department of Social and Rehabilitation Services. This number only represents children who received services through CMHCs that were paid through Medicaid managed care. It does not include children who received services through CMHCs but whose claims were paid through Medicaid fee-for-service, the Children's Health Insurance Program or private insurance. It also does not include uninsured children.

<sup>C</sup>The organization may have mental health consultants on staff in some communities but does not provide mental health consultation to outside organizations.

Legend	
Indicates that the organization does not provide this service for children age 0–5.	
Indicates that the organization provides this service for children age 0–5 in some communities; availability varies regionally.	
Indicates that the organization provides this service systematically across communities for children age 0–5.	

The percentage of Kansas children age 0–5 in Medicaid who received one or more Medicaid/CHIP mental health services from a mental health care provider in 2010 varied across the state depending on the CMHC region, as shown in Figure 3. Less than 1 percent of children in Medicaid/CHIP in this age group in Haskell, Meade, Seward and Stevens counties in southwest Kansas received a mental health service, compared with 6.5 percent in Sumner County.

While the reasons for this regional variation are unclear, possible causes are the availability, practice patterns or experience of providers, or a higher utilization of non-Medicaid/CHIP services in a community. For example, a community with a strong network of early childhood providers that are grant-funded may have a lower rate of Medicaid-funded services. Because

the ideal utilization level of Medicaid-funded services is unknown, it is difficult to determine the implications of these varied regional rates.

## FUNDING FOR SERVICES

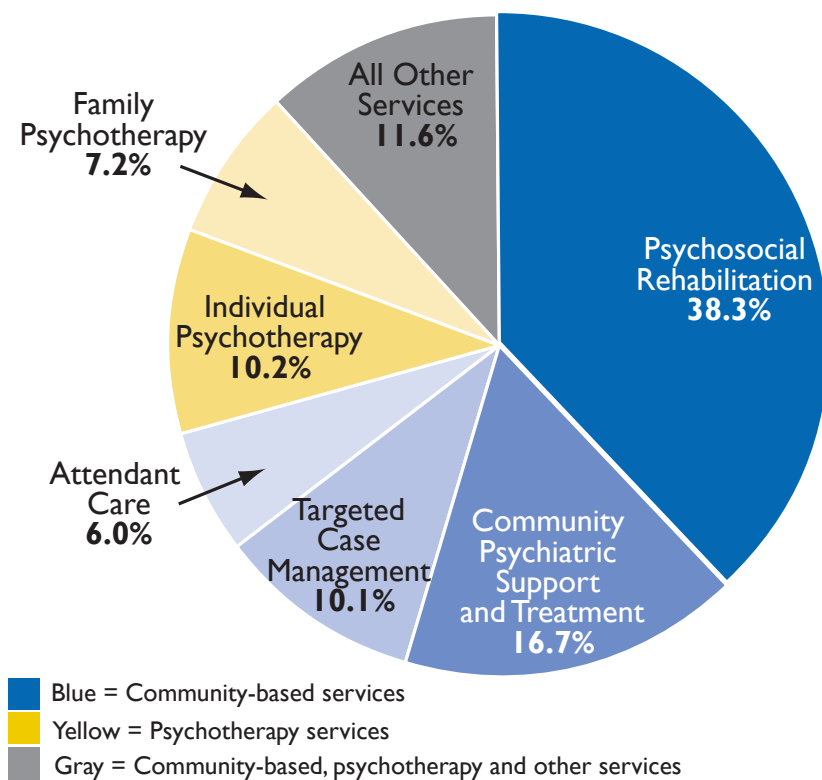
All services described in Table 1 are provided through organizations that are partially financed by state funding, primarily through Medicaid or the Children’s Initiatives Fund (CIF). Medicaid is the primary funding source for programs such as wrap-around services and psychosocial intervention. Interventions such as psychotherapy may be covered by private insurance or Medicaid, but those sources do not cover other services, such as mental health consultation in Kansas child care settings.

The CIF, which was established with money received from the state’s tobacco settlement, is the other main state funding stream for early childhood mental health services, although various state agencies also may contribute.

The governor’s proposed fiscal year 2013 budget allocates CIF funds to several organizations that provide early childhood mental health services, as outlined in Table 1:

- \$2.6 million for CMHCs and Medicaid providers through the Children’s Mental Health Initiative grant (for SED waiver services): 31 percent decrease from FY 2012.
- No funding for CMHCs through the Family Centered Systems of Care grant: 100 percent decrease from \$4.8 million in FY 2012.
- \$5.7 million for Infant Toddler Services: same as FY 2012.
- \$5 million for Parents as Teachers: 31 percent decrease from FY 2012.

**Figure 2. Mental Health Services\* Provided to Children Age 0–5 in Medicaid/CHIP in 2010**



\*Number of services paid through Kansas Health Solutions and Cenpatico.

Source: KHI analysis of Kansas Department of Health and Environment Data Analytic Interface.

- \$66,584 for Early Head Start: same as FY 2012.
- \$12.5 million for the Early Childhood Block Grant and Smart Start Kansas program, which provide funding to KAIMH, Healthy Families, Kansas Parents as Teachers Association, Kansas Head Start Association and other local programs: 30 percent decrease from FY 2012. The governor’s proposed 2013 budget combines the Early Childhood Block Grant and Smart Start Kansas as one line item.

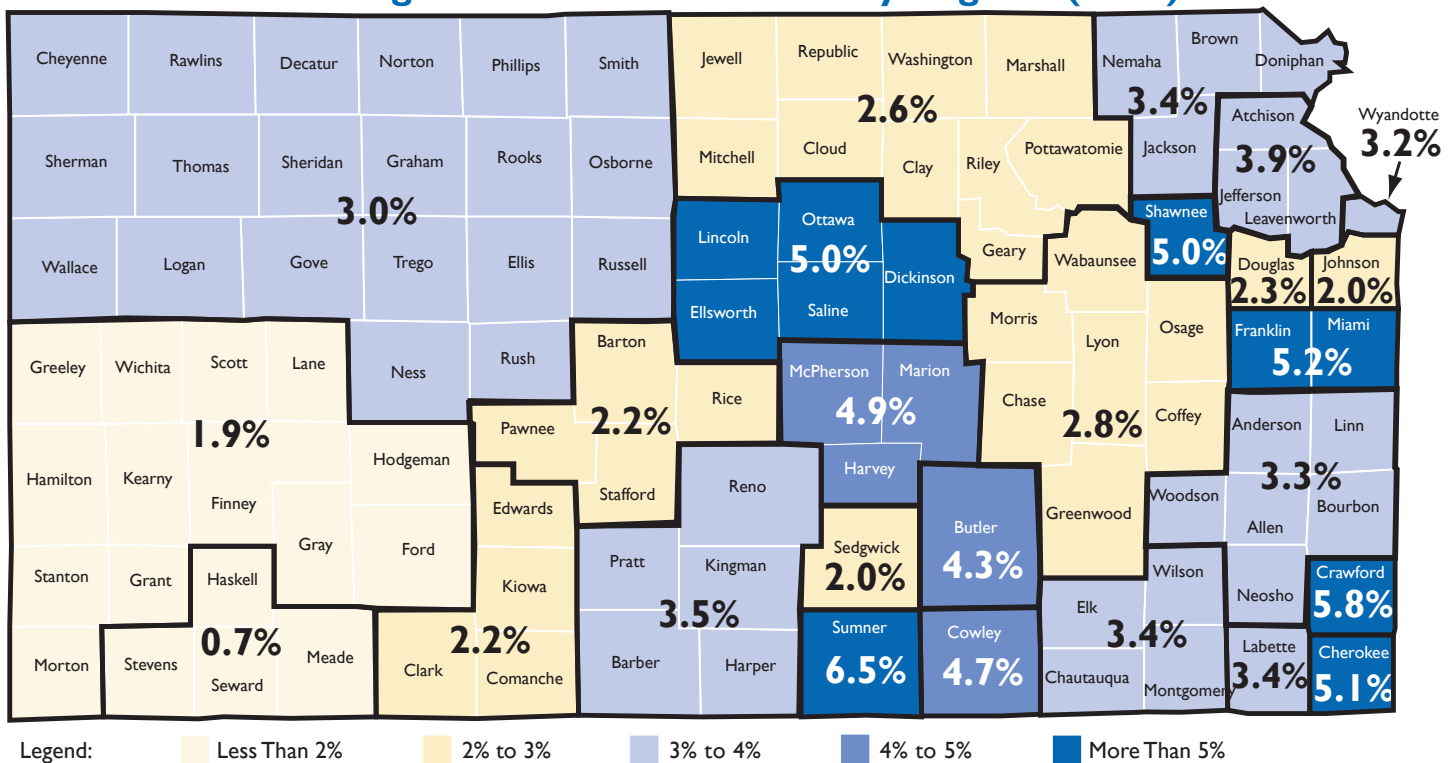
Overall, about 67 percent of the CIF in the governor’s proposed FY 2013 budget will be spent on programs that have an early childhood mental health component, although nearly all programs offer broader services. In addition to state funding, all

organizations rely on federal, local and/or private funding.

### POLICY IMPLICATIONS

- Early childhood mental health services are part of a complicated network beyond the traditional mental health system. When making decisions about programs and funding, policymakers should consider the complex and interconnected nature of early childhood and mental health programs.
- Screening and assessment services exist across the state for children already connected to early childhood or mental health services. It is unclear the extent to which screenings in child care settings or primary care offices are available statewide, so children needing help may not be identified

**Figure 3. Percent of Children in Medicaid/CHIP Age 0–5 Receiving Mental Health Services by Region\* (2010)**



\*By Community Mental Health Center region. Services are provided by CMHCs or other providers who take Medicaid/CHIP.

Source: KHI analysis of Kansas Department of Health and Environment Data Analytic Interface.



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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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until later and may miss early intervention. Policymakers could consider providing incentives or training to incorporate child and family screening in these settings.

- The likelihood of receiving preventive or intensive early childhood mental health services varies based on the expertise, interest and funding in a community. In order to ensure that services are available to more children, policymakers could consider expanding existing programs or workforce capacity.
- Children in Medicaid/CHIP receive a variety of mental health treatments, some of which are primarily available to children on the state's SED waiver. Policymakers could address insurance and Medicaid payment policies to cover treatments for young children who may not require the most intensive services but would benefit from preventive or therapeutic intervention.

The availability, expertise, training and interest of providers to serve young children and their families affect the availability of services in Kansas, as does funding to reimburse these providers. With a decrease in community mental health center and CIF funding in recent years and further cuts in the governor's proposed 2013 budget, existing services may become more limited. It will be important to monitor and track future services and funding to ensure that children in need of these critical early services are able to receive them.

Because early childhood development is so important to a child's future, providing mental health services for young Kansas children who need them is one way to reduce the chance of later problems at school, at home and in their communities.

### More Information

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