IMPLEMENTATION ISSUES IN PREVENTING RISK AND PROMOTING YOUNG CHILDREN'S MENTAL, EMOTIONAL, AND BEHAVIORAL HEALTH WITHIN STATE MENTAL HEALTH SYSTEMS

Coalition Building	Contractual Issues
Structure and Governance **Leadership**. Already-established State Early Childhood Advisory Councils (from 2007 Head Start Reauthorization Act) could serve as leader of childhood MEB investment efforts. **Integrator**. CT's Health Enhancement Communities (HEC); each HEC charged with aligning and implementing prevention and health equity strategies in their communities **Funders**. Define *what (i.e. money, staff, expertise)* each partners can contribute (e.g. in NYS, non-profit United Hospital Fund designed, staffed stakeholder engagement process)	**Timeframe for Return on Investment** Connecticut's establishment of Health Enhancement Communities (HEC)(i.e., geographic attribution) and pediatric health systems modernization (doubled investment in pediatric primary care) estimates a 10-year cost benchmark for better managing the health of its child population and seeing returns on investment (see page 110 of HEC report).
Family and Community Engagement **CA** and **WA** "accountable communities for health" initiatives held town halls/forums soliciting community feedback throughout design-implementation phases; family leaders placed in leadership roles in governance structures NYS' Medicaid redesign efforts engaged over 500 stakeholders to lay out the "roadmap" for transitioning to value-based Medicaid reimbursement. **Workforce Needs: Training and Development** **Parenting Programs:** WA state providers trained and certified in Triple P (Positive Parenting Program; Level 2 &3) can bill Medicaid; CA is training Medi-Cal providers (online course) on parenting as a 'treatment' to Adverse Childhood Experiences; more intensive training planned **Peer Support by Family Peer Advocates**: NYS training & certifying family peer advocate workforce to improve engagement in and outcomes from children's mental health services; FPA services now billable under Medicaid	**Measures and Accountability** **Population Level**: Maryland (MD) using school readiness rates as a population-level measure to gauge overall impact of investments; Oregon incentivizing kindergarten readiness goals through health care quality metrics, via Coordinated Care Organizations. **Individual Level**: MassHealth providers use Pediatric Symptom Checklist to asses child's functioning to determine whether an intervention was effective, and if on track to achieve school readiness Oregon's Coordinated Care Organizations (CCO)Connecticut's Health Enhancement Communities (HEC)