



EPSDT MENTAL HEALTH PROGRAMS FOR CHILDREN 0-5 IN ALAMEDA COUNTY

Developed by
Every Child Counts and Community EPSDT Partners
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What is EPSDT

- Early Periodic Screening Diagnosis and Treatment
- A federal draw down program:
 - ◆ the feds pay 50%
 - ◆ the states pay 50% (of which the counties pay 5% of total costs – county share comes from tobacco master settlement)



Who is eligible for services?

- A child under age 21 on full scope Alameda County Medi-Cal (cannot have share of cost, sensitive services, etc.)
- A child who has a mental health condition that could benefit from treatment



What is unique about services for children 0-5?

- Services do not treat the child in isolation - they are relationship-based & include the primary caretaker in the treatment dyad
- Specialized training is available for service providers in Alameda County



Risk Factors that may warrant EPSDT referral

- Infants & young children with parents who have: a mental health disorder, depression, and/or are substance users
- Infants & young children exposed to abuse, neglect
- Infants and young children exposed to alcohol and/or drugs prenatally
- Infants & young children exposed to community and/ or family violence



Additional Risk Factors

- **Infants & young children whose parents have poor or compromised parenting skills**
- **Infants & young children with biological risk and repeated or lengthy early hospitalizations**



Behaviors that might warrant an EPSDT referral

- A parent complaining of an overly “fussy baby”
- **Aggressive Behaviors (in childcare and in the home)**
- **Unusual or more frequent than “normal” tantrums**
- **Withdrawn or avoidant**
- **Easily disorganized baby or young child**



Behaviors (continued)

- Eating & sleeping problems (too much or too little)
- Toileting Problems
- Head Banging and other self injurious behaviors
- Flat Affect
- Inappropriate social behavior (i.e. going to strangers too easily, sexualized behaviors)
- Problems with bonding



What about diagnosis?

- Must have DSM diagnosis to be eligible for services.
 - ◆ Most agencies serving the 0-5 population are using the DC 0-3 crosswalk
- A variety of diagnoses can be used, but generally, clinicians try to use the most “non-pathological” diagnosis
- Commonly used diagnoses: “Disorder of infancy, childhood or adolescence NOS”



Helping Families be “ready” for ECMH services

- Many parents are open to help if it is focused on trying to help their child—especially if they are “overwhelmed” with their child’s behavior
- These programs can help support a parent to help their child



What kinds of services are offered

- Individual therapy
- Family therapy
- Group therapy
- Infant/Child Parent Dyadic therapy
- Play Therapy
- Case Management



Services Offered

- Medication Support
- Crisis Intervention
- Developmental and Socio Emotional Assessment
- Developmental Guidance
- Resource and Referral



Who is offering services in Alameda County?

- A Better Way
- Alameda County Behavioral Health Care Services-Early Childhood Consultation and Treatment Program
- Asian Community Mental Health
- Children's Hospital
- City of Fremont Youth and Family Services



Who is offering services? (continued)

- Family Support Services of the Bay Area
- Jewish Family and Children's Services
- Kidango
- La Familia
- Parental Stress Service
- The Perinatal Council
- Through the Looking Glass
- Tiburcio Vasquez Health Center



How do you refer a family for services?

- If you would like the EPSDT agency to contact the family directly, remember to:
 1. Make sure you have a signed or verbal consent from the family allowing you to make the referral
 2. Make sure that you inform the family about the agency that will be calling them



Referring a family for services

If you are making a written or phone referral please include:

- Correct spelling of first and last name of child
- Birthdate
- Social security number or medi-cal number

This is so a determination can be made as to whether this child has full scope medi-cal



What systems barriers impact EPSDT services?

- There is not a resource line (one number) to coordinate & track referrals
- Ensuring that all providers who might be identifying children, have access to information about these services
- Constantly changing landscape in terms of programs needing referrals, being full