RESEARCH BRIEF
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What Policymakers in Georgia Need to Know About Infant-Toddler Social-Emotional Health

THE IMPORTANCE OF INFANT AND TODDLER SOCIAL-EMOTIONAL HEALTH

A child's brain develops most rapidly in the first three years of life, forming more than one million new neural connections every second.[1] Nurturing relationships with caregivers and positive experiences during this time support brain growth, emotional well-being, and social competence, leading to healthier, more successful children, teens, and, eventually, adults.[2]

Healthy social-emotional growth in infants and toddlers, also known as infant and early childhood mental health (IECMH), provides an essential foundation for early learning, school readiness, and long-term success.[3] Three key capacities make up infant and early childhood mental health.[4] These are the capacity:

- **to form a close, secure relationship with the adults who care for them;**
- **to experience and express a range of emotions, and over time, learn to manage these (e.g., cope with frustration); and**
- **to feel comfortable exploring their environment.**

Social-emotional development is intertwined with cognitive development. This connection and its role in learning can be observed in everyday behavior. An infant who joyfully participates in back-and-forth "conversation" with a parent is learning language and turn-taking skills. While trying to stack blocks, the curious, confident toddler gains motor skills and spatial knowledge. In moments like these, we see that healthy social-emotional growth propels infants and toddlers to seek out and fully engage in learning experiences through interactions with trusted caregivers and exploration of the environment. While social-emotional capacities look different at later ages, they continue to be essential to learning and positive relationships through children's school years and continuing into adult work and family life.

IMPORTANT TERMS:

- **IECMH**: Infant and Early Childhood Mental Health (also known as Infant and Toddler Social-Emotional Health)
- **DC 0-5**: a system and manual for diagnosing mental health and developmental disorders in young children
- **Screening tools**: questionnaires completed by parents or healthcare providers to determine if a young child has social-emotional challenges
- **Dyadic Treatment**: a treatment approach to addressing social-emotional concerns in which a therapist treats an infant/toddler and caregiver together
- **IECMH Consultation**: a specialist who works with child-serving professionals, such as pediatricians or educators, to promote the social-emotional health of infants and toddlers

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MENTAL HEALTH CHALLENGES OF INFANTS AND TODDLERS

Just like positive experiences support the social-emotional and cognitive development of young children, negative experiences and prolonged stress can have adverse impacts on their development. Recent estimates suggest that between 9 and 14 percent of children under age 6 experience emotional and behavioral problems.[6] Along with genetic predispositions, Adverse Childhood Experiences (ACEs) such as the death of a parent, toxic stress in the form of repeated and prolonged stressful events such as neglect or abuse, and maternal depression can derail healthy brain development and potentially contribute to diagnosable mental health conditions in infants and toddlers.[7] Conditions include anxiety (both general and related to separation from a parent or other caregiver, as well as phobias), depression, and sleep and eating disorders. Descriptions of mental health conditions specific to early childhood (birth to age five) are described in a widely used, research-informed diagnostic system, DC:0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood).[8]

While many behavioral problems during infancy and toddlerhood are short-term in nature, some mental health conditions diagnosed during this period can persist, particularly for those infants and toddlers with more than one type of condition.[9] Very early mental health conditions also significantly increase the chance that children will experience both mental health and learning difficulties in their school years.[10] The prevalence of young children experiencing mental health challenges is markedly higher in families facing economic hardship and other stressful circumstances, such as maternal depression.[11]

STRATEGIES TO ADDRESS AND PREVENT INFANT-TODDLER MENTAL HEALTH CONDITIONS

Infants and toddlers with mental health conditions are likely to miss out on critical learning and developmental experiences during the first three years, and beyond. A persistently sad, withdrawn infant is likely to engage less in the kinds of interactions with caregivers that build the child's vocabulary, and a fearful toddler will be less eager to learn through play with new objects and exploration of the environment. These children are at risk of entering kindergarten lacking key school readiness competencies. One study found that social-emotional skills measured at kindergarten entry predicted a range of long-term outcomes, including educational achievement in high school and adult employment, substance use, mental health, and criminal activity.[12]

Fortunately, there are effective means of identifying infants and toddlers who can benefit from further evaluation and treatment with evidence-based interventions for diagnosed conditions. There are also promising approaches to helping professionals who work with infants, toddlers, and families – pediatricians, child care providers, early intervention specialists, and home visitors – address infant and toddler mental health needs.

The following are examples of key interventions and strategies that a growing number of states are using to help ensure the best long-term outcomes for infants and toddlers.

Child and Parent Screening and Diagnosis

As reflected in guidance by the American Academy of Pediatrics (AAP), screening in pediatric settings with valid tools is highly effective in identifying young children, beginning in infancy, who may have mental health conditions.[13] The use of tools, such as the Ages and Stages Questionnaires: Social-Emotional (ASQ:SE),[14] that are specifically designed to screen for social-emotional delays, are better at identifying children than broad developmental screeners or the pediatrician's clinical judgement.[15] An increasing number of states are training clinicians in the DC:0-5, which helps them consider diagnoses specific to early childhood when evaluating infants and toddlers who have positive screens.[16] The AAP also recommends screening parents for depression, a key risk factor for child social-emotional and developmental problems.[17] Because maternal depression during and after pregnancy is associated with children's short- and longer-term mental health conditions, it is critical to identify mothers who may need further evaluation and treatment.[18]

Many states provide Medicaid coverage for both child and parent mental health screening in the first year, and beyond. Social-emotional screening of infants and toddlers can also be used to identify children in need of further evaluation in early care and education settings, early intervention, and home-visiting. Georgia Medicaid currently reimburses for maternal depression screenings but does not cover social-emotional screenings for infants and toddlers.[19]

Dyadic Treatment

In dyadic treatment, the young child and caregiver (the dyad) are treated together. A therapist guides the caregiver to engage in warm, responsive interactions with the child, giving both the chance to enjoy positive exchanges and to build a nurturing relationship. Examples of evidence-based dyadic treatment models include Parent-Child Interaction Treatment (PCIT) and Child-Parent Psychotherapy (CPP). The benefits of dyadic treatment, found in numerous studies, include enhanced parenting skills, reduced parent stress, improved parent-child relationships, and fewer child behavior problems.[20] Dyadic treatment with parents who are experiencing depression has been found to improve cognitive development in children.[21] While there are providers who offer dyadic treatment in the state of Georgia, they are not currently eligible to receive Medicaid reimbursement for this critical intervention.

Parenting Programs

To prevent and treat early childhood mental health conditions, some infants, toddlers, and their families can benefit from evidence-based parenting programs. Evidence-based/research-informed models include Incredible Years, Triple P, and Circle of Security. These parenting programs have been shown to reduce problem behavior in infants and toddlers.[22] Some Early Head Start programs across the state have begun providing access to these parenting programs, but, like dyadic treatment, they are not currently covered by Medicaid in Georgia.

The Washington State Institute for Public Policy has analyzed several dyadic treatment programs used with children from birth to three, including Child-Parent Psychotherapy (CPP) and Triple P (Positive Parenting Program).
In the treatment of trauma, CPP was found to produce benefits of $57,205 per participant in the form of higher labor market earnings and reduced health care costs. In the treatment of disruptive behavior, Triple P was found to produce benefits of $5,115 per individual if delivered individually and $3,591 if delivered in a group setting.[23]

Infant and Early Childhood Mental Health Consultation

Specialists in infant and early childhood mental health can work with pediatricians, home visitors, early intervention specialists, and child care providers to help them identify and support very young children who are at risk of or demonstrating mental health conditions or social-emotional delays. These specialists, called IECMH consultants, understand the importance of working in settings where young children already spend a significant amount of time. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends IECMH consultation (IECMHC) as a critical tool for child-serving professionals and has established a Center of Excellence on IECMHC.[24]

In early care and education settings, IECMH consultation has been found to help teachers and providers use more effective strategies and support reductions in challenging behavior.[25] The study of IECMHC in other settings is currently more limited, but emerging evidence suggests that it can be a promising approach in home visiting for helping providers understand young children's mental health needs and increasing knowledge of options for addressing these needs within visits and through referrals.[26] Healthy Steps, an evidence-based model that embeds an early childhood mental health and developmental specialist in pediatric settings, has been found to improve children's behavior.[27] In a few pockets around the state, the IECMH consultation model has been implemented in Early Head Start and some child-serving public health programs.

GEORGIA'S ROLE IN PROMOTING INFANTS' AND TODDLERS' HEALTHY SOCIAL-EMOTIONAL DEVELOPMENT

States across the country are investing in the social-emotional well-being of their infants and toddlers, recognizing the long-range value of optimal development in the earliest years. In order to keep pace with other Southern states, Georgia must begin by putting into place a core set of policies that serve as a foundation for supporting the needs of our youngest children. Longer term, the addition of other strategies can create a strong system of IECMH supports designed to help Georgia's children thrive.

Policy Innovations
that Support Young Children and their Families

- In 42 states (including Mississippi, Alabama, and South Carolina) Medicaid programs **cover infant and toddler social-emotional screening.** Georgia is just one of 8 states that does not.[28]
- Tennessee, along with 6 other states, allows providers to **use DC: 0-5 for child diagnoses along with a crosswalk to ICD-10 to receive Medicaid reimbursement** for their services.[29]
- Arkansas created **specific infant and early childhood mental health billing codes** in their Medicaid provider manuals.[30]
- In 42 states, **Medicaid reimburses for dyadic (parent-child) treatment**, with about one-third requiring use of an evidence-based model.[31] Georgia is one of 8 states that does not use Medicaid for reimbursement of this treatment for children under 5.
- In 16 states, **Medicaid covers parenting programs**, such as Triple P, Circle of Security, and Incredible Years, that address infant and early childhood mental health conditions.[32]

Foundational Recommendations:

Ensure Medicaid and CHIP coverage for and access to infant and toddler social-emotional health screenings and services, including evidence-based dyadic treatment and parenting programs such as Incredible Years and Circle of Security:

- Updated Medicaid provider codes should include language that specifies age-appropriate treatment for children 0-47 months and incorporates evidence-based dyadic treatment and parenting programs.
- These codes should allow for treatment in medical, child care, and home settings.

Arkansas implemented Medicaid codes that specify reimbursement for dyadic treatment and parenting programs such as Triple P and Incredible Years for children 0-47 months. (Sections 252.114 & 252.115)[33]

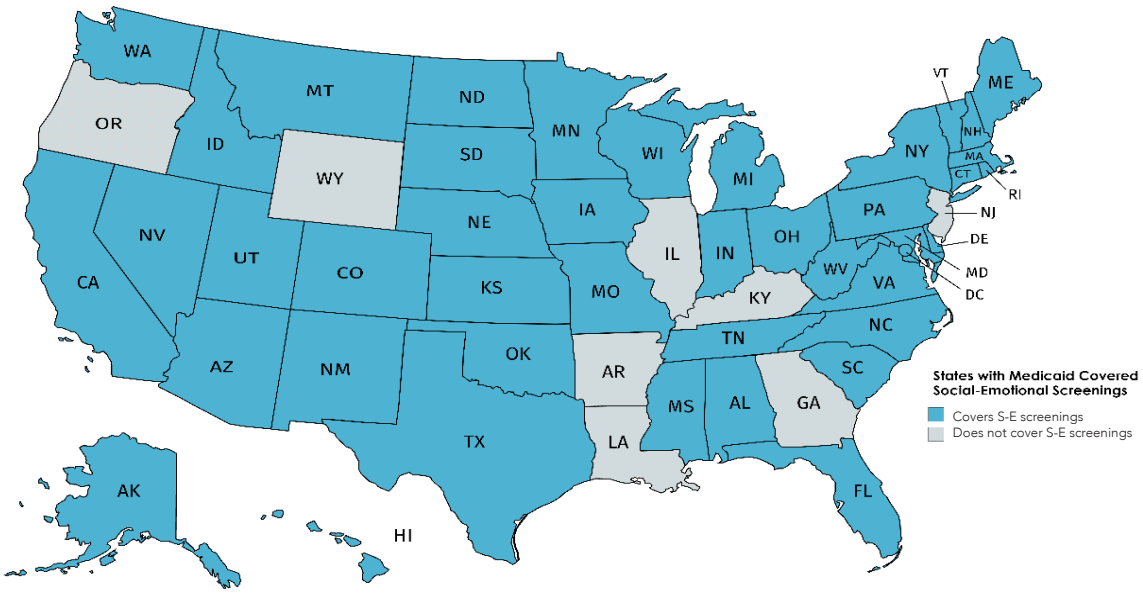
Adopt DC:0-5 for diagnosis of infant-toddler mental health disorders:

DC:0-5 provides developmentally appropriate diagnoses for young children experiencing mental health challenges. Require that mental health clinicians use DC:0-5 for IECMH diagnosis and treatment planning, and formally recognize DC:0-5 in public and commercial insurance programs, including Medicaid.[34]

IMPORTANT TERMS:

- **System of Care (SoC)**: a spectrum of community-based services and supports for children and youth at risk for mental health or other challenges and their families. Georgia's SoC State Plan, a "roadmap for improving the child and adolescent behavioral health system in the state," is outlined for individuals ages 4-26.
- **Babies Can't Wait**: Georgia's early intervention program for children up to 36 months with developmental delays and/or certain diagnosed conditions that have a high probability of resulting in delays
- **Home Visiting**: evidence-based and voluntary programs that provide support and services to families of young children through in-home visits and group settings

States with Medicaid Covered Social-Emotional Screenings



Improve social-emotional screening:

Promote the consistent use of social-emotional screening tools in pediatric settings – and not solely for the purpose of identifying children who may have Autism Spectrum Disorder. Tools such as the ASQ:SE can identify very young children who may have social-emotional delays and require further evaluation. These screenings should be used as part of the Bright Futures Periodicity Schedule recommended by the American Academy of Pediatrics.

Expand Georgia's behavioral health System of Care State Plan to include children younger than 4:

The current System of Care State Plan, which specifies service delivery for children ages 4-26, is due to be evaluated in 2020. The Interagency Directors' Team (IDT), led by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), should be encouraged to extend the Plan to children younger than 4.

Arkansas' Medicaid program developed **an approval process for clinicians providing mental health services to children 0 to 4**. In order to receive Medicaid reimbursement, clinicians must complete a **DC:0-5 training** to learn this system of diagnosis tailored to young children. They must also be trained in an **approved evidence-based dyadic treatment model**; Child-Parent Psychotherapy or Parent-Child Interaction Treatment are the most commonly used dyadic treatment models in the state. Training for providers is offered free of charge and funded with federal and state dollars. Approved providers are able to use billing codes that reimburse at a 10 percent higher rate.[35]

Six states have developed a **crosswalk** between ICD codes, the system **Georgia Medicaid** currently uses for diagnoses in older children and adults, and **DC: 0-5** so that providers can easily provide a diagnostic code for **children under 4** for Medicaid billing purposes.[36]

Each of Louisiana's 19 home visiting teams has an embedded **IECMH consultant** who provides consultation to home visitors related to infant-toddler mental health concerns and maternal depression. These consultants also provide Child-Parent Psychotherapy, an evidence-based dyadic therapy model, as needed. In some regions of the state, IECMH consultation is available to pediatric and Part C Early Intervention providers. These providers can call a full-time resource and referral hotline to receive information about mental health resources in the community. Specially trained masters-level clinicians provide individualized consultation over the phone. Additional consultation with a psychiatrist is available as needed.[37]

Long-Term Investments in Infant-Toddler Social-Emotional Health:

Invest in training for clinicians who can deliver evidence-based dyadic treatment and parenting programs:

Offer free or low-cost training for mental health clinicians serving young children in evidence-based dyadic therapy such as PCIT and CPP, and parenting programs such as The Incredible Years and Circle of Security. Offer training, based on research-informed models, to clinicians who want to become IECMH consultants.

Finance infant and early childhood mental health consultation:

Infant and early childhood mental health specialists should be reimbursed for providing IECMH consultation to pediatricians, child care providers, early intervention specialists, and home visitors that helps them identify and address social-emotional difficulties and work with families to support children's well-being and healthy development. These child-serving entities should be encouraged to seek out IECMH consulting.

Increase the capacity of Babies Can't Wait and the Georgia Home Visiting Program to serve more children and to meet their social-emotional needs:

While the number of children in need of these services has continued to grow, the capacity of these critical programs has not. For example, the Georgia Home Visiting Program is currently available in only 20 counties, and the number of children referred to Babies Can't Wait continues to outpace the supply of eligible providers.

CONCLUSION

These recommendations lay the groundwork for growing our state's ability to support young children and their families, innovations that are sorely needed in Georgia. Investing in supports during the critical early years when children's brains are developing most rapidly prevents the need for later, more expensive remediation and should be considered as a cost-effective measure to ensure Georgia ranks among the best places to raise a child.

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