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**Testimony Re: H7801 Infant and Early Childhood
Mental Wellness**
House Health and Human Services Committee
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Rhode Island KIDS COUNT coordinates the Right from the Start Campaign, a state policy coalition led by eight organizations to advance state policies and budget priorities that will help families with young children.

Both Rhode Island KIDS COUNT and the Right from the Start Campaign strongly support House Bill 7801. **This bill would require the Executive Office of Health and Human Services (EOHHS) to develop a plan to promote best practices for screening, assessment, diagnosis, and treatment of mental health conditions for children from birth through age five with Rite Care/Medicaid insurance** with the support of a task force that includes mental health and pediatric experts, among others.

This legislation is a campaign priority of Right from the Start. Rhode Island KIDS COUNT wants to thank Representative Cassar for her leadership and for sponsoring this bill and thank the cosponsors, Representatives McGaw, Kislak, Ranglin-Vassell, Diaz, Donovan, Cortvriend, Williams, Solomon, and Vella-Wilkinson.

The Importance of Infant and Early Childhood Mental Wellness (IECMW)

- **Infant and early childhood mental wellness is the foundation for all future development** and is necessary for the development of curiosity, persistence, motivation, and trust. It includes the capacity of infants and youth to experience, express and regulate emotions; form close, secure interpersonal relationships; and explore their environment and learn, in the context of family, community, and culture.
- **Babies and toddlers can and do suffer from mental health conditions caused by trauma, neglect, biological factors, or environmental conditions.** Research shows that 16% to 18% of infants and young children can and do experience mental health challenges, **roughly the same prevalence rate as experienced by older children.**
- In Rhode Island, approximately 50% of infants and young children have Medicaid health coverage which covers screening, evaluation, diagnosis, and treatment for children's mental health needs starting at birth. **Data from 2018 indicate that less than 8% of the Medicaid population under age six received any mental health services.**

Strategies to promote use of developmentally appropriate and research-based screening and evaluation tools, a diagnostic system, and effective therapies.

- Prior to the release of an effective diagnostic system for very young children, the DC:0–3 in 1994, clinicians lacked any widely accepted system for classifying mental health and developmental disorders for infants and toddlers. **Existing classification systems, such as the DSM were developed for adults and school-age children and do not pay adequate attention to the unique developmental and relational experiences of infants and very young children.** The DSM does not adequately reflect mental health disorders that can be identified and treated in infancy and early childhood, such as regulatory disorders and caregiver-child relationship disturbances. In 2013, the original tool was revised and expanded to cover diagnosis for all children from birth through age 5. **The DC:0–5 provides a common language that allows individuals across disciplines to communicate accurately and efficiently with each other and to link to knowledge about early childhood disorders.**
- Many states struggle to use Medicaid (including the Early and Periodic Screening, Diagnostic, and Treatment program) and other health insurance consistently and effectively to identify and cover IECMH services. **Medicaid policy in at least 13 states and the District of Columbia recommends or requires the use of the developmentally appropriate DC: 0-5 system for the diagnosis of children under age six.** States that promote the use the DC: 0-5 diagnostic system have adopted a crosswalk to ICD codes for billing.
- States can help promote effective diagnosis and treatment of infant and early childhood mental health challenges by using **Medicaid policy to allow for evaluation to occur over multiple visits and evaluation and treatment to take place in a variety of settings,** including in children’s homes, at child care and early learning programs, in schools, and in clinical and other professional settings.
- More and more states are prioritizing resources to provide evidence-based, and developmentally appropriate therapies (e.g., Parent-Child Interaction Therapy and Child Parent Psychotherapy) to meet the specialized needs of young children with an identified challenge. **At least 12 states incentivize or require providers to use an evidence-based, developmentally-appropriate treatment model for children under age six.**

Creating a plan to help improve early identification and treatment of mental health challenges in young children is a significant step forward toward assuring better overall health for infants, young children, and their families.

This legislation was drafted using examples from other states and after discussions with pediatric and mental health experts in Rhode Island. We look forward to supporting EOHHS to continue working with the larger community to develop a plan that includes:

- How to promote use of appropriate screening, evaluation, diagnostic systems, and treatments, including provider reimbursement
- How to increase and retain workforce capacity

- Intergenerational effects of racism, economic insecurity, and toxic stress that influence the mental health impact on families and babies, and young children

Infant and Early Childhood mental well-being is important to include in the state's behavioral health system of care. Infants and children under age five require different strategies to correctly address and treat mental health conditions and overall well-being. **This bill would put into motion a plan to promote and highlight infant and early childhood mental health with the expertise of professionals involved in the lives of infants and young children's well-being.** Thank you for the opportunity to provide testimony today.