

ISSUE BRIEF

Early Childhood Mental Health: The Importance of Caregiver Support in Promoting Healthy Child Development and Clinical Interventions for Children

Author:

Christina Altmayer

Peer Reviewed:

Caitlin Thomas-Henkel

Uma Ahluwalia

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Introduction

Children are in crisis nationally at levels never seen before. In every community, children are languishing in emergency departments (EDs) and child welfare offices because too few beds are available to treat them. As a response, in federal fiscal year (FFY) 2023, the Substance Abuse Mental Health Services Administration (SAMHSA) awarded Transformation Transfer Initiative (TTI) funding to states and territories focused on implementing and expanding 988 access and crisis services for children and adolescents.

This is one of the top issues facing the TTI projects focused on children and adolescents this year. State child welfare, Medicaid, and behavioral health agencies often serve the same children, youth, and families in crisis. Given the increased need for services for children and youth with high acuity conditions or serious emotional disturbance, it is important that child welfare, Medicaid, and behavioral health collaborate effectively. Yet these three systems are siloed at the governance, service array, and financing levels, leading to poor outcomes.

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Health Management Associates (HMA) developed this series of issue briefs to give technical assistance to these TTI projects to improve the need for child welfare, Medicaid, and behavioral health systems to better work together to tackle these issues. This brief explores the role of Medicaid in advancing child mental health outcomes, the importance of caregiver support in promoting healthy child development, and innovative practices in which states are investing to increase access to supports.

Highlights

- Young families are experiencing increasing socioeconomic demands that place parents and children alike at risk for developing behavioral and physical health conditions.
- People who are eligible for Medicaid/Children's Health Insurance Program (CHIP) benefits should be aware of all early and periodic screening, diagnostic, and treatment (EPSDT) services available to them, and states should carefully monitor access to and use of these services.
- CMS has developed new tools and opportunities that states can leverage to provide consistent quality of care to children enrolled in Medicaid and CHIP.
- Parents and caregivers need the supports necessary to create a safe, stable, nurturing environment in which children can thrive emotionally and physically.
- Evidence-based models that can be used to ensure the safety, stability, and support of households with children include in-home visits, access to primary and preventive care services, and informed childcare.

Early Investments for Lifelong Health

The first five years of a child's life are often chaotic for parents and caregivers adjusting to new family demands, particularly for families dealing with economic pressures and lack of social supports, struggling to meet both the time and financial demands young families experience. Increasingly, the behavioral healthcare sector is recognizing the value of caregiver support to promote healthy child development, especially during the critical first five years of a child's life.

Circumstances associated with family stress, such as income and other social determinants of health (SDOH), may elevate the risk of serious mental health problems. Young children who experience recurrent abuse or chronic neglect because of domestic violence, parental mental health or substance use disorder (SUD) experience toxic stress, which puts them at risk for poor physical and mental health long-term.¹ Dr. Nadine Burke Harris's groundbreaking work, *The Deepest Well*, elevated awareness of the correlation between childhood stress and physical health, including autoimmune disease, metabolic disorders, obesity, asthma, and other conditions.²

Public policies and intervention strategies should reflect the evidence that the ability to regulate one's emotions and manage successful interactions with other people is key for later academic performance, mental health, and social relationships.³ In sum, the diagnosis of mental health conditions in young children is fraught with challenges, including:

- Fragmented systems of care that segment children's development into separate delivery systems and work against a whole-child model of care, recognizing the importance of supporting a child's social, emotional, educational, and physical development
- Cultural biases and stigma that are barriers to early recognition and intervention of mental and behavioral health challenges in children
- Lack of consistent and regular developmental screenings at recommended intervals to identify and address through prevention and early intervention strategies
- Limited training in early childhood mental health among practitioners and providers who work with families
- Diagnostic criteria often based on adult symptoms (except the Diagnostic and Classification of Mental Health and Developmental Disorders for Birth to 5 years – DC:0-5 – which is not yet widely used)
- The context of families and communities, including adverse childhood events that may create genuine distress even though the child may fall outside any diagnostic criteria

¹ Center on the Developing Child, Harvard University. Early Childhood Mental Health. Available at: <https://developingchild.harvard.edu/science/deep-dives/mental-health/>. Accessed September 25, 2023.

² Harris NB. *The Deepest Well: Healing the Long-Term Effects of Childhood Trauma and Adversity*, page 73. Boston, MA; Mariner Books. 2018.

³ Center on the Developing Child, Harvard University. Children's Emotional Development Is Built into the Architecture of Their Brains. Available at: <https://developingchild.harvard.edu/resources/childrens-emotional-development-is-built-into-the-architecture-of-their-brains/>. Accessed September 25, 2023.

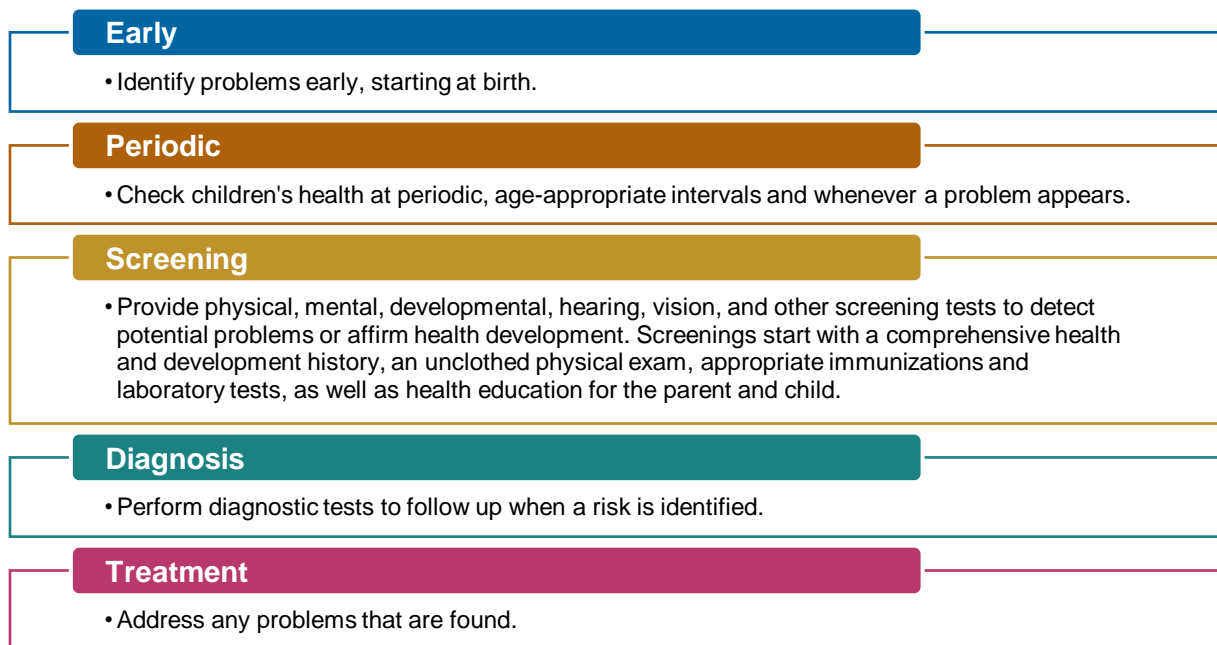
Early childhood is a foundational window for promoting lifelong physical and mental health. To proactively support children's mental health from birth through the first five years of life⁴ requires:

- 1) Providing intentional support to caregivers
- 2) Collaborating with caregivers to monitor children's developmental trajectory using validated screening tools
- 3) Engaging caregivers and children in supports as early as possible

Medicaid's Commitment to Young Children: EPSDT

The comprehensive benefit package available to children and adolescents younger than 21 years old who have Medicaid and CHIP coverage, known as EPSDT, was designed with prevention at its core. Created in 1967 and required in every state, EPSDT finances various appropriate and necessary pediatric services and is designed to provide comprehensive services by covering all appropriate and medically necessary services needed to correct and ameliorate health conditions, even if these services are excluded from the state Medicaid plan.⁵ Additionally, states are required to inform all Medicaid-eligible individuals younger than age 21 and their families of EPSDT services that are available to them. The benefit applies to children enrolled in a state's Medicaid and CHIP plan through Medicaid Expansion CHIP. With more than 40 percent of children younger than age six nationally receiving healthcare through public programs, EPSDT provides a critical resource to support young children's health and development (see Figure 1).

Figure 1. The EPSDT Model⁶



⁴ Center on the Developing Child, Harvard University. In Brief: The Science of Early Childhood Development. Available at: <https://developingchild.harvard.edu/resources/inbrief-science-of-ecd/>. Accessed September 25, 2023.

⁵ Health Resources & Services Administration. Early Periodic Screening, Diagnosis, and Treatment. Available at: <https://mchb.hrsa.gov/programs-impact/early-periodic-screening-diagnosis-treatment>. Accessed September 25, 2023.

⁶ Source: <https://ccf.georgetown.edu/wp-content/uploads/2016/03/EPSDT-fact-sheet.pdf>

The EPSDT requirements are intended to ensure that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. Nonetheless, young children insured through Medicaid are less likely to receive regular preventive care.⁷

- Children insured through Medicaid managed care are less likely to receive their recommended well-child visits at 15 months old than children in households with commercial insurance (54% vs. 79%).
- Children insured through Medicaid managed care are less likely to receive their recommended visits in the first 30 months of life than children in households with commercial insurance (66% vs. 86%).

National data regarding regular developmental screening are captured inconsistently. States are not required to capture developmental screening rates on children enrolled in Medicaid/CHIP. The 26 states that do require collection of these data have a range of screening rates, from less than 2 percent to 78 percent in Massachusetts, with a median rate of 36 percent, according to 2016 data.⁸ The lack of regular screening and referral and connection to early intervention disproportionately affects children who are racial minorities. These individuals are less likely to receive a diagnosis of a developmental delay and less likely to receive services, regardless of an objective developmental assessment.⁹

Expanded benefits and new Medicaid programs, as shown in Table 1 on the following page, provide examples of new tools and opportunities that the Centers for Medicare & Medicaid Services (CMS) has introduced and that states can leverage to provide consistent quality of care to children enrolled in Medicaid and CHIP.

⁷ National Committee for Quality Assurance. Child and Adolescent Well-Care Visits (W30, WCV). Available at: <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>. Accessed September 25, 2023.

⁸ Burak EW, Odeh M. Developmental Screenings for Young Children in Medicaid and the Children's Health Insurance Program. Georgetown University Health Policy Institute Center for Children and Families. Available at: <https://ccf.georgetown.edu/wp-content/uploads/2018/03/Dev-Screening-3-13.pdf>. Accessed September 25, 2023.

⁹ Gallegos A, Dudovitz R, Biely C, et al. Racial Disparities in Developmental Delay Diagnosis and Services Received in Early Childhood. *Acad Pediatr*. 2021;21(7):1230-1238. doi: 10.1016/j.acap.2021.05.008

Table 1. Examples of Medicaid Opportunities to Improve Care for Children and Youth

Medicaid Benefit/Program	Summary	Significance
Postpartum Coverage	<p>CMS encourages states to adopt an extended postpartum coverage option to improve the quality of care in Medicaid and integrate with a child's coverage. CMS highlights opportunities to focus on improving rates of postpartum visits and increasing the number and quality of well child visits. Existing Medicaid authority can be used to cover doula care and home visits for postpartum people and their families.</p>	<p>Medicaid and CHIP cover more than 42% of births in the nation, nearly half of which are to Black, Hispanic, or Indigenous families. Extending the postpartum coverage period can improve health outcomes during infancy and mitigate health disparities for people with Medicaid and CHIP coverage.</p>
CMS Center for Medicare and Medicaid Innovation (Innovation Center) Maternal Opioid Misuse (MOM)	<p>The Innovation Center supports the MOM model to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system.</p>	<p>By supporting the coordination of clinical care and the integration of other services critical for health, well-being, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.</p>
InCK	<p>The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model that is designed to reduce expenditures and improve the quality of care for children and adolescents younger than 21 years old who are Medicaid members through prevention, early identification, and treatment of behavioral and physical health needs. CHIP members and pregnant women older than age 21 with Medicaid coverage are included.</p>	<p>The model empowers states and local providers to better address these needs, as well as the impact of OUD through care integration across all types of healthcare providers.</p>
Transforming Pediatrics for Early Childhood (TPEC)	<p>Grant-funded initiative through the Health Resources & Services Administration's (HRSA's) Maternal & Children Health Bureau to support early childhood development experts into high-volume pediatric practices. The programs provide onetime funding to achieve long-term improvements in early developmental health, school readiness, family well-being and health equity.</p>	<p>The program provides one-time funding to develop comprehensive, quality early childhood care within pediatric settings resulting in an increase in the number of pediatric practices serving the Medicaid population, provide early developmental health promotion/prevention, screening and surveillance, care coordination and linkage, and intervention; and to address specific barriers to sustain holistic early childhood services, such as policy, workforce and financing barriers.</p>

Caregiver Support Is Foundational for Promoting Healthy Childhood Development

The key to improving these outcomes is recognizing and supporting the critical role of caregivers in promoting and addressing children's healthy development. Ensuring caregivers are equipped to promote a child's healthy social and emotional development beginning at birth, especially during the formative first five years of a child's life, is an absolute necessity. Science is providing the evidence for what practitioners have known for decades.

Emotional development is actually built into the architecture of young children's brains in response to their individual personal experiences and the influences of the environments in which they live. Indeed, emotion is a biologically based aspect of human functioning that is 'wired' into multiple regions of the central nervous system that have a long history in the evolution of our species. The emotional experiences of newborns and young infants occur most commonly during periods of interaction with a caregiver (such as feeding, comforting, and holding), infants display distress and cry when they are hungry, cold, wet, or in other ways uncomfortable, and they experience positive emotions when they are fed, soothed, and held.¹

The connection between caregiver support and improved childhood outcomes is recognized in similar and related approaches that call for investments in caregivers.

- **Early relational health:** Early relational health is a framework that explores the role of early relationships and experiences in healthy development across a child's lifetime and endorsed by the American Academy of Pediatrics (AAP). Relationships, especially in the early years, are biological necessities to build a foundation for lifelong growth and development. Early relational health recognizes the importance of safe, stable, and nurturing early childhood relationships that are:¹⁰
 - **Safe:** The relationship is free of physical or psychological harm. Children believe their caregivers will protect them.
 - **Stable:** The adult is dependably there for the child. Children believe their caregivers will meet their needs.
 - **Nurturing:** The child's physical, emotional, and developmental needs are sensitively and consistently met. Children believe their caregivers will use warmth and clear expectations to foster their development.

¹⁰ American Academy of Pediatrics. Early Relational Health. Available at: <https://www.aap.org/en/patient-care/early-childhood/early-relational-health/>. Accessed September 25, 2023.

Pediatricians, through their engagement with families and regular well-child visits, can embed practices to promote these healthy relationships, including:

- Infant and early childhood mental health (IECMH): Similar to early relational health, IECMH is a prevention-focused approach that supports caregivers and promotes their capacity and skills to foster healthy child development. This approach extends beyond the primary parent caregiver and recognizes the importance of all caregivers who interact with children, including in-home, childcare, and preschool providers. It recognizes that caregivers in all settings should have supports and access to resources that support a child's healthy development.¹¹ Public health and childcare policies that support home visits and training and coaching for providers can foster parent/caregiver skill development.

Whether the intervention is directed toward the parent, primary caregiver, childcare provider, or preschool instructor, the design supports the caregiver so that the engagement is enriching, positive, and supportive. These frameworks recognize that a sole focus on the child, especially younger beneficiaries, fails to recognize the critical interplay between healthy child development and strong early foundational relationships.

Emerging Recognition of Evidence-Based Models

Evidence demonstrates the value of new models of care and new financing strategies that recognize the importance of prevention, early identification, and support to bolster protective factors and family resilience. In particular, the Medicaid system is embracing strategies that intentionally address the critical importance of caregiver needs to promote healthy child development. This approach recognizes that “the health and well-being of parents and caregivers are inextricably linked,”¹² particularly for the youngest children. Two-generational models for the youngest children, often referred to as “dyadic care,” includes services ranging from screening caregivers for risks that affect children’s health, to helping families gain access to health-related services, such as safe housing and psychoeducational services to help all members of the family achieve optimal mental health and resilience.¹³

The models cited below demonstrate evidenced-based interventions that are available to families where they live and offer a wholistic family and caregiver approach.

Home-Based Models

Voluntary home visiting is a service delivery approach that provides critical support to expectant and post-partum parents and caregivers, infants and toddlers, and their families. Home visiting models may vary in duration, curriculum, orientation, and eligibility, but the foundational elements are consistent across all models. Services are voluntary, responsive to individual family needs, and connect families to additional and appropriate community resources and eligible benefits.

¹¹ [Georgetown University Center for Child and Human Development](https://www.iecmhc.org/). Supporting IECMHC to ADVANCE and IMPACT the Mental Health of Young Children, Their Families and Staff in Early Childhood Settings Across the Country. Available at: <https://www.iecmhc.org/>. Accessed September 25, 2023.

¹² Institute for Medicaid Innovation. Emerging Family Focus in Medicaid: A Two-Generational Approach to Health Care, Institute for Medicaid Innovation. 2020. Available at: <https://q952a3.p3cdn1.secureserver.net/wp-content/uploads/2022/09/2020-IMI-Two-Generation-Approach-Fact-Sheet.pdf>. Accessed September 25, 2023.

¹³ Institute for Medicaid Innovation. Innovation in Perinatal and Child Health in Medicaid Investing in the Prenatal-to-Three Framework to Support Communities and Advance Equity. April 2023. Available at: <https://medicaidinnovation.org/wp-content/uploads/2023/04/IMI-2023-Innovation-in-Perinatal-and-Child-Health-in-Medicaid-FINAL.pdf>. Accessed September 25, 2023.

- Home visiting services rely on a relationship-based approach to the family and infant to deliver family support, parent education, and resource coordination that is responsive and tailored to the individual needs of each family. Since 2010, The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, administered through HRSA in partnership with the Administration for Children and Families (ACF), has supported states that provide voluntary home visiting services. Models are recognized for their level of support. Current funding reauthorized the program in December 2022 for another five years.
- The US Department of Health and Human Services developed and maintains the Home Visiting Evidence of Effectiveness (HomVEE) review, which provides ongoing monitoring of early childhood home visiting models and assesses their effectiveness.
- Though HomVEE recognizes more than 50 models, only a subset of models (20) meets the standards of effectiveness and are eligible for federal funding through MIECHV.¹⁴ MIECHV was a milestone in the expansion of home visiting in two ways. First, it provided the first national funding for home visits and prompted increased national recognition of the value of home visiting as a meaningful intervention. Second, it offered a framework for home visits, including a national definition of the service model, an eligible list of service models, and an evaluation structure to measure impact. Multiple states, including Oregon, New Jersey, and New Mexico have launched universal home visit models initiatives for families.

Primary Care Models

Primary care practices provide an important platform for engaging families where they are based on the number of engagement points, particularly in the first three years of life. The American Academy of Pediatrics Bright Future¹⁵ guidelines recommended that by the time children reach 30 months old, they should have 11 well-child visits and three developmental screens.

Two evidence-based models, Healthy Steps and DULCE¹⁶, provide universal primary care support to all members of families. Healthy Steps and DULCE offer dyadic supports and preventive services, including behavioral health services, to all families. By offering services with a trained specialist working in partnership with the primary care provider, services are offered seamlessly within the practice model, destigmatizing accessing support. Services are provided via a family specialist who may be a licensed clinician or a community health worker. Family specialists support families during and between well-child visits and help families navigate the system of community supports to which they or their children may be referred based on well-visit screenings and surveillance. DULCE is now located in 16 pediatric clinics across seven states, and Healthy Steps operates in more than 20 states, with 230-plus primary care practices.

¹⁴ US Department of Health and Human Services, Administration for Children & Families. Models Eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Funding. Available at: <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>. Accessed September 25, 2023.

¹⁵ American Academy of Pediatrics. Preventive Care/Periodicity Schedule. Available at: <https://www.aap.org/periodicityschedule>. Accessed September 25, 2023.

¹⁶ For further information on these models including their evidence base, see [HealthySteps](#) and [DULCE](#).

Childcare Models

New models are emerging at the state and national levels to provide consultative support, coaching and technical assistance to childcare providers to equip them with the resources, knowledge, and skills to identify and support children who display developmental or behavioral health concerns. Recent research highlights trends that indicate the following:

- Preschool expulsions are occurring at three times the rate of children in kindergarten through 12th grade
- Preschool-aged boys are four times more likely to be expelled than girls
- Black/African American children are expelled almost twice as often as Latino and White children and more than five times more often than Asian-American children.¹⁷

Models are emerging to provide technical assistance to providers to improve the quality of care, provide consultations to providers, including dedicated mental health consultants who work directly with providers. The Center of Excellence for Infant & Early Childhood Mental Consultation (CoE for IECMHC) is a national resource¹⁸ that provides programmatic support, professional development opportunities, and a clearinghouse of information.

National and State Initiatives

Several states have tested innovative models that provide the opportunity for early and consistent intervention in children's health. Two innovative examples include:

Continuous Medi-Cal Eligibility for Children 0 to 5 Years Old

Effective April 2023, states have resumed Medicaid redetermination activities. During the COVID public health emergency (PHE), states could provide 12-month continuous eligibility to children enrolled in Medicaid and/or CHIP through a state plan amendment; 24 states adopted this approach.¹⁹ Beginning January 1, 2024, states will be required to implement continuous eligibility for all children in Medicaid and CHIP. Continuous eligibility provides coverage to children in Medicaid and/or CHIP for 12 months unless the child ages out, moves out of state, voluntarily withdraws, or does not make premium payments. In addition, some states, including California and New York, have tested models that provide continuous eligibility for the first five years of life, recognizing the critical window for child development and to ensure families with infants and toddlers have consistent access to care and encourage managed care plans to invest in strategies that will advance early childhood outcomes. Before the federal PHE, the national average was 6 percent among the 24 states that provided 12 months of continuous coverage, whereas the average churning rate among states that do not offer the option was 8.5 percent.²⁰

¹⁷ Head Start/Early Childhood Learning and Knowledge Center. [Understanding and Eliminating Expulsion in Early Childhood Programs](https://eclkc.ohs.acf.hhs.gov/). Available at: <https://eclkc.ohs.acf.hhs.gov/>. Accessed September 25, 2023.

¹⁸ Georgetown University Center for Child and Human Development. [Infant and Early Childhood Mental Health Consultation. Who We Are](https://www.iecmhc.org/about/coe/). Available at: <https://www.iecmhc.org/about/coe/>. Accessed September 25, 2023.

¹⁹ Kaiser Family Foundation. [State Adoption of 12-Month Continuous Eligibility for Children's Medicaid and CHIP](https://mchb.hrsa.gov/programs-impact/early-periodic-screening-diagnosis-treatment). January 1, 2023. Available at: <https://mchb.hrsa.gov/programs-impact/early-periodic-screening-diagnosis-treatment>. Accessed September 25, 2023.

²⁰ The Children's Partnership. [Learning From the Pandemic: How Medi-Cal Continuous Coverage Protects California Kids](https://childrenspartnership.org/wp-content/uploads/2023/03/How-Medi-Cal-Continuous-Coverage-Protect-CA-Kids-Brief-FINAL.pdf). March 2023. Available at: <https://childrenspartnership.org/wp-content/uploads/2023/03/How-Medi-Cal-Continuous-Coverage-Protect-CA-Kids-Brief-FINAL.pdf>. Accessed September 25, 2023.

Expanded Mental and Behavioral Health Benefits

Mental health issues among children and youth have become a national concern, particularly during and after the COVID pandemic. In fact, the AAP and the US Surgeon General have issued statements indicating that mental health conditions among children and adolescents have escalated to the point of becoming a national emergency.²¹ In response, states are rethinking and expanding benefits that specifically authorize expanded access to behavioral and mental health supports. California and Massachusetts provide two examples.

- Massachusetts expanded coverage for mental health services in two ways. First, effective September 1, 2021, MassHealth (Medicaid) members younger than age 21 became eligible for preventive behavioral²² health services if they have had a positive behavioral health screening (or, in the case of an infant, a positive postpartum depression screening), even if they fall short of the criteria for a behavioral health diagnosis and, therefore, do not meet medical necessity criteria for behavioral health treatment. More broadly, effective January 2023,²³ Massachusetts is requiring that **all health plans** cover “an initial annual mental health wellness examination as well as subsequent examinations” within the subsequent 12-month period.
- Consistent with the federal EPSDT3 requirements, California approved new **dyadic services and family therapy benefits**. Effective January 2023, the new dyadic care services benefit reimburses screening for both children and their caregiver(s) for behavioral health conditions and SDOH, as well as referrals to appropriate follow-up care. New Medi-Cal provisions also address recognized barriers to caring for children and youth once behavioral health concerns are identified through the elimination of the requirement that members receive a diagnosis before accessing services and clarifying responsibility within the scope of managed care plans. Members younger than 21 years old can receive **up to five family therapy sessions** before a mental health diagnosis is required. Moreover, children (younger than age 21) can receive family therapy without the five-visit limitation if they or their parents/caregivers demonstrate risk factors for mental health disorders. These risk factors include separation from a parent/caregiver who has been detained because of involvement with the justice or immigration systems or who have died. Other risk factors include foster care placement, food insecurity, housing instability, exposure to domestic violence or trauma, maltreatment, severe or persistent bullying, and discrimination. Collectively, these new Medi-Cal benefits and guidance create sustainable pathways to engage all Medi-Cal families with needed support, especially during the first three years of critical brain development.

²¹ American Academy of Pediatrics. AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. October 19, 2021. Available at: <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>. Accessed September 25, 2023. See also: [Surgeon General’s Advisory Statement](#).

²² Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid. MassHealth Mental Health Center, Bulletin 35. December 2021. Available at: https://www.mass.gov/doc/mental-health-center-bulletin-35-preventive-behavioral-health-services-for-members-younger-than-21-0/download?_ga=2.5017594.892505141.1693068486-205680406.1691038263&_gl=1*c4cird*_ga*MjA1NjgwNDA2LjE2OTEwMzgyNjM.*_ga_MCLPEGW7WM*MTY5MzA2ODUxMy4xLjAu. Accessed September 25, 2023.

²³ Commonwealth of Massachusetts, Office of Consumer Affairs and Business Regulation, Division of Insurance. Bulletin 2023-05. January 4, 2023. Available at: <https://www.mass.gov/doc/bulletin-2023-05-behavioral-health-wellness-exams-issued-january-4-2023/download#:~:text=Behavioral%20Health%20Wellness%20Examinations%20Individual,care%20provider%2C%20which%20may%20be>. Accessed September 25, 2023.

Addressing Children with Complex Needs

While the focus of this brief has been primarily on exploring and elevating strategies to effectively provide early intervention services to promote healthy child development, it is important to acknowledge that some children will experience trauma at a young age as a consequence of abuse and neglect, warranting more intensive interventions. According to national statistics on child abuse, more than 600,000 children are abused in the United States each year, and children in the first year of their life are 15 percent of all victims, and more than one-quarter (28%) of children who experience this level of maltreatment are two years old or younger.²⁴ It is important to note that the most common form of abuse is neglect (more than 75%), particularly among young children.

The Families First Prevention Services Act (FFPSA) prioritizes interventions that can help families whose children are at risk for removal stay together and invests in evidence-based models to address SUD, mental health needs, and parenting supports. These models of care recognize that supporting the caregiver positively affects the child and that social and economic barriers should be addressed and not drive child removal decisions that may only exacerbate trauma. When necessary, and as a last resort, children should only be placed in high-quality residential treatment centers that are short-term, meet minimal standards, and work to place children and youth in stable family-based settings.²⁵

Conclusion

Early childhood presents a unique opportunity to support healthy child development and to help children build the resilience needed for lifelong health and development. The Medicaid system, which provides healthcare coverage to more than 40 percent of U.S. children and youth, has the authority to expand services for early intervention and prevention services. Federal and state policymakers recognize the importance of this period of child development and are establishing policies that invest in the initiatives that support mentally and physically healthy lives. Evidence-based models and approaches demonstrate the value and impact of early investment in children's mental and behavioral health, supporting both children and youths, as well as their primary caregivers.

²⁴ National Children's Alliance 2022 national statistics collected from Children's Advocacy Center members and available on the NCA website: <https://www.nationalchildrensalliance.org/cac-statistics>

²⁵ For more information, see [Implementing the Family First Preventions Services Act, A Technical Guide for Agencies, Policymakers and Other Stakeholders](#).