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Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers

Part I: Summary and Introduction

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Executive Summary

Each child's social and emotional development underpins overall development and greatly influences his or her lifelong trajectory. Infants and toddlers experience a period of rapid brain development marked by great possibility and vulnerability, depending on their family and community contexts. The first years of life are particularly crucial to a child's development of a sense of security and attachment with others, foundational activities that undergird subsequent social and emotional development. Prolonged stress brought on by trauma—parental substance abuse, poverty, and other family, social, and/or environmental factors—places healthy development at great risk. Nurturing relationships with parents and caregivers can mitigate these risks, especially with early identification and support for young children's mental health needs along with those of their parents. But when such stress gets in the way of consistent caring and responsive parent-child relationships, it can lead to a host of health, behavioral, social, and emotional difficulties for the child throughout his or her life.

Young children's social and emotional development, also called [infant and early childhood mental health](#) (IECMH), lays the foundation for lifelong success. Many interventions to prevent and treat young children's emotional health, often focused on relationships with their parents or caregivers, are available and effective. Yet federal and state health care, mental health and early childhood policies do not reflect the evidence base for IECMH.

Medicaid provides health insurance to nearly half of all infants and young children. While Medicaid alone cannot solve broader system challenges, such as stigma or the need for more qualified mental health providers, it can be a leader for improvements across payers and systems. The program's comprehensive pediatric benefit, known as Early and Periodic Screening, Diagnostic, and Treatment services (EPSDT), is designed to meet the preventive care and treatment needs of young children, including their mental health. EPSDT is not well understood or consistently applied, but it holds much potential to strengthen access to IECMH services. The opportunity to reach young children, along with their parents and caregivers, as early as possible can prevent conditions from escalating and requiring more complex, expensive interventions. To ensure the youngest children and their families in Medicaid receive the support they need to ensure strong mental health, states can:

1. Improve preventive screenings based on expert-recommended schedules and guidelines.
2. Adopt diagnosis guidelines specific to young children's mental health.
3. Update or clarify payment policies and processes for needed IECMH services.
4. Consider new settings or provider types appropriate for IECMH services.
5. Include IECMH in broader Medicaid improvements and reforms.

Introduction

A baby's brain forms more than 1 million new neural connections every second. This extraordinary rate of development allows infants to process new stimuli and to begin to master languages, social behaviors, and cultural norms within their first few years of life. At the same time, the ever-expanding neural networks that enable children's brains to take in vast amounts of information also make them especially vulnerable. Stressful family experiences—such as illness or family death, parent mental health (e.g., maternal depression) or substance abuse, abuse, neglect, parental absence, discrimination, or exposure to other trauma—can impede children's healthy development. The greater number of adverse childhood experiences (ACEs) children encounter, the higher their risk for physical and mental health problems (heart disease, depression, suicide risk) as adults. ACEs are also linked with poorer school readiness and educational outcomes and involvement with the juvenile justice system. These poor outcomes not only cost families and communities, they cost taxpayers: Poor health outcomes associated with ACEs cost the nation nearly \$100 billion annually in expenses for cardiovascular care and more than \$85 billion in mental health disorders.

Many who need mental health treatment do not receive it. Research suggests that as many as one in five U.S. children suffers from some kind of emotional impairment or disorder, including an estimated 10 to 14 percent of children under age 6. Yet between half and two-thirds of those identified as needing mental health services do not receive timely treatment. Treatment gaps tend to be larger among those who develop a mental health condition at a very young age or who come from rural and/or minority backgrounds.

Medicaid support to strengthen IECMH services can go a long way to improving children's long-term success. Medicaid serves most low-income young children and includes a robust pediatric health benefit designed to ensure that children's developmental needs are met and that diseases or delays are addressed as early as possible. In the earliest years, there is a tremendous opportunity to respond much earlier and more proactively to children at risk of or showing signs of emotional, social, and developmental needs and delays.

This paper outlines state opportunities to address children's mental health earlier and more effectively through Medicaid. A variety of factors influence this work, including social determinants of health and broader promotion and prevention efforts. This paper does not address these areas comprehensively, as many of the resources referenced throughout provide a more comprehensive take on these topics. Instead, it offers a starting place to inform Medicaid discussions that will require additional attention to the full range of family and environmental factors that influence a child's development.

Audience Matters: Talking About Healthy Social and Emotional Development in Young Children

Advocates and other stakeholders should be mindful of their audience when selecting terms and crafting messages about IECMH. A number of terms are used to describe this concept: social and emotional development, emotional health and wellbeing, and others. States, and even specific sectors or agencies within states, use varying terminology based on their roles. For example, health or mental health stakeholders may use terms such as “early childhood mental health” or “behavioral health,” while early learning and education stakeholders may use “social emotional development.”

Research suggests that while mental health experts and providers may prefer IECMH, parents, pediatricians, and the general public may be more comfortable with terms like social and emotional development. In this paper, “IECMH” is used most often to specifically call attention to screening, diagnosis, and treatment services that may be supported in Medicaid. “Social and emotional health” or “emotional development” refer more broadly to promotion and prevention activities.

See the full report at <https://ccf.georgetown.edu/2018/11/21/using-medicaid-to-ensure-the-healthy-social-and-emotional-development-of-infants-and-toddlers/>. This report is a collaboration between Georgetown University's Center for Children and Families, and the Think Babies campaign, a project of ZERO TO THREE.