



The Center for
**MATERNAL &
YOUNG CHILD
HEALTH**



Integrating Early Childhood Mental Health Policy to Grow Healthy Kids & Families in Ohio

October, 2021



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Groundwork Ohio.

About Groundwork Ohio:

Groundwork Ohio is a nonprofit, nonpartisan advocacy organization committed to championing high-quality early learning and healthy development strategies from the prenatal period to age five, that lay a strong foundation for Ohio kids, families and communities.

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SECTION 1

Introduction



“ **Starting from birth, babies learn who they are by how they are treated.** ”

– ZERO TO THREEⁱ

A Message from our Leadership

Babies learn who they are by how they are treated. The choices that the state of Ohio makes, how state policy treats babies, shapes who they become.

As we reflect on how we treat babies in the context of our experiences over the last 18 months, it becomes painstakingly clear that, not only does a pandemic happen once in a lifetime, so does childhood. Our youngest children have a short five-year period of critical brain development happening in the earliest years of their life to benefit from the love, care and learning they need to support their lifelong success. We often talk about the first 1,000 days setting the foundation for the rest of a child's life because more than 80% of brain development is happening in the first three years of life. Ohio's most vulnerable infants and toddlers have now spent over half of those precious days in this pandemic, enduring the stress, trauma and financial realities experienced by their families, caregivers and communities which inhibits their development. For too many children, and disproportionately for low-income children and children of color, this pandemic has only compounded the challenges they faced before.

Because our youngest children don't have a voice and the way that these adverse experiences manifest themselves in a young child's behavior and relationships, their experiences are often overlooked. Their needs are put on hold because so much time, investment and attention must be spent on children later in life when our systems identify them in crisis or not ready to learn. There is unanimous agreement that our school age children and older youth are experiencing a mental health crisis---we can verify that through formal diagnoses, suicide rates, the number of youth in state custody and the intense care coordination that so many of our youth require from multiple state agencies. The data, however, also instructs

us that most of these youth were having experiences or demonstrating behaviors as babies, toddlers and preschool age children that would predict these later crises.

What if we stopped putting the needs of our youngest children off for another day?

What if we resisted the status quo which too often undermines the experience and environments of our youngest children and families?

What if we invested early in prevention to avoid crisis?

We've asked you to consider these questions in other ways over time, but now ask you to view early childhood investments and policies through the lens of mental health. What could a system look like that first reflects the mental health of babies, toddlers and their caregivers? It is with this question in mind that we share this report. We offer our learnings from experts to help us begin to collectively assess early childhood systems and integrate policies that support early childhood mental health to strengthen the foundation of our families and communities. And we ask you to join us in growing healthy kids and families here in Ohio.

Warm Personal Regards,



Shannon Jones
Shannon Jones
Groundwork Ohio
President & CEO

What is the Center for Maternal & Young Child Health at Groundwork Ohio?

Groundwork is developing and operating a “center of excellence” for Maternal and Young Child Health to build the capacity of Groundwork Ohio and our external partners to match the needs of communities across the state in this policy space. The mission of the Center is to prepare Ohio for a better future by building and transforming systems that improve maternal and young child health, promote health equity, and prioritize prevention through policy development, research and collaboration so that all Ohio mothers and young children thrive.

As health care, public health, financing, and other sectors of the state and federal health care system continue to evolve, Ohio maternal and young child health programs have an increasing number of opportunities to promote health equity and positive outcomes, for women, young children and families. The Center will focus on policy development and systems building at the intersection of Ohio’s Medicaid program, maternal and child health programs in the Ohio Department of Health, the Ohio Department of Mental Health and Addiction Services and the Ohio Department of Developmental Disabilities. The Center will work to position the state of Ohio to craft, advance, and scale policies and programs that increase access to high-quality care and interventions for pregnant women and young children through the education and awareness of stakeholders, including equipping state and local leaders with the targeted support, tools, research, resources, and peer learning opportunities they need to craft, advance, and scale policies and programs that increase access to high-quality care and interventions.

In advancing its mission and deepening its expertise in early childhood mental health, the Center has completed a landscape analysis of 20 early childhood mental health stakeholders to explore how our state is supporting or failing to support the mental health of our youngest children and their families from the prenatal period to age five. The report is a summary of findings from this analysis.



Groundwork received expert technical assistance and support for this analysis from national early childhood mental health policy experts at ZERO TO THREE. They work to ensure that babies and toddlers benefit from the early connections that are critical to their well-being and development by connecting those who can truly make a difference in the life of a child with the research, resources and tools they need.

A special thanks to the local and statewide early childhood mental health experts and clinicians for your time and contributions.

While Groundwork Ohio independently wrote and published this report with citations to all print sources, we acknowledge and thank you for contributing to the development of this report by allowing us to listen and learn from you and your experience through an

interview. All the quotes in this report, unless otherwise cited, and most of the findings, come from these interviews. Among those engaged or interviewed for this report include representatives from the following organizations:

AIMHiOH

American Academy of Pediatrics, Ohio Chapter

American Psychological Association

Queen's Village, Cradle Cincinnati

Cuyahoga County Division of Children & Family Services

Dayton Children's Hospital

Every Child Succeeds

Hopewell Health Centers

Invest in Children

Learning Grove

Lucas County Healthy Babies Court Team

Mental Health & Addiction Advocacy Coalition

Moms2B

Nationwide Children's Hospital

OCALI

Ohio Department of Mental Health & Addiction Services

Ohio Guidestone

Perrysburg Counseling Services

Pipeline to God Communications

Wright State University

SECTION 2

What is Early Childhood Mental Health?



“A lot of times we are just starting the conversation about how things like poverty, stress in the environment, racism, COVID, pandemics, all of these things are constant stressors on people in general. But when we talk about how that affects parents of infants, and...their ability to attach to their infants [among other longer-term effects]...if people [only] knew that between the ages of 0-18 months [there] was a critical window for development and if I miss that window, I'm going to have to do this many things to remediate all of the deficits that my child is now experiencing.”

The Importance of Infant & Early Childhood Mental Health as a FOUNDATION

Social and emotional development is the developing capacity of a child from birth to 5 years old to:

**Form
close & secure
adult & peer
relationships**



**Experience,
manage & express
a full range of
emotions**



**Explore the
environment
and learn**



...All in the context of family, community, and culture.

**Where can we
PROMOTE
social & emotional
well-being?**

*Pediatric
health care*

*Early
intervention*

*Early care
& education*

*Child
welfare*

*Home
visits*

*Judicial
system*

Policy

Brains are built on a foundation of early experiences.

In the first few years of life, more than one million neural connections are formed every second. These neural connections, the brain's architecture, are formed through the interaction of baby and their environment through early enriching experiences.

While genes provide a blueprint for brain architecture, neural connections must be formed through repeated use. All children are born with the ability to reach their highest potential, but connections that form early form either a strong or weak foundation for the connections that form later. These critical interactions with adults lay the foundation for all later learning, behavior, and health.

These connections are typically naturally achieved in some way by most children through everyday interactions with parents, caregivers, and other adults. Every time an adult smiles at, talks to, or plays with a child, connections are being formed. As early as 2 months, babies experience a range of emotions, from sadness to anger to interest.ⁱⁱ Babies who engage with responsive, consistent, nurturing caregivers and who are living in safe and economically secure environments are more likely to have strong mental and emotional health. As children mature, early childhood mental health supports growth in other essential areas of healthy development including physical health, cognitive skills, language and literacy, social skills, and readiness for school. When children experience trauma and their emotional health deteriorates, they are subject

to poor outcomes in these areas because their ability to form close and secure relationships, manage a full range of emotions and explore their environment is compromised.

When traumatic events occur in a child's life, they experience Adverse Childhood Experiences (ACEs) which has the potential to damage their social-emotional wellbeing and cause long-lasting negative effects. The Adverse Childhood Experiences Study conducted in 1995 outlined ten ACEs that predict negative outcomes later in life. Today, these have been adapted to create the ACE test—an eight-question survey to determine the number of significant adversities a child has experienced.

Babies who engage with responsive, consistent, nurturing caregivers and who are living in safe and economically secure environments are more likely to have strong mental and emotional health.

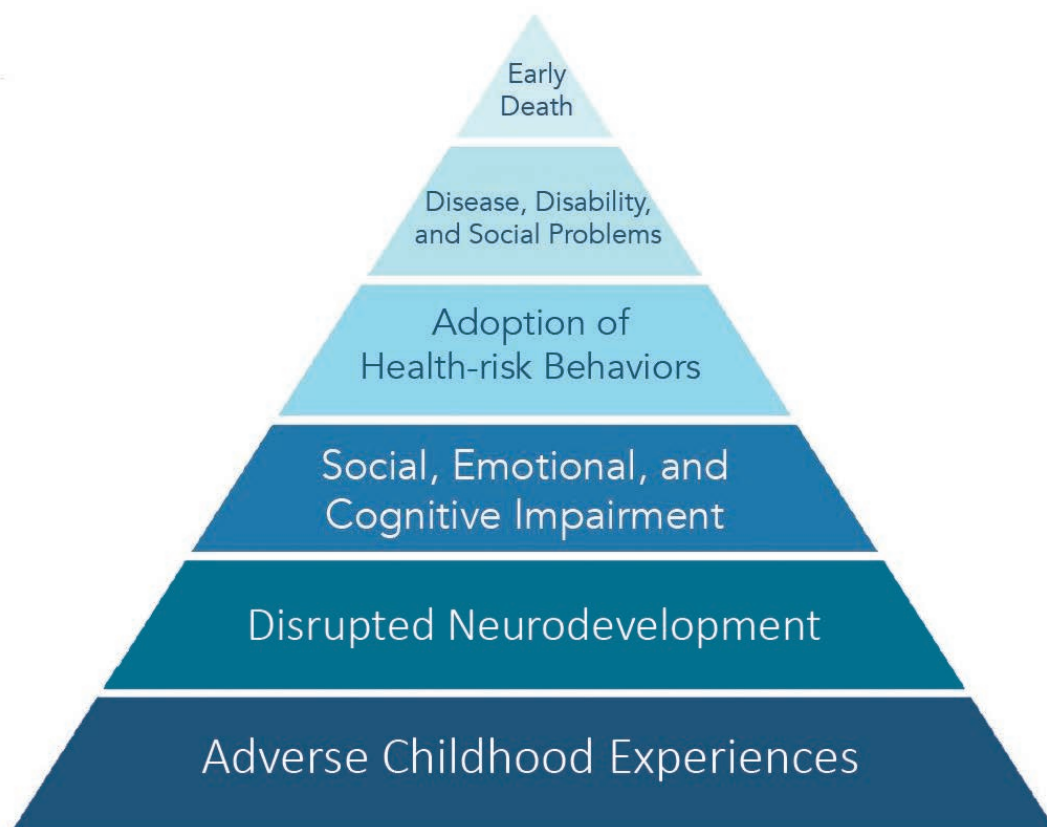
The commonly accepted questions on the ACE test ask whether a child has ever:

1. Lived with a parent or guardian who became divorced or separated.
2. Lived with a parent or guardian who died.
3. Lived with a parent or guardian who served time in jail or prison.
4. Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks.
5. Lived with anyone who had a problem with alcohol or drugs.
6. Witnessed a parent, guardian, or other adult in the household behaving violently toward another.
7. Been the victim of violence or witnessed any violence in his or her neighborhood.
8. Experienced economic hardship "somewhat often" or "very often" (i.e., the family found it hard to cover costs of food and housing).ⁱⁱⁱ

During the earliest and most critical years of development, children are highly vulnerable to adversity. As the frequency and length of ACEs increase, so do the impacts on physical and mental health, academic achievement, and self-sufficiency.

Adverse childhood experiences have the potential to impact long-term mental health, physical health, and behaviors, including smoking, alcoholism, drug use, missed work, depression, suicide attempts, heart disease, diabetes, severe obesity, cancer, and stroke.

On average, people with six or more adverse childhood experiences have a life expectancy of 60 years, which is significantly shorter than the 80-year life expectancy for people with no ACEs.



Early Childhood Mental Health Foundational Concepts



Prevention

Prevention is the actions or interventions taken to prevent negative outcomes and bolster positive outcomes. When it comes to mental health, the Ohio Department of Mental Health has defined it as “a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders.”^{iv} In young children, prevention services delivered in diverse settings seek to identify risk factors, mitigate the impact of trauma and adverse experiences and intervene in child/caregiver dynamics that threaten healthy development.^v Research demonstrates that early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning and health after they have become more serious.^{vi} The return on investment is derived from the impact on healthy development, educational attainment, and employment when young children have a strong foundation for social and emotional health. For example, kids who exhibit strong social and emotional skills are 54% more likely to earn a high school diploma.^{vii} Further, kids who share or are helpful in kindergarten are 46% more likely to have a full-time job at the age of 25.^{viii}

Caring Relationships

“Of all that brain science has taught us over the last 30 years, one of the clearest findings is that early brain development is directly influenced by babies’ day-to-day interactions with their caregivers. Even before birth, babies have a built-in expectation that adults will be available and care for their needs. Their very survival depends on this availability. If babies’ expectations for protection and nurturance are met, their brains experience pleasure and delight. These pleasurable early interactions stimulate the brain, motivating the baby to relate to those who care for them with confidence and ease. If their expectations are less than adequately met, their confidence in getting their needs met through relationships may be challenged. When this occurs, emotional and social development suffer, and, because babies’ emotional base is the foundation for all other learning, so do intellectual and language development. A baby’s early experiences in relationships, whether at home or in an early education environment, set the stage for future brain functioning.”^{ix}

Trauma

Because infants’ and young children’s reactions to traumatic experiences may be different from older children’s, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences. A growing body of research, however, has established young children are affected by experiences that threaten their safety or the safety of their parents or caregivers,^x and their symptoms have been well documented. These traumas can be the result of intentional violence such as child physical or sexual abuse, or domestic violence. Young children also may experience traumatic or toxic stress when constant, unrelenting negative experiences take a toll on a child’s growth and development.^{xi} Strategies utilized to impact early childhood mental health must be “trauma-informed” recognizing and responding to the role that histories of trauma play in the lives of children, families, caregivers, providers and communities.

Early Childhood Mental Health Foundational Concepts



Healthy Moms	Medicaid	Equity
<p>Healthy children begin with healthy moms. Infants and toddlers rely on parents or other primary caretakers to provide a safe environment; create positive, new experiences; and guide their emotions. Decades of research on maternal mental health show that maternal depression can impact a mother's ability to meet these needs. Maternal depression may pose serious mental health problems for mothers and jeopardize their ability to provide safe, responsive, and nurturing care to their young children. The incidence of maternal depression is high, placing many young children at risk for developing mental health and behavioral problems. The mental health of pregnant moms extends beyond maternal depression alone. Before, during and after pregnancy, mothers also often experience other Perinatal Mood and Anxiety Disorders (PMAD) including anxiety, psychosis, obsessive compulsive tendencies, post-traumatic stress, bipolar moods, and other mental health disorders in addition to the typical stressors experienced by moms in this critical period of their and their child's lives. PMADs are experienced by 40-80% of new mothers, contributing to a myriad of mental and physical health complications during and after pregnancy.</p>	<p>Medicaid is essential to supporting the mental health of Ohio's youngest children. Health coverage is foundational to health care access. As the largest insurance provider in Ohio, Medicaid and Healthy Start cover 49% of infants and toddlers. Further, the Medicaid program provides coverage to 431,848 0-5 year olds in Ohio.^{xiii} Given its large footprint, it has the ability to not only influence quality standards and outcomes for Ohio's most vulnerable young children, but also the entire health infrastructure. Focusing on the services that Medicaid provides to young Ohioans is a strategic way to improve behavioral health outcomes for a significant portion of the young child population.</p>	<p>All children deserve the chance to learn, grow, and reach their full potential, but not all children have access to the same quality environments and interventions. Race, ethnicity, geography, age, gender, and physical and intellectual ability play a determinative role in the gaps that emerge early and persist throughout the lifespan. They also play a determinative role in the pervasiveness of trauma that impacts mental health and whether a child has access to care or quality treatment. Strategies utilized to advance early childhood mental health must reflect an understanding of and combat these longstanding disparities.</p>



The State of Babies in Ohio^{xiii}

The data below is from the Health Policy Institute of Ohio's (HPIO) *2021 Health Value Dashboard*, presented at the *2021 State of Babies* convening hosted by Groundwork Ohio on Friday, March 12, 2021.



1. Ohio ranks poorly on key indicators of early child health and well-being.

Health & Healthcare Outcomes RANKS...

Infant Mortality:

42nd

out of 51

Low Birth Weight:

31st

out of 51

Prenatal care:

25th

out of 51

Social & Economic Outcomes RANKS...

Adverse Childhood
Experiences (ACEs):

39th

out of 51

Child
Poverty:

36th

out of 51

41.2% of Ohio children
entered kindergarten
demonstrating readiness in
the 2019-2020 school year.

Physical Environment Outcomes RANKS...

Housing with
a Lead Risk:

43rd

out of 51

Child in household with a
person who smokes:

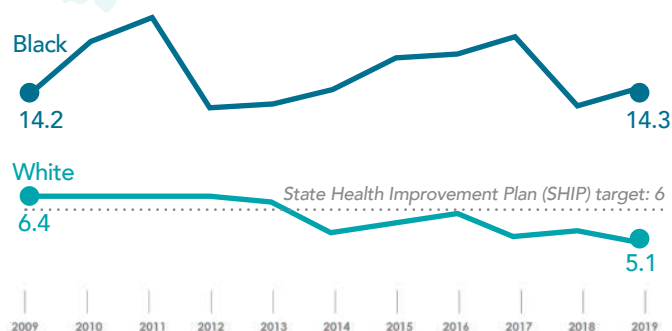
36th

out of 51

2. Large disparities exist across key indicators.

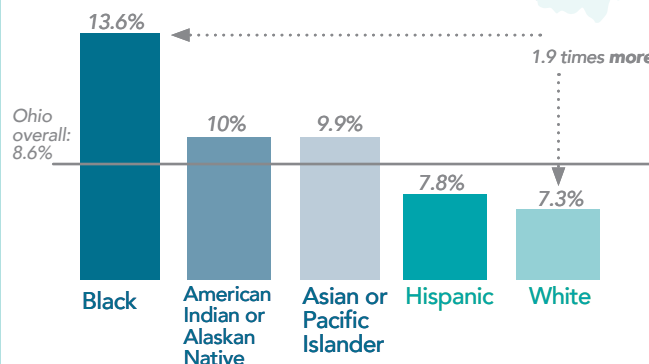
Infant Mortality:

Ohio's Rate per 1,000 births, by race



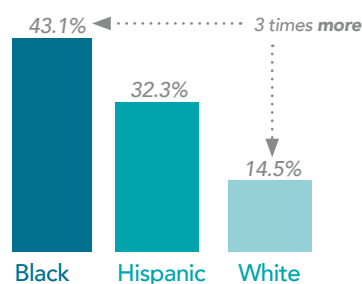
Low Birth Weight:

Ohio, 2019



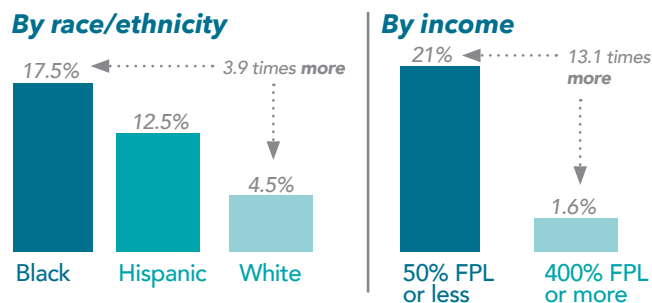
Child Poverty:

% of Ohio children in a household with income below the federal poverty threshold, 2015-2019



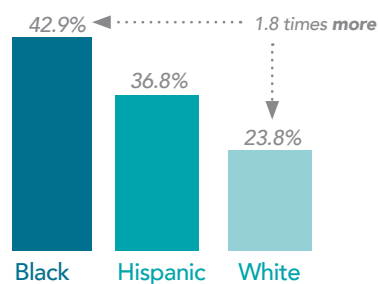
Food Insecurity:

Ohio Families that "sometimes" or "often" cannot afford enough to eat, 2016-2019



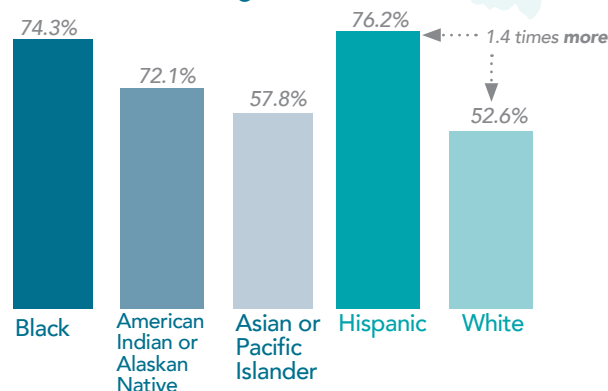
Adverse Childhood Experiences:

% of Ohio children who experienced two or more ACEs Ohio, 2016-2019



Kindergarten Readiness:

% of Ohio kindergarteners not demonstrating readiness, 2019-2020



3. Childhood adversity & trauma have long-term health & economic impacts.

ACEs with significant health impacts:

ABUSE

- Emotional abuse
- Sexual abuse

HOUSEHOLD CHALLENGES

- Substance use in the household
- Mental illness in the household
- Incarcerated member of household

NEGLECT

- Emotional neglect
- Physical neglect

Many of Ohio's children experience early adversity & trauma.

Ohio's rank compared to other states (and D.C.):

39th

out of 51

ACEs: Percent of children who have experienced two or more adverse experiences (2018-2019)

32nd

out of 51

Adult Poverty: Percent of people, ages 18 and older, in households with incomes below the federal poverty level (2019)

28th

out of 51

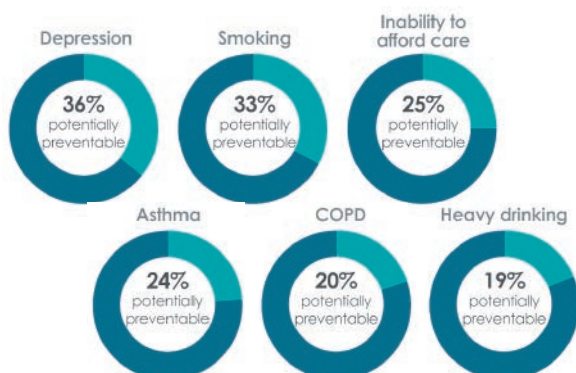
Child Abuse & Neglect: Number of reported and substantiated child maltreatment victims, per 1,000 children (FY 2018)

36th

out of 51

Child Poverty: Percent of people under age 18, in households with incomes below the federal poverty level (2019)

Potential impact of preventing exposure to ACEs on six health outcomes in Ohio



If adverse childhood experiences (ACEs) were eliminated:

More than **\$10 billion** a year in healthcare spending could be **saved** in Ohio.

\$319 million in lost wages could be **eliminated** each year in Ohio.

Supporting Early Childhood Mental Health

There are many opportunities to promote emotional health, prevent trauma and treat mental health problems before they manifest more serious problems later in life.

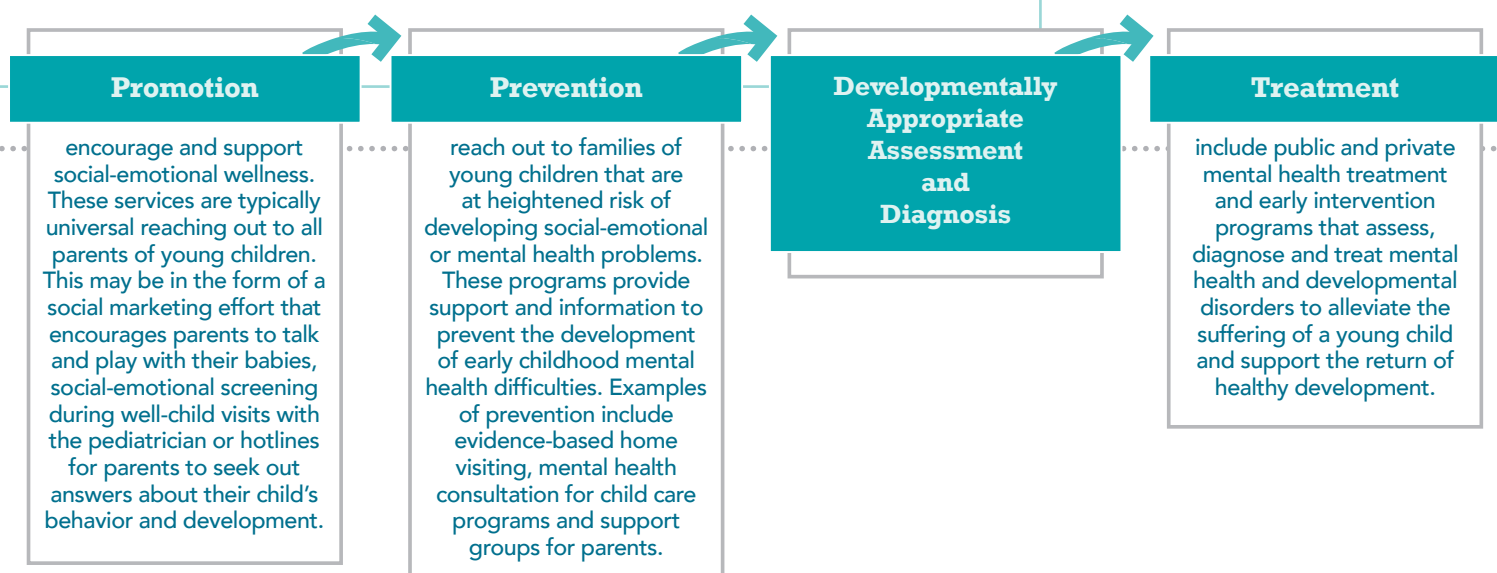
Young children and families need to be supported by a continuum of services to support their healthy development.

ZERO TO THREE contemplates early childhood mental health through a full continuum of services and supports necessary to promote healthy development, prevent mental health problems, and treat mental health disorders.

“ A robust continuum of care provides a variety of entry points for young Ohioans to access the care they need, which include interactions with, and participation in, child care centers, schools, physical health care providers, hospitals, courts, and caseworkers, among others. These systems each have a role in prevention, proactive behavioral health screenings, integrated health care, and referral for continued services. Coordinated, cross-system networks with multiple touch points will ensure that all young Ohioans get the help they need at the time they need it. In a well-functioning system, each entry point is equipped to determine appropriate interventions depending on the needs.” ^{xiv}

Strategies that support early childhood mental health fall along a continuum of promotion, prevention, developmentally appropriate assessment and diagnosis and treatment. Programs and interventions increase in intensity and specialization of services and supports from promotion to treatment.^{xv}

The Continuum:



SECTION 3

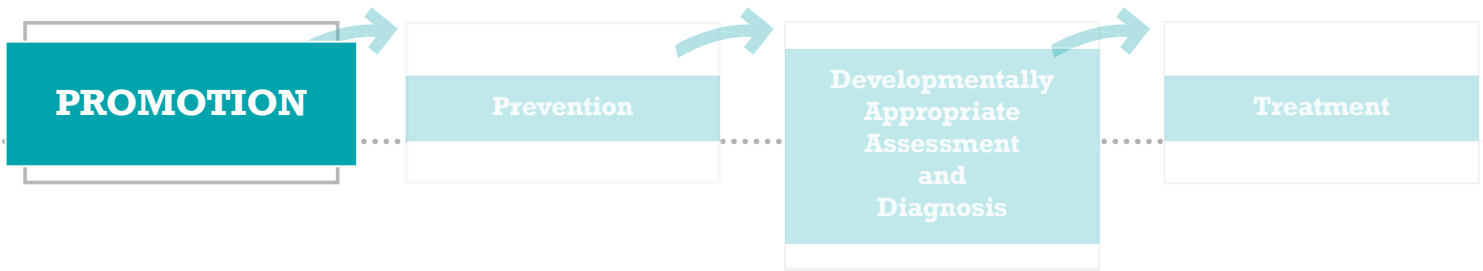
Ohio's Early Childhood Mental Health Landscape



“We know so much more about brain development, trauma, neglect, and stress on brain development, and we are constantly throwing money at the problems that start during that time [but don’t get attention until they are at a crisis point much later in childhood.]”

Using the framework of the early childhood mental health continuum of services...

those interviewed for this report indicated strengths and challenges among the collection of investments, programs and systems that currently support the mental health of young children in Ohio:



The state of Ohio, health systems, hospitals, clinicians and other professionals and community-based organizations have all played a role in recent years to promote children's mental health. There is a growing recognition that children must be considered uniquely from adults. This recognition has most recently emanated from the Governor's office where the state has seen historic investments in children and thoughtful leadership to begin addressing their vast mental health needs across the state. The state legislature has even followed Governor DeWine's lead in some instances by honoring and making some additional investments in programs and services that support children's social-emotional development. Promotion activity and leadership is seen through the Governor's Office of Children Initiatives, state agencies and **BOLD Beginning**, an online tool for anyone with a young child in their life to access resources, tips and services.

Governor DeWine campaigned on and led his administration to prioritize wraparound supports in schools and prevention education, foster care reform, home visiting and quality child care.^{xvi} This bold executive leadership has promoted children's mental health at the Statehouse, in the news media and among a broader public audience while directly impacting children and families across the state. Thoughtful reflection on this progress, however, underscores that, while we know infants and toddlers are facing unprecedented mental health challenges, there continues to be a pervasive lack of awareness about how to promote the unique mental health needs of Ohio's youngest children. As implementation has progressed despite the

COVID-19 pandemic, there continues to be an inclination to focus on school aged children and youth in crisis versus delivering on the unmet needs of babies and toddlers.

Further, many parents and caregivers are not aware of help they may need or that may be available to them and, as a result, do not seek out and demand increased infant and early childhood mental health services for their child. Ongoing efforts and increased investment in the entire continuum, including promotion, education and awareness activity is needed to limit the need for more intense and costly treatment later in life. Stakeholders affirmed that broad public education and targeted policymaker education is needed. There are some successful strategies that could be evaluated, leveraged or built upon to achieve this type of awareness including the **Triple P**, Positive Parenting Program population approach^{xvii} and the Nationwide Children's Hospital campaign focused on older youth, **The Movement for Children's Mental Health, On Our Sleeves.**^{xviii}

Ongoing efforts and increased investment in the entire continuum, including promotion, education and awareness activity is needed to limit the need for more intense and costly treatment later in life.



"ACEs are not inevitable, and Ohioans are resilient. Exposure to ACEs does not have to determine future hardship. There are strategies that state policymakers and others can deploy to prevent ACEs and safeguard the well-being of Ohio children and families who have experienced adversity and trauma." ^{xix}

Despite some progress, there are still many policymakers that have not yet been compelled by or willing to invest in prevention, and have not made the connection to prevention efforts, interventions, and treatment during these critical early years from birth to age five and later life success. There are some encouraging legislative initiatives, however, that can be built upon to develop champions for early childhood mental health. This activity includes the creation of the Ohio Children's Behavioral Prevention Network Stakeholder Group which was a result of legislation passed in late 2019.

The Group anticipates a report and recommendations in November of 2021.^{xx} The legislation states that the purpose of the group is "to plan for and coordinate the creation of a comprehensive learning network to support young children and their families and facilitate children's social, emotional, and behavioral development, and to seek to reduce behavioral health disparities among young children." Advocates anticipate the release of that report in November 2021 and are encouraged that another bipartisan piece of legislation is pending to establish the Adverse Childhood Experiences Study Commission. As the bill continues through the legislative process, the testimony it elicits already delivers upon an opportunity to increase awareness of ACEs and how our youngest children experience them.^{xxi}

A growing body of Ohio research informs ACEs prevention policy development. The Health Policy Institute of Ohio has recently shared a comprehensive evidence-based path forward to prevent and mitigate the impacts of ACEs with a focus on 12 key strategies, the first of which is a "strong start for children." This strategy includes quality early childhood education programs and early childhood home visiting. Both of these interventions have a high cost-benefit ratio meaning that they have economic and

social value relative to their cost.^{xxii} For example, for every \$1 of costs, early childhood education programs (a program that provides comprehensive educational, family support and healthcare services to economically disadvantaged children) and early childhood home visiting programs return an estimated \$10.83 and \$4.33. There is also evidence that both interventions also reduce disparities and inequities.^{xxiii}

Prevention advocacy has been focused on building out the framework of a strong continuum of prevention services that exist in Ohio including home visiting and quality early childhood education among other services to innovate and expand the footprint of programs and policies that don't currently meet the demand for services and the unique needs of young children and their caregivers. Because the services are not available at a scale that allows for significant impact across the state, we are missing many critical opportunities to promote emotional health, prevent trauma and treat mental health problems before they manifest more serious problems later in life.

While there is consensus among stakeholders that scaling these efforts are critical, there has not been a coordinated effort to hold stakeholders and the state widely accountable to this objective. This objective has been affirmed by state partners through the work of Ohio's Family First Prevention Services state plan and through the Office of Children Services Transformation who identified a recommendation to elevate prenatal-to-three prevention and early intervention efforts. The recommendation called for enhancing these efforts across all of Ohio's child serving systems and stated that "this should include the identification of barriers and efficiencies to increase enrollment, improve service delivery, and better coordinate care."^{xxiv}

Further, as the state and local communities have implemented prevention services it has resulted in an

inequitable distribution of resources. There are some areas of the state that have abundant resources with significant local investments contributing to the overall health and mental health of young children. These resources are not just in the form of financial support, but also in the availability of trained professionals and other supportive services. In other communities, even where there may be interest or community demand, they do not have access

to the resources to develop additional services. Some communities with limited resources stretch them in order to provide some services to families who need them. Whether the available resources are limited by workforce capacity or funding capacity, when resources are stretched too thin, we are not able to achieve the intended results of interventions.

"It's not okay that you can live in Cuyahoga County and have access to all of these [services] and live in Southern Ohio and have a home visiting professional that's responsible for 3 or 4 counties."

The following prevention services focused on young children are among those available in Ohio:

Positive Parenting Program (Triple P)

A system of five levels of education and support for parents and caregivers of children. The program gives parents new skills to raise confident, healthy children and to build stronger family relationships. Improving parent skills improves child behavior and reduces the risk of child abuse and neglect.

Help Me Grow Home Visiting

A voluntary family support program operated by the Ohio Department of Health for pregnant women or new parents. Voluntary evidence-based home visiting gives parents the tools to be successful caregivers and teachers, allows parents to cultivate strong, healthy relationships with their children, gives children the emotional security required for healthy development, and provides parents with the knowledge to understand their child's needs, as well as their own.

Early Intervention

Early Intervention (EI) is a federally funded program through Part C of the Individuals with Disabilities Education Act (IDEA) that provides coordinated services children under the age of three with developmental delays or disabilities and their caregivers. Every family served in EI has a local EI team that consists of a service coordinator, service providers, and the family.

Quality Child Care

Ohio's quality publicly funded child care program, Step Up to Quality, administered by the Ohio Department of Job

and Family Services provides quality child care to children of low-income working families. Quality learning environments supported by highly-skilled professionals are foundational to supporting early childhood mental health.

Ohio Preschool Expulsion Prevention Partnership

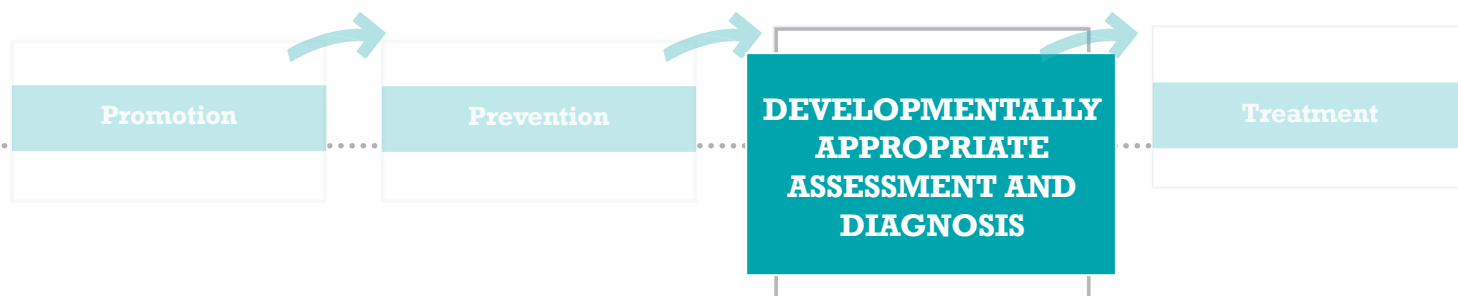
This program, operated by the Ohio Department of Mental Health and Addiction Services, provides early childhood mental health consultation to licensed preschools and quality child care providers seeking support when working with a child whose challenges put them at risk for expulsion. The program focused on preschool aged children links a preschool or quality care provider with an early childhood consultant in their area to complete a consultation, provide recommendations on strategies to address the issues in the classroom, needs of students and families and training and professional development for early education professionals.

Safe Babies Court Teams™

(ZERO TO THREE, Safe Baby Court Team Approach)

The Ohio Infant-Toddler Court Team Expansion Project transforms the experience of infants and toddlers and their families involved in the juvenile court system so that they can be safe, loved and thrive, and to enable communities to be non-adversarial, racially, culturally equitable, and collaborative as they address the problems that interfere with the health and well-being of children and families.





Infants and young children rely on developmentally appropriate assessment and diagnosis in order to access some prevention services and mental health treatment, but diagnosis and assessment in this age group can be challenging. The diagnosis that is often identified or utilized when assessing an infant or young child's mental health is "attachment disorder" which are psychiatric illnesses that can develop in young children who have problems in emotional attachments to others.^{xv} While some young

children may have an attachment disorder, others may be experiencing other challenges. In recognition of the many unique challenges our youngest children face, it is important that assessments and diagnosis are done with regard to the development of the infant or young child who requires the diagnosis. Just as one would not want an infant or young child to be prescribed adult strength medication, one would not want to provide an adult mental health diagnosis to an infant or young child.

"When you're looking at early childhood work, I think [that policies should be different for young children]. Because service is different, we should not be held to the same authorizations and requirements that exist for older age groups."

There are some diagnoses that may be applicable in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) for infants and toddlers. The DSM-5 is published by the American Psychiatric Association and is used to define and classify mental disorders in order to improve diagnoses, treatment, and research. There often, however, is a relationship issue rather than a behavioral issue when it comes to young children's mental health challenges. The DC:0-5 Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and

Early Childhood utilizes relationship diagnosis specifically for infants and toddlers and can be cross walked to the DSM-5 for billing purposes.^{xvii} DC:0-5 is a diagnostic tool developed by ZERO TO THREE that is meant to enhance mental health professional's ability to diagnose and treat mental health problems in the earliest years by identifying and describing disorders not addressed in other classification systems and by pointing the way to effective intervention approaches.

"There is a need to have relationship codes rather than problem codes."

Lastly, assessment and diagnosis can be challenging for young children because while many providers are aware of the mental health challenges a child and their family may be facing, some are equally as hesitant to provide a formal

diagnosis. The reasons behind diagnosis hesitancy vary; however, a common concern is the desire to not "label" a child with a diagnosis that will follow them the rest of their life.

"A diagnosis should be looked at as a point in time that doesn't follow you forever."

The lack of appropriate diagnosis codes also creates a barrier to appropriate diagnosis, impacting both the treatment and reimbursement of treatment services for infant and toddler mental health conditions. Although the Ohio Department of Medicaid does not require or recommend the use of the DC:0-5 for mental health or behavioral health diagnostics for children under the age

of five, some local Ohio organizations have invested in the diagnostic system and trained their staff to utilize a crosswalk in order to provide diagnoses to children as young as two. Many organizations don't have the ability to make the requisite investment to utilize the DC:0-5 which limits the diagnoses they are able to make and for which they could receive reimbursement.

Early Intervention screenings and assessments are high quality and are a critical path to needed services that can change a child's developmental trajectory and improve outcomes for children, families, and communities. While early intervention screenings and services are required under federal law, Ohio's eligibility criteria had historically been very narrow for children with behavioral health

disorders. Most recently, however, Ohio's expansion of early intervention eligibility to include children diagnosed with neonatal abstinence syndrome (NAS) and elevated blood lead levels (EBLL) took effect in July 2019. There are still additional opportunities to expand the scope of impact for this service to better the needs of more children.



Treatment programs include mental health treatment and Early Intervention programs that alleviate suffering of a young child and support the return of their healthy development. Examples of treatment models include:

Parent Child Interaction Therapy (PCIT)

An evidence-based treatment model that is used across the state and is conducted through "coaching" sessions where a therapist provides in-the-moment coaching on skills parents are learning to manage the behavior of their children.

Child Parent Psychotherapy (CPP)

Therapy for young children from birth through age five and their parents/caregivers that supports family strengths and relationships, helps families heal and grow after stressful experiences, and respects family and cultural values.

Joyful Together

An Ohio based treatment model developed by the Institute of Family & Community Impact and is a play-based model that builds childhood resiliency and reduces toxic stress in children. It provides easy-to-do activities and coaching of parents and caregivers on playing with their children in order to create stronger bonds and lower stress.

OhioRISE

As a part Ohio Medicaid's effort to launch the next generation of its managed care program, ODM is implementing OhioRISE (Resilience through Integrated Systems and Excellence), a specialized managed care

program for youth with complex behavioral health and multi-system needs. A pathway has been developed to support the care coordination of high needs young children.

Some additional treatments for early childhood mental health that are available in various parts of the state include Infant Massage Therapy, treatments for Post-Traumatic Stress Disorder, and Attachment and Biobehavioral Catch-Up.

Regardless of the type of treatment, Ohio lacks enough high-quality providers to meet the needs of young children across the state. Additionally, there are very few providers of color rendering the current providers far from reflective of the diverse population they serve. These problems are exacerbated in rural areas and high poverty urban centers. Another key barrier in providing treatment is having providers who are trained in the therapy as well as the costs associated with model-specific trainings required of staff which are often costly. This on-the-job training is increasingly important as most providers don't enter the early childhood mental health workforce with prior training in early childhood mental health or evidence-based treatment methods specifically designed to meet the needs of young children. In order for infants and toddlers to receive the mental health services they need, a supported quality workforce must exist to provide the necessary services.

SECTION 4

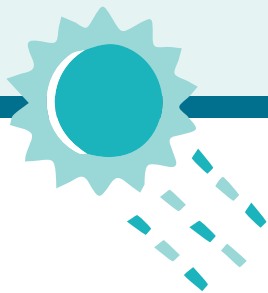
Opportunities for Growth



“The difficult part is figuring out what is sustainable in terms of change and it’s not going to look like what you think. We have to think about things differently.”

In consideration of the environmental scan completed, the following are a list of opportunities for growth and recommendations identified by stakeholders of how the state of Ohio may continue to grow it's support for the mental health needs of Ohio's youngest children.

AWARENESS



“By the time we get involved we're playing catch up and that is the problem. If I could simplify it, we haven't effectively sold people on prevention yet.”

1. **Develop** a comprehensive public awareness and advocacy strategy to combat mental health stigma that is inclusive of early childhood mental health and its dependence on caregiver mental health. Utilize a strength-based framework that includes messaging about prevention, brain development, early childhood mental health and why it's important. Support unique messaging to diverse audiences including the public, policymakers, parents and caregivers, and professionals.
2. **Increase** the awareness of parents and caregivers of mental health challenges that may exist for infants and toddlers.
 - Develop and implement a public awareness campaign to elevate awareness of early childhood mental health through child serving public and private partners.
 - Identify opportunities to meet families where they are and create culturally competent, seamless and straightforward access to mental health information for parents and caregivers.
 - Promote early childhood programs and services across child serving agencies and thoughtfully consider how to deliver information to families who are hard to reach.
3. **Educate** state policymakers about the ongoing and unique needs of young children and their mental health.
4. **Build** legislative champions and leaders who have the expertise and interest to address, prioritize and bring action to policy that supports early childhood mental health.

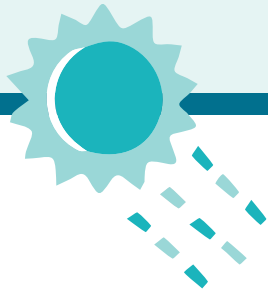
FUNDING



“If we want to have a highly specialized critical area of service, we need funding that matches the quality of service that we want.”

1. **Analyze** the mismatch in investment and capacity for prevention and treatment services up against the mental health needs of young children and families in Ohio.
2. **Develop** new metrics and tools to benchmark need for services up against services received.
3. **Increase** investments to equitably scale and improve access to proven prevention services.
4. **Maintain** the integrity and quality of evidence-based interventions while innovating to hone best practices.
5. **Coordinate** a comprehensive funding strategy among advocates and state partners to act on.
6. **Examine** the sufficiency and specificity of mental health diagnostic and treatment codes utilized for young children and families.
7. **Adopt** the DC:0-5 and apply it to the child Medicaid population to address diagnosis and treatment barriers.
8. **Support** the implementation of the DC:0-5 with training and a crosswalk.
9. **Develop** Medicaid billing technical assistance to help solve and support concerns among early childhood mental health providers.
10. **Continue** to support access and coverage through Medicaid to low-income pregnant women, young children and their families including the extension of postpartum coverage that provides comprehensive mental health services through one year after the birth of a child.

WORKFORCE



“If we want to have a highly-specialized, qualified workforce in this critical area of service delivery, we need a dollar amount that matches the quality of service that we want. We need provider reimbursements lines to support the quality of workforce that we need.”

1. **Conduct** a deep review of the location and capacity of current infant and early childhood mental health professionals and determine the areas that are in need of additional support in order to expand their capacity.
2. **Review** provider rules and identify policies that affect early childhood mental health provider capacity.
3. **Educate** the professional mental health workforce in Ohio about the value of early childhood mental health services.
4. **Identify** partners in higher education to build career pathways with special attention to recruiting professionals of color to serve young children in Ohio.
5. **Implement** funding recommendations to build a system that can support a high-quality early childhood mental health workforce.
6. **Increase** the role of telehealth where developmentally appropriate to close gaps in provider deserts and eliminate transportation and scheduling barriers for families.
7. **Utilize** Project ECHO or a similar platform as a tool to support community providers in underserved areas who are serving families with children in need of early childhood mental health services. Project ECHO is designed to help move knowledge, not patients, through facilitated case discussions and didactic presentations. A learning loop is created through a hub and spoke knowledge sharing model for health care professionals to learn to provide excellent specialty care to patients in their own communities. ^{xxvii}

SECTION 5

Taking Root



“Our little people and our caregivers need a continuum so that we can really meet the varying needs in the way in which their development might need targeted in a variety of settings with a variety of key grownups that are supporting these little people.”

"If we only target in a specific setting or a specific location, we're really missing the rest of the really critical pie in that critical developmental stage."

Our future depends on growing healthy kids and families. This requires the deepening and strengthening of all activities and services on the early childhood mental health continuum in light of Ohio's unique landscape. It demands coordinated and strategic investments in early childhood mental health awareness efforts, services and workforce so that our system takes root and serves the vast needs of Ohio's youngest children and families. The Center for Maternal and Young Child Health will advance these acute needs and integrate early childhood mental health policy in Ohio. We are seeking family voices and professional partners in this work. The mental health of Ohio's youngest children and families begins with someone important—you!

"Infant mental health isn't just for infant mental health professionals, infant mental health is for anyone that touches the lives of babies."

"The disconnect between theory and practice is real. It's in the minds of the people who you have been serving—they are people with answers."



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to Grow Healthy Kids
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