



**Georgia General Assembly**  
**House Budget and Research Office**

*This report is submitted pursuant the following resolution,*

HR 421

*which created the House Study Committee on Infant and Toddler Social and Emotional Health to  
which members were appointed by the Speaker of the House of Representatives.*

*Katie M. Dempsey*

Representative Katie Dempsey, Chair



**THE FINAL REPORT OF THE  
GEORGIA HOUSE OF REPRESENTATIVES  
STUDY COMMITTEE ON  
INFANT AND TODDLER SOCIAL AND EMOTIONAL HEALTH**

**COMMITTEE MEMBERS**

**Honorable Katie Dempsey, Chair  
Representative, District 13**

**Honorable Wes Cantrell  
Representative, District 22**

**Honorable Pam Dickerson  
Representative, District 113**

**Honorable Robert Dickey  
Representative, District 140**

**Honorable Mary Margaret Oliver  
Representative, District 82**

“The first three years of life represent the time of the greatest and fastest brain development...one million neural connections [form] every second, and a child’s early experiences are really determining how that takes place. We know brains are built from the bottom up, just like a house; if you have a strong foundation what comes later is going to be stronger. All the domains of development: physical, cognitive, literacy, and speaking...are really intertwined.”

-Jamie Colvard, Zero to Three

“In 2018, the youngest child on record in Georgia to take their life was 9 years old. Increasingly, we are seeing children as young as 4 and 5 in the emergency departments with self-harming behavior. So the idea that we’re here today...to focus on starting early in promoting positive social and emotional development is more critical now than ever before.”

-Dr. Erica Fener-Sitkoff

“What we want to do is to promote resiliency in our children and one way of doing that is to promote the social and emotional wellbeing of infants and toddlers. It is critically important that we do so because that forms the basis of mental health as an adult; it can also plant the seeds for mental illness if we do not meet children’s needs when they are young. It also determines the capacity to learn, because the way the brain gets wired depends on one’s experiences.”

-Judge Peggy Walker, Douglas County

## INTRODUCTION

House Resolution 421 (2019 Session) created the House Study Committee on Infant and Toddler Social and Emotional Health. The committee was formed to study early intervention and prevention of infant and toddler mental health issues by focusing on the critical social and emotional development that occurs during the first few years of life. The study committee also sought to examine current state programs surrounding childhood mental health, areas for improvement, and the impact of not addressing infant and early childhood mental health.

The committee was chaired by Representative Katie Dempsey (13th) and included four additional members: Representative Wes Cantrell (22nd), Representative Pam Dickerson (113th), Representative Robert Dickey (140th), and Representative Mary Margaret Oliver (82nd). The House Budget and Research Office staff member assigned to facilitate the meetings was Sara Arroyo. The Legislative Counsel staff member assigned to the committee was Betsy Howerton.

The committee held five public meetings in Georgia to hear from infant and early childhood organizations, pediatricians, mental health clinicians, members of academia, childcare providers, and state agencies. This included presentations and testimony from Zero to Three, Voices for Georgia's Children, Easterseals of North Georgia, Georgia Early Education Alliance for Ready Students (GEEARS), Georgia Child Care Association, Georgia Psychological Association, Evidence-Based Associates, University of Georgia School of Social Work, Chattahoochee Technical College, Department of Behavioral Health and Developmental Disabilities, Department of Community Health, Department of Early Care and Learning, Division of Family and Children Services, and Department of Public Health.

The following individuals presented testimony to the committee:

### **September 12, 2019**

Jamie Colvard, Zero to Three; Dr. Erica Fener-Sitkoff, Voices for Georgia's Children; Judge Peggy Walker, Douglas County; Dr. Veda Johnson, MD, FAAP; Dr. David O'Banion, MD, FAAP; Michele Hill, KIDazzle Child Care; and Tyese Lawyer, Our House.

### **September 23, 2019**

Dr. Trasie Topple, Ph.D., LCSW, Director, Infant and Childhood Mental Health Resource of Georgia and Part-time Instructor, University of Georgia School of Social Work; Karen Higginbotham, Office of Early Learning, Clarke County School District; Angie Moon de Avila, Head Start and Early Head Start, Clarke County School District; Marsha Hawkins, Head Start and Early Head Start, Clarke County School District; Jeannine Galloway, Maternal and Child Health Division, Department of Public Health; Sherrita Summerour, Maternal and Child Health Division, Department of Public Health; Kathy Bragg, LCSW, CHRIS 180; and Donna Davidson, Easterseals:Incredible Years.

### **October 16, 2019**

Catherine Ivy, Director of Medicaid Waiver Programs, Department of Community Health; Dante McKay, Director of Office of Children, Young Adults, and Families, Department of Behavioral Health and Developmental Disabilities; Susan Adams, Deputy Commissioner, Department of Early Care and Learning; Jeannine Galloway, Department of Public Health; Kathleen Toomey, Commissioner, Department of Public Health; Mary Harvak, Deputy Director of Child Welfare, Division of Family and Children Services; Chris Hempfling, Deputy Director and General Counsel, Division of Family and Children Services.

### **October 17, 2019**

Dr. Trasie Topple, Ph.D., LCSW, Director, Infant and Childhood Mental Health Resource of Georgia and Part-time Instructor, University of Georgia School of Social Work; Dr. Marianne Celano, Ph.D.,

ABPP, Professor, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine; Melissa Haberlen, Voices for Georgia's Children; Ellen Reynolds, Georgia Child Care Association; Wande Okunoren-Meadows, Little Ones Learning Center; Marcy Smith, Chattahoochee Technical College; Tamika Brundidge, Chattahoochee Technical College; Amy Jacobs, Commissioner, Department of Early Care and Learning; and Callan Wells, Georgia Early Education Alliance for Ready Students (GEEARS).

**November 25, 2019**

Melissa Carter, Barton Child Law and Policy Center, Emory University School of Law; Dr. Suzie Henderson, Principal, Alto Park Elementary School; Dr. Anita Brown, Georgia Psychological Association; Dr. Dan Edwards, Evidence-Based Associates; and Dallas Rabig, State Coordinator for Alabama Infant and Early Childhood Mental Health.

## EARLY CHILDHOOD BRAIN DEVELOPMENT

Harvard University's Center on the Developing Child estimates that 1,000,000 new neural connections form every second during the first few years of life, the most active period for establishing neural connections. Dr. Veda Johnson, Assistant Professor in the Department of Pediatrics at Emory University, explained to the study committee that every child is born with 80 to 100 billion brain cells – coming into the world with the capacity to change it – but the cells are not yet connected. The neural connections that form in early childhood can provide a strong or weak foundation for future physical, social, and emotional development.<sup>1</sup>

When a child has a responsive relationship with their caregiver, it helps to strengthen the brain's architecture; this can be demonstrated with "serve and return," the positive back and forth interaction between the child and caregiver. If a caregiver's responsiveness to the child is unreliable, inappropriate, or absent, brain development is negatively impacted.<sup>2</sup> The study committee watched a short video illustrating the "still face paradigm." In the video, the mother interacts with her 10-month-old child and the baby makes gestures and points. The mother responds positively with words, eye contact, and physical touch. In the video, Dr. Edward Tronick, Director of the Child Development Unit at Harvard University states the mother and baby are "coordinating their emotions." In the second half of the video, when the mother creates "still face" and is unresponsive, the baby tries to regain "serve and return" by gesturing, smiling, and pointing, but when the infant child fails to receive a response, they react negatively by turning away and demonstrating stress through crying.<sup>3</sup>

Dr. Johnson stated a child experiencing stress is a healthy part of development, but long-term, toxic stress, in the absence of protective relationships, can disrupt the architecture of the child's brain; in extreme cases of neglect, a child's brain will stop growing in size. Stress raises cortisol levels. When cortisol levels are elevated for extended periods of time, it disrupts the number of neural connections made and diminishes established connections. The amygdala and hippocampus are areas of the brain most affected by cortisol, and both assist in memory, learning, and emotions.

Genes and experiences construct brain architecture together; it is almost always nature and nurture.<sup>4</sup> Dr. Trasie Topple, from the University of Georgia School of Social Work, explained epigenetics, a field of science that tells us early childhood experiences, when the brain is developing rapidly, can influence whether, when, and how genes release their instructions for building future capacity. Negative experiences, such as malnutrition, drugs, or toxic stress before birth or in early childhood are not forgotten, but built into the developing brain and create a "biological memory." This may have negative impacts on the physical and mental health of the child as well as learning capacity and behavior.

## INFANT AND TODDLER SOCIAL AND EMOTIONAL HEALTH

Jamie Colvard from Zero to Three, a national non-profit organization that specializes in early childhood development, defined strong social and emotional development of a young child as the capacity for the child to experience, regulate, and express emotions; form close relationships; and explore their environment; and learn. The capacity for development is always in the context of the family and community. According to late Pediatrician Donald Winnicott, "there is no such thing as a baby... there is a baby and someone." A strong social and emotional foundation in a child is demonstrated as self-confidence, the ability to develop good relationships with peers and adults, make friends and get along

---

<sup>1</sup> <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/#neuron-footnote>

<sup>2</sup> <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

<sup>3</sup> <https://www.youtube.com/watch?v=apzXGEbZht0>

<sup>4</sup> <https://developingchild.harvard.edu/resources/what-is-epigenetics-and-how-does-it-relate-to-child-development/>

with others, follow directions, identify and communicate feelings and emotions, and constructively manage strong emotions.

There are several risk factors for a weak social and emotional foundation, such as parental loss, parental substance abuse, parental mental illness, and exposure to trauma. Warning signs include developmental delays and behavioral issues that could lead to anxiety, depression, and post-traumatic stress disorder. Over time, these disorders could negatively impact a child's physical health, have an adverse effect on educational attainment, and increase the risk for criminal justice involvement. Ms. Colvard also explained that a child's behavior often indicates a potential unmet need or a skill that still needs development.

Dr. Johnson spoke to the multiple touchpoints the pediatrician has with the child and family in the first few years of life. During every well-check, the pediatrician should be reinforcing social and emotional health as well as screening parents for risk factors that will ultimately impact the child.

One way in which pediatricians screen is through the adverse childhood experiences (ACE) survey, a list of ten questions about topics such as physical abuse, parental mental health, exposure to domestic violence, and physical neglect. Each positive answer provides one point on the survey, for a maximum of ten points. Forty-five percent of children have at least one ACE and 10 percent of children have three or more ACEs. Children with three or more ACEs are three times more likely to fail academically, six times more likely to develop behavioral problems, and five times more likely to experience attendance problems. Also, Dr. Johnson indicated the ACEs survey does not paint a complete picture and other factors should be screened for as well, such as poverty, discrimination, poor housing quality, lack of mobility and social capital. However, Dr. Johnson highlighted that children can be protected from trauma-induced developmental issues if they have a strong relationship with their caregiver.

Douglas County Juvenile Court Judge Peggy Walker shared her experiences in the courtroom with children and families. She stated education is the pathway out of the criminal justice system, but when a child is removed from foster care placement, expelled from daycare, or suspended from school, the educational trajectory is disrupted. For those children with interrupted education, they may fall academically behind their classmates; it's easier to be suspended from the school than be identified as illiterate or having a learning disability. If behavioral issues are not addressed early, a child will reach an age when the adult becomes less important and the peer becomes more important. Those children may then surround themselves with peers that engage in risky behavior, such as alcohol, early sexuality, and drug use. They may also be drawn into gangs, which give them a sense of belonging and power.

Dr. David O'Banion, Assistant Professor of Pediatric Medicine at Emory University, discussed the Perry Research Project, a longitudinal study conducted between 1962 and 1967 that showed quality preschool interventions that focused on social and emotional development had long-term, generational, positive impacts. The results of the study provided an equation for human investment in childcare programs. By the age of 40, there was a 13 percent return on investment for the intervention group, with the greatest benefit from criminal justice system savings.<sup>5</sup>

---

<sup>5</sup> <https://highscope.org/perry-preschool-project/>

## INFANT AND EARLY CHILDHOOD MENTAL HEALTH PREVENTION, INTERVENTION, AND TREATMENT

Infant and Early Childhood Mental Health (IECMH) is a field of practice where a mental health professional provides a continuum of services to children and families through promotion, prevention, intervention, and treatment of social and emotional issues. Dr. Topple emphasized that even intervention and treatment is considered prevention of future physical, educational, and emotional problems. IECMH providers work with both families and children and put a lot of emphasis on that relationship; services are provided in-home or at a center. Services include early childcare and education consultation, relationship assessment, emotional support, concrete assistance through case management and advocacy, and child-parent psychotherapy. IECMH professionals use a number of different assessment tools, such as Ages and Stages Questionnaire-Social Emotional (ASQ-SE), ACEs scores, parental stress index, and the Child Behavior Checklist to provide the right intervention and treatment to children and families. IECMH intervention and treatment, from birth to 5, can include Child-Parent Psychotherapy (CPP), Circle of Security (COS), or Parent-Child Interaction Therapy (PCIT).

Dr. Topple spoke to the work being done in Clarke County between the Clarke County School District and the Early Learning Center, specifically Head Start and Early Head Start, Preschool Special Education, and Pre-K. After seeing children struggle with literacy and additional literacy interventions not produce results, the school system conducted a root cause analysis and determined 57 percent of children in the school system had three or more ACEs. The school system applied for a Governor's Office of Student Achievement grant for professional development for teachers. Currently, the program uses Circle of Security, which can be implemented in the individual or group setting, and helps parents and teachers understand what the child's behavior is telling them. All 65 teachers at the Early Learning Center are trained in Circle of Security and 30 families have graduated from the program. The program encourages parents to reflect on their own childhood experiences, and realize their children don't know how to organize their emotions because they were never taught. The program also provides visitation services to 100 families through Early Head Start; 20 of those families include an expectant mother. While the program in Clarke County is still in development, they are already seeing both academic and social and emotional gains.

In FY 2014, Georgia was awarded a five-year grant through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) to address children's health. The Georgia Department of Public Health chose Muscogee County for the pilot program due to high negative rates of childhood health. The program sought to increase the number of referrals to public health programs and this was accomplished by screening 3,000 children ages 2 months to 5 years old, over the life of the grant. A partnership was created with the local Head Start Program to provide a screening tool in every registration packet. Through a memorandum of understanding with the school system, a Project LAUNCH mental health consultant was housed within the school, providing services to teachers and administrators. By year three, 35 children that were screened received mental health consultations. Project LAUNCH also worked with Brookes Publishing to provide screening for evidence-based home visiting. Evidence-based home visiting is different than home visiting through Babies Can't Wait or Children's 1st. Evidence-based home visits involve multiple visits with the child and family and typically lasts one year. The Project LAUNCH home visitor conducted 17 Edinburgh Depression Screens, finding three mothers tested positive for depression; they were referred to the proper support. The program also provided support to families through Parent Cafés, creating a Parent to Parent support position, and holding a Parent Leadership Academy. Despite 2019 being the last year of the SAMHSA grant, the work will be continued through various community partnerships.

CHRIS 180 provides behavioral health services to families with children from birth to 12. In 2019, CHRIS 180 received a five-year SAMHSA grant to provide Child-Parent Psychotherapy (CPP) to



families in Fulton, Gwinnett, and Dekalb Counties. Dr. Toppie describes CPP as one of the most evidence-based treatment programs, focusing on long-term intensive treatment lasting one to two years. The team at CHRIS 180 is comprised of a therapist, a therapist trainer, a behavior aid (in classroom), and a registered nurse. CHRIS 180 uses a two-pronged approach focused on providing trauma-related training to educators and school employees and wrap-around services to families. The resources provided to educators and school employees involves trauma-informed training, including information on brain development and social and emotional health. In 2019, CHRIS 180 trained 407 teachers between the months of May and August, including the YMCA, Sheltering Arms, and other independent centers. CHRIS 180 hopes to expand training to other providers.

Judge Walker explained that, traditionally, Georgia's stance is children under 7 years old do not receive mental health services, but that is not the trend nationally. Due to the lack of workforce to serve children under 7, the Douglas County Board of Commissioners provided a grant to the courts to contract with Louisiana State University (LSU) to deliver training to 28 clinicians to provide Child-Parent Psychotherapy. The therapy included 26 intensive sessions over the course of a year where the therapist worked with the child and family on how to shape behaviors, interact with the child, and promote self-regulation with that child.

Easterseals of North Georgia provides an Early Childhood Mental Health Program through Early Head Start, Head Start, and Georgia Pre-K. In 2005, Easterseals of North Georgia noticed an increase in the number of children with social and emotional challenges, but could not find community partners that served children younger than 5. The program was developed and provides early identification through screening, follow-up assessments with identified children, and treatment through the Incredible Years, an evidence-based program. The Incredible Years provides training and technical assistance to classroom teachers, mental health consultation, small group treatments (10 to 18 weeks), and parent workshops. The program has a Georgia licensed professional counselor and four Master's level professional counselors who are acquiring documented supervision toward full licensure.

Dr. Marianne Celano, of Emory School of Medicine, uses Parent-Child Interaction Therapy (PCIT) in her clinic. PCIT is for children ages 2 to 7 with disruptive behaviors, where the child and parent are in therapy together. The therapy occurs as parents are coached through live interactions with their child using a one-way mirror, where the parent is wearing an ear piece and interaction with the child is coached by the therapist. Treatment typically lasts 12 to 20 sessions and the parent and child move through treatment by mastering criteria. Progress is assessed with the Dyadic Parent-Child Interaction Coding System (DPICS-IV) and the Eyberg Child Behavior Inventory (ECBI). Assessment determines coaching goals for each session, allows for feedback to parents, determines when skills are mastered, and quantifies the quality of the parent-child interaction.

Dr. Suzie Henderson, Principal at Alto Park Elementary School in Rome, Georgia spoke about social and emotional issues in K-12 education. Early intervention is essential, but K-12 schools often encounter students with poor social and emotional health; those children need intervention too. Dr. Henderson stated three students at Alto Park Elementary School have been hospitalized this year for making suicidal ideations. Dr. Henderson had the opportunity to attend the Trauma Informed Schools Conference in Colorado in November of 2019. At the conference, Dr. Henderson learned about the dramatic change experienced at Lincoln High School, in Walla Walla, Washington, after they became a trauma informed school. Lincoln High School saw a decline in out of school suspension, an increase in graduation rates, and higher participation in post-secondary education. The success at Lincoln High School is attributed to every employee at the school being trained in trauma-informed care, from the janitor to the teacher. Once the social and emotional needs of students were met, the academic indicators improved. Dr. Henderson stated that trauma-informed education is not something added to a teachers list of responsibilities, but rather "who we are" when teachers and school employees interact with students.

Dr. Dan Edwards spoke to the study committee regarding his work at Evidence-Based Associates (EBA). EBA provides assistance to several states, including Florida, Georgia, Virginia, and Washington DC, in the implementation of different evidence-based programs, mostly surrounding juvenile justice. For the past seven years, EBA has partnered with Georgia's Criminal Justice Coordinating Council (CJCC) to reduce the number of children incarcerated or placed in residential treatment facilities. Juvenile justice reform in 2013 allowed judges the option to provide evidence-based programs instead of detention. Funds were provided through the Juvenile Justice Incentive Grant Fund (JJIGF) and the state created a list of seven available evidence-based programs. Half of the counties worked with EBA and the other half chose programs on their own. In 2017, out-of-home placements for counties that used EBA declined by 65 percent; the reduction in out-of-home placement was 46 percent for counties that did not use EBA. Dr. Edwards stressed, for a program to be successful "you have to pick the right evidence-based program for the right child and deliver the program with fidelity."

Dr. Edwards also pointed the study committee to a new Centers for Disease Control (CDC) resource, "Preventing Adverse Childhood Experiences, Leveraging the Best Evidence."<sup>6</sup> The resource provides background and context on ACEs and provides a resource list of multiple evidence-based programs, such as Nurse-Family Partnership, Parents as Teachers, Parent-Child Interaction, SafeCare (based at Georgia State University), Functional Family Therapy, and Multisystemic Therapy.

### **STATE AGENCY PROGRAMS**

The Department of Community Health (DCH) administers Georgia's Health Check Program under the federal Early Periodic Screening, Diagnostic and Treatment Services (EPSDT), which requires every Medicaid-eligible child under 21 to be screened based on developmental stages and receive treatment if deemed medically necessary; this includes mental health screening and treatment.

The Children's Interventions Services (CIS) Program is for children with physical disabilities or developmental delays. Most children would be referred through the Babies Can't Wait Program, administered by the Department of Public Health. Other services covered by Medicaid for specific diagnoses include Georgia Pediatric Program (GAPP) for medically fragile children and Autism Spectrum Disorder Services.

The Department of Behavioral Health and Developmental Disabilities (DBHDD) stated the current System of Care state plan starts at age 4. The System of Care is developed by the Interagency Director's Team and focuses on children, young adults, and emerging adults (ages 4 to 26) with a serious emotional disturbance. The three-year plan is up for renewal within the next year and there is consideration to expand the plan to include children from birth. DBHDD administers the APEX program which provides mental health services for children in K-12, with most clinicians serving high school-age children. The APEX program has found a sustainability model; if the clinician can bill 60 percent of services to private insurance or Medicaid, they become self-sustaining. However, there are non-billable services a clinician can provide that are also important, such as classroom observation. The study committee learned that the Clarke County School District, through their coordinated care, leveraged APEX to support teachers around secondary trauma.

The Department of Public Health (DPH) administers several relevant programs. Children's 1st is a program that identifies and triages support for children birth to 5 who are at risk of poor health outcomes and developmental delays and refers them to the appropriate interventions. Children's 1st

---

<sup>6</sup> <https://www.cdc.gov/violenceprevention/pdf/preventingACES-508.pdf>

is the central point of access for child health services for DPH. In FY 2019, Children's 1<sup>st</sup> received 29,920 referrals, 27,918 screens, and provided 18,983 referrals to intervention programs.

Babies Can't Wait (BCW), Part C of the Individuals with Disabilities Education Act (IDEA), is an early intervention program for families of infants and toddlers with developmental delays. Children qualify if they fail the ASQ in one or more areas of development or have a diagnosed medical condition. BCW contracts with the majority of providers, such as audiologists, occupational and physical therapists, speech language pathologists, and board-certified behavioral specialists. Families are assisted through the transition process to other providers, such as Head Start, private therapy services, or public preschool before the child's third birthday. In FY 2019, BCW had the capacity to serve 19,275 children.

Home Visiting, also administered by DPH, is an evidence-based program that supports pregnant women and parents of children ages 0 to 5 to ensure that children are physically, socially, and emotionally ready to learn. Home Visiting screens and assesses for referrals to additional services in 22 of Georgia's 159 counties. In 2018, Home Visiting had the capacity to serve 1,489 families with 19,385 home visits completed, including 316 pregnant women. Of those served by Home Visiting in 2018, 70 percent of families were low-income, nine percent had a child with a developmental delay, and eight percent had previous involvement with child protective services. Performance measures from 2018 show 78 percent of children received on-time screening for developmental delays; 95 percent of children had someone who sang or read to them every day; 69 percent of caregivers were specifically assessed for their parent-child interactions; and 29 percent of primary caregivers who positively screened for depression received mental health services.

The Families First Prevention Act (FFPSA) is federal child welfare legislation signed in 2018 that made substantial changes to federal child welfare laws by focusing on the child entering the system. Title IV-E, the largest dedicated federal fund source for child welfare, provides funding for FFPSA. Funds are used for payments for the daily care and supervision of eligible children, administrative costs to manage the program, and training staff and foster care parents.

Under the new FFPSA, Title IV-E funding can be used for evidenced-based programs to prevent unnecessary placements and promote family-based care. Eligible children and parents include those who are candidates for foster care; pregnant and parenting youth in foster care; and parents, caregivers, and guardians of candidates for foster care. Evidence-based programs are evaluated through a national clearinghouse that offers three tiers of ratings: promising, supported, and well-supported; 50 percent of expenditures must be used for well-supported practices and can include mental health, substance abuse and prevention, and in-home parenting skills. FFPSA will be fully implemented in FY 2020, but Georgia still has an opportunity to define, beyond the federal definition, which children are at imminent risk of entering foster care unless they receive IV-E prevention services.

The Department of Early Care and Learning (DECAL) licenses and monitors all childcare providers in Georgia and administers the lottery-funded Georgia Pre-K program. DECAL recently developed the Social-Emotional Early Development Strategies (SEEDS) for Success, a helpline to assist parents, childcare providers, and the community with relevant mental health referrals for very young children.<sup>7</sup> DECAL provides an early learning multi-tiered system of support through 18 field-based staff, which includes 12 inclusion specialists and six behavior support specialists. These specialists provide support to children and teachers in the classroom setting. The specialists are not mental health professionals but can provide referrals for therapy; however, DECAL noted that very few agencies in Georgia provide therapy to children under the age of 5.

---

<sup>7</sup> 1 (833) 354-HELP, inclusion@dec.al.ga.gov

Michele Hill, Owner of KIDazzle Child Care, provided an example of how a DECAL inclusion specialist helped a classroom in her facility. Specifically, Ms. Hill spoke about a two-year old class at one of the centers she operates. The classroom had multiple children experiencing aggression and rage through tantrums and profanity. When Ms. Hill reached out to the center's quality consultant about the issue, she received a call from an inclusion specialist within hours and an on-site visit within days. The specialist suggested changing classroom instruction from learning the alphabet and numbers to learning to identify emotions, reading stories about behavior modification, and practicing breathing exercises; teachers were given classroom management strategies to implement. The class saw great improvement in the children's behavior and teachers felt supported and were looking forward to additional visits by the inclusion specialist.

### **PAYING FOR MENTAL HEALTH SERVICES FOR CHILDREN ZERO TO THREE**

The study committee learned, from multiple presenters, that healthcare providers in Georgia do not receive Medicaid reimbursement for behavioral or mental health services for children under 4. When asked, Catherine Ivy, Director of Medicaid Waivers for Department of Community Health (DCH), indicated Georgia's current Medicaid State Plan does not cover behavioral health services for children under the age of 4; furthermore, Ms. Ivy indicated that in order to cover behavioral health services for children birth to 3, DCH would rely heavily on DBHDD to identify evidence-based practices and provide descriptions and procedure codes. An application to change the state plan would then be submitted to the Centers for Medicare and Medicaid Services (CMS) with a cost analysis for approval.

The study committee was provided a copy of DC: 05, a diagnostic classification of mental health and developmental disorders of infancy and early childhood developed by Zero to Three. The publication includes developmentally appropriate diagnostic codes and gives actions for treatment when coupled with ICD: 10, the classification of Mental and Behavioral Health Disorders. Because Georgia's Medicaid program doesn't reimburse for behavioral health services for children under 4, age appropriate diagnostic codes do not exist. Callan Wells, Health Policy Manager at Georgia Early Education Alliance for Ready Students (GEEARS), discussed the work done by the I-ECMH Mental Health Committee, a committee of the I-ECMH Georgia Coalition. The I-ECMH Mental Health Committee learned that other states, including Arkansas, clarified billing codes for social emotional health screenings, dyadic treatments, and parenting programs.

Additionally, Medicaid only covers the mother for three months after the birth of a child. Multiple presenters recommended Medicaid cover the mother for 12 months after birth to ensure mothers are healthy through the first year of the newborn's life, specifically as it relates to post-partum depression. In her presentation, Dr. Johnson described post-partum depression as one of the most traumatic stressors a baby could face.

### **WORKFORCE CHALLENGES**

Multiple presenters stated Georgia has a workforce shortage of licensed mental health providers for children ages 0 to 3. While prevention and promotion programs do exist in Georgia, especially on the state level, there is a shortage of providers to refer children and families when treatment is necessary. Melissa Haberlen, Voices for Georgia's Children, stated Georgia has a severe shortage of child and adolescent psychiatrists; there are currently 7.5 psychiatrists per 100,000 children for a total of 186 in the entire state. In Georgia, 76 counties are without a licensed psychologist and 52 counties do not have a licensed social worker. Voices suggested embedding mandatory training and optional certifications into University System of Georgia (USG) and Technical College System of Georgia (TCSG) educator preparation programs, and requiring state agencies and provider organizations to train their existing workforce.

Dr. Fener-Sitkoff, also with Voices for Georgia's Children, explained a challenge in developing a workforce strategy for mental health clinicians for young children is that workforce data is not collected by the state, including the number of providers and where they are located. The state currently collects this data on physicians through Georgia Board of Health Care Workforce. Voices suggested a way to expand licensure is to have easily accessible, quality supervision opportunities for Master's-level professionals. This could be done through APEX to create supervision opportunities and encourage education programs to play a greater role in connecting graduates to supervision opportunities.

During the presentation on Parent Child Interaction Therapy (PCIT), Dr. Marianne Celano also addressed workforce concerns with licensed mental health professionals providing services to children 0 to 3. Certification in PCIT requires a Master's degree in a mental health field, licensure or working under the supervision of a licensed provider, 40 hours of face-to-face training with a PCIT trainer, successful completion of two cases, and mastery of specific PCIT skills. There are only five certified PCIT therapists in Georgia, and only one level I trainer which can train other clinicians at their own institution.

Chattahoochee Technical College offers an Infant/Toddler Child Care Specialist Certificate as an option in their Early Childhood Educator Program. Within that certificate, there are two courses that include 65 competencies for infant and toddler development, such as understanding infant brain development, assessment and screening of infants and toddlers, identifying social and emotional milestones, understanding the importance of reading social cues, and identifying emotional strengths. Workforce development issues to consider include a student's perceptions and career aspirations, salary and benefits, turnover, and advisement.

Dr. Anita Brown, from the Georgia Psychological Association (GPA), stated within GPA membership, only about six percent of psychologists identify themselves as working with infants and toddlers, 40 percent of psychologists identify working with children and adolescents. A barrier to provide actual treatment is the lack of Medicaid reimbursement for young children; specifically, preventative services cannot be provided without a formal DSM-V diagnostic label to preclude premature labeling.

In 2017, the Georgia Childcare Association heard from their workforce regarding the need for training around challenging behaviors and inclusion. Ellen Reynolds with the association explained that during a robust economy, there is a smaller applicant pool for early education because people can work retail jobs earning \$11 to \$15 an hour, without multiple background checks. The Department of Early Care and Learning has provided support to childcare providers through the Childcare Development Block Grant, which pays for Georgia and federal background checks. The required federal and Georgia background checks had a tremendous financial impact on providers, the aggregate cost was \$250,000 a month in 2017. The Department of Early Care and Learning also retained incentives through the Race to the Top grant, which rewarded teachers as they progressed in their credentials and degrees. Also, the Georgia SEEDS helpline has assisted in triaging social and emotional support to childcare providers, teachers, and children and their families.

### ALABAMA MODEL

Dallas Rabig, State Coordinator for Alabama Infant and Early Childhood Mental Health spoke to the study committee about the action steps Alabama has taken to address access to mental health services for children from birth to 5. Alabama's foundation for IECMH was built by their Project LAUNCH grant program, the same federal grant Georgia received in 2014. Like Georgia, Alabama's Project LAUNCH was a pilot program that focused on early intervention, home visiting, First Class Pre-K (Alabama's Universal Pre-K) and Early Care Settings. After the implementation of Project

LAUNCH, Alabama chose to make infant and early childhood mental health a state priority, and the first step was funding and sustaining an IECMH state coordinator position.

In 2017, First 5 Alabama was created, and they established a set of competencies and endorsed open conversation with Alabama Medicaid. In 2018, Alabama was selected to participate in Zero to Three's Infant and Early Childhood Mental Health Financing Policy Project to support the state's advancement of assessment, diagnosis, and treatment policies. Alabama's policy team included a representative from the state Medicaid Office. The goal of Alabama's project was to increase the number of mental health providers for children from birth to 5; improve Medicaid billing policy for children from birth to 5; and implement the use of DC:05 Diagnostic Classification of Mental Health Disorders of Infancy and Early Childhood, which would include a crosswalk to Alabama Medicaid codes and law.

Alabama emphasized the relationship with Medicaid was integral in developing an IECMH workforce plan. Alabama was able to identify gaps in access to care and change the way assessment and intervention are provided and billed. Alabama found that no mental health services were available from ages 0 to 3. In 2019, Alabama was awarded \$10.6 million to develop a birth to 5 mental health system of care infrastructure, which included implementing a training plan for IECMH professionals and increasing the number of licensed clinicians trained in Child-Parent Psychotherapy. In FY 2020, a new state funding stream was established to build an IECMH system of care and in January 2020, eight additional IECMH consultants will be employed by the Department of Mental Health to focus on early intervention and first Class Pre-K as well as pilot perinatal mental health consultation.

## RECOMMENDATIONS

### Establish IECMH State-Level Leadership

Include funding in the FY 2021 budget for an infant and childhood mental health coordinator at the Department of Early Care and Learning tasked with the following responsibilities:

- Develop a public awareness campaign, in collaboration with DECAL and Zero to Three, to be launched by June 1, 2021. The campaign is to show the incredible amount of brain development that happens in the first year of life and how that impacts the life trajectory of the child.
- Create a cross-agency leadership team for IECMH, to include individuals from the Department of Early Care and Learning, Department of Community Health, Department of Public Health, Department of Behavioral Health and Developmental Disabilities, and the Division of Family and Children Services.
- Establish an agreed upon set of IECMH core competencies.
- Convene meetings with the state Medicaid officer to discuss Medicaid reimbursement for behavioral health services for children ages birth to 4.
- Work with obstetricians and hospitals to provide screening at touchpoints as early as prenatally and improve touchpoints for children who do not have access to well-visits.
- Seek and apply for early and infant childhood development grants, including those to expand the IECMH workforce.

### Determine Medicaid Reimbursement

Direct leadership at both the Department of Community Health and Department of Behavioral Health and Developmental Disabilities to submit a detailed report to the speaker of the House of Representatives, no later than June 30, 2020, with the following information:

- Documentation of where behavioral health services are not covered for children ages birth to 4 in the Medicaid state plan.
  - Direct the Department of Community Health to digitize the Medicaid state plan in a manner that makes it an electronically searchable document.
- A plan to add language to existing billing codes to clarify appropriate behavioral health services for children ages birth to 4. DCH and DBHDD can look to Arkansas and other states for examples.
  - This plan should consider that health providers for young children use DC:05 for diagnosis.
- A plan for Medicaid to cover the mother for 12 months after the birth of the child.

### Workforce Development

- The cross-agency leadership team will assist in the creation of a statewide IECMH workforce development plan to grow the labor pool of mental health professionals serving children birth to 4 and determine how to provide IECMH training to existing state agency employees.
- Direct the Georgia Board of Healthcare Workforce to collect a minimum data set survey on mental health professionals, such as psychologists, counselors, social workers, and marriage and family therapy, at points of licensure and renewal.
- Direct DECAL to embed IECMH as a primary support in the Quality Rated Program.
- Direct the Technical College System of Georgia and the University System of Georgia to immediately begin the process of embedding early childhood social and emotional development curriculum into all early childhood education Programs.