

# TECHNICAL REPORT

## Infant Mental Health and Child Welfare

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### Executive Summary

The field of infant mental health provides the roadmap for “going upstream” to stop the continuous flow of multigenerational maltreatment. Many adult issues, including substance abuse, mental health conditions, chronic disease and other multigenerational adversities are now understood as disorders that began early in life<sup>1</sup> and can be reduced by the promotion of infant mental health (IMH). We now understand how the early formative years shape mental health throughout the lifespan; yet emerging behavioral health issues are not adequately identified in early childhood. Mental health screenings are largely underutilized in child welfare and other systems that serve young children. Unfortunately, even when detected early, there is little evidence that appropriate services are provided to adequately address a child’s needs.

Early attachment relationships and experiences either promote emotional health and well-being or set a negative trajectory that persists throughout the life span. Intervention is likely to be more effective and less costly when it is provided earlier in life; however, even adults with extensive adversity can turn their lives around once their early trauma is finally treated. Fortunately, a tiered approach of evidence-based practices can promote behavioral health and social-emotional wellness for all children by providing targeted services to those who need more support and intensive interventions to those who need a more therapeutic approach. Incorporating an infant mental health approach of “promotion, prevention, and treatment” into child welfare offers the greatest opportunity for “hard wiring” lifelong mental health.

The following 21 recommendations are offered to address the three tiers of promotion, prevention, and treatment, as well training and educational needs for stakeholders:

#### Tier 1: Prevention

1. Expand usage of Florida’s Title IV-E waiver to support families at risk for child maltreatment.
2. Link families from pregnancy until kindergarten with an array of parenting supports such as evidenced-based home visiting programs to prevent maltreatment.

#### Tier 2: Promotion

3. Develop Early Steps eligibility criteria specific to children in the child welfare system and require referrals to Early Steps for all children under age three who are involved in a verified incident of abuse or neglect.
4. Create a public relations campaign to support families with babies.

5. System stakeholders (e.g. caseworkers; behavioral health and primary care providers; and childcare staff) should either screen, or ensure the child has been screened, for social and emotional problems using an appropriate screening tool and refer for services if warranted.
6. Strive to provide high quality childcare that promotes IMH in all contracted childcare settings.
7. Encourage Community-Based Care agencies (CBCs) and Early Learning Coalitions (ELCs) to place children in the child welfare system in high quality childcare settings, (e.g. a rating of 3 or above out of 7 on the Early Childhood Environmental Rating Scale).

### **Tier 3: Treatment**

8. Develop strategies for improving early identification, referral, and treatment of emerging mental health issues in young children.
9. Create infant mental health and Comprehensive Behavioral Health Assessment (CBHA) guidelines specific to children ages 0-5 years old for the Community Behavioral Health Services Coverage and Limitations Handbook and Specialized Therapeutic Services Coverage and Limitations Handbook.
10. Reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.
11. Consider an enhanced rate for infant mental health specialization.
12. Allow for more flexible and bundled funding for assessment, treatment, and early childhood mental health counseling and behavioral support consultation in childcare centers, community settings, after-care, and homes.
13. The Department of Children and Families (DCF) Managing Entities and the Managed Medical Assistance (MMA) Child Welfare Health Plans should explore options to contractually require clinicians to meet a minimum standard of training and experience to provide IMH therapeutic services.
14. The Department of Children and Families (DCF) Managing Entities and the Managed Medical Assistance (MMA) Child Welfare Health Plans should have the capacity to provide evidence-based services for infant and early childhood mental health in their networks.
15. Trauma-informed evidence-based practices should be expanded in the provider networks and utilized appropriately.
16. Prioritize young children for the Medicaid Waiver program for persons with developmental disabilities.
17. Integrate a family treatment perspective through cooperative agreements between both the child and adult mental health systems to facilitate and coordinate mental health screenings, assessments, and services for the whole family.
18. The Department of Children and Families and all associated systems that serve child welfare families should explore steps to becoming trauma-informed and to develop a culture of seeing the child's behavior as a cry for help. Rather than asking, "What's wrong with you?" ask the question, "What's happened to you?" (See [National Child Traumatic Stress Network](#) for definition of a trauma-informed child and family service system.)

### **Training and Education**

19. Provide training for all new and existing Medicaid managed care agencies on the importance of identifying and treating mental health disorders in children under age five.
20. Ensure system stakeholders (e.g., caseworkers; behavioral health and primary care providers; and childcare staff) are trained in IMH and the impact of trauma on parents, children, and the parent-child relationship.
21. Ensure VPK and Kindergarten teachers have an understanding of the impact of trauma on learning, executive functioning, and social emotional well-being.

## **What is Infant Mental Health?**

In simple terms, infant mental health (IMH) is the ability of a young child to “express emotions and form close and secure interpersonal relationships.”<sup>2</sup> Infant mental health is best understood from the perspective of brain development in the first years of life and the influence of what does or does not happen. It is during this critical window of development when the foundation is laid for all future relationships and learning. IMH encompasses the importance of early attachment relationships and experiences that will either promote social-emotional health and well-being or will set in motion a negative trajectory that is played out throughout the life span.

Our understanding of infant mental health has expanded significantly over the years. Although initially the focus of the field was only infants and toddlers, the concept of infant mental health has expanded to include the pivotal period of birth to age five.

Infant mental health is defined as “the healthy social and emotional development of a young child. It is also a growing field of research and practice devoted to three areas:

- promotion of healthy social and emotional development;
- prevention of mental health problems; and
- treatment of mental health problems of very young children in the context of their families.”<sup>3</sup>

## The Impact of Early Adversity

Advances in science have improved our knowledge of how a child’s early years shape mental and physical health throughout the lifespan. We now understand that the effects of toxicity and early adversity can alter the child’s neurobiology during sensitive developmental periods and leave lifelong scars in adulthood.

### How Early Adversity Can Impact Brain Development

Early attachment relationships and experiences can influence how the brain will respond to future experiences. Each early experience informs and reinforces previous experiences. If these experiences involve insecurity, isolation, unmet needs, and other adverse experiences, the brain begins to interpret the world as being an unsafe, unstable place.

Trusting relationships build neuronal pathways for essential skills for good mental health and healthy social emotional development.<sup>4,5</sup> Conversely, early exposure to child abuse or neglect, family turmoil, neighborhood violence, extreme poverty, absence of essential developmental experiences, and other chronic stressors can change the neurobiology of the developing brain. It is not the traumatic event itself, but how the stress response system reacts that determines the impact of adversity. Adversity can be tolerable when buffered by supportive relationships. Without the presence of a supportive adult, the prolonged activation of the stress response system can disrupt brain development and other organ systems, and is particularly toxic in young children during sensitive developmental periods.<sup>6</sup> This illuminates the importance of ensuring that every child has a stable relationship with a nurturing caregiver during this early childhood window because it is the greatest opportunity for “hard wiring” the brain’s neuro pathways for a foundation of lifelong mental health.

### Early Childhood Adversities Impact Future Mental and Physical Health Problems

Many adult issues, including chronic diseases, substance dependency, depression, and other mental health conditions, are now understood to be negative outcomes to experiencing trauma and toxic stress in childhood. The Adverse Childhood Experiences (ACE) study discovered a direct relationship between what they termed “adverse childhood experiences” and lifelong physical and mental health conditions.<sup>7</sup>

The ACEs considered for the study included:

- emotional, physical, or sexual abuse
- parental separation or divorce
- emotional and physical neglect
- incarceration of a family member
- household member with substance dependency or mental illness
- a mother who is treated violently<sup>8</sup>

The study linked the number of ACEs with health records and found that the cumulative effect of four or more adversities were predictive of a cascade of health and psychosocial complications in adulthood because of its enduring effects on the developing brain and other maturing organs.<sup>9</sup>

### How Early Adversity Can Impact the Health of Future Generations

The cycle of maltreatment is perpetuated when maltreated children become parents because their emotional well-being and behavioral health significantly influences the development of emotional and mental health of their children. Many parents involved in the child welfare system struggle with their own unresolved early adversities and are less likely to have the capacity to provide the type of stable and supportive relationships that are needed to protect their children from the damaging impact of toxic stress.<sup>10</sup> This is the basis of the intergenerational cycle of adversity with its predictable repetition of behavioral health issues that interferes with the capacity for good parenting.

Parental mental health problems not only affect their children but new “epigenetics” research suggests that environmental experiences can interact with genetic structures to alter behavior for multiple generations. For example, a pregnant woman with a family history of extensive trauma who continues to live in an environment of chronic stress increases the likelihood of her child having mental health issues. This transgenerational transmission of risk requires the attention of the child welfare system because we have the potential to impact future generations if we appropriately intervene at an early age.<sup>11</sup>

## Infant Mental Health and Child Welfare

The greatest opportunity for ensuring optimal lifelong mental health begins in infancy and early childhood. The first five years of life offer the most opportunity for development, yet the most vulnerability for maltreatment.<sup>12</sup> According to the Health and Human Services Child Maltreatment Report for 2013, 50% ( $n = 24,389$ ) of all children ( $n = 48,457$ ) entering Florida's system with at least one maltreatment were age 0-5;<sup>13</sup> and 13% ( $n = 6,480$ ) entered the child welfare system before their first birthday (the largest single age group).

Neglect is the most prevalent form of child maltreatment<sup>12</sup> and has more dire consequences for children's mental health over the lifetime than other maltreatment.<sup>14,15</sup> Neglect is often a consequence of substance abuse. Almost 61% of infants and about 41% of older children in out-of-home care had a primary and/or secondary caregiver who reported active alcohol and/or drug abuse.<sup>16</sup> Reversal of the consequences of neglect requires more than simply removing a child from the neglectful parent or caregiver. Appropriate evidence-based interventions are needed to reduce the effects of neglect.<sup>17</sup>

### Impact of Abuse on Children's Mental Health

Early adversity often manifests in challenging behaviors. National child welfare data shows that 12.8% of children ages 1 ½ – 2 years and 11.7% of children ages 3-5 in the child welfare system score in the clinical range on the Child Behavior Checklist (CBCL). Left untreated, early behavioral problems can develop into more serious mental health conditions.<sup>18</sup> Over 27% of 11-17 year olds had behavioral scores in the clinical range, more than double the rate for young children.<sup>19,a</sup> This is disturbing, but not surprising given that maltreatment in itself is adverse and can be traumatic.

Although well meaning, the systems in place to protect children may compound the problem with abrupt removals and stressful separations from home and siblings – all too often in multiple placements. Nearly one-third of foster care alumni reported being re-traumatized while in foster care.<sup>20</sup> A Casey Family Programs study of foster care alumni in Texas ( $n = 173$ ) found that nearly seven in ten (68.0%) had at least one mental health problem, as measured by the Composite International Diagnostic Inventory (CIDI), at some point in their lifetime, while four in ten (39.0%) had experienced at least one mental health problem in the past year. The most common lifetime diagnoses included alcohol abuse (32.4%), post-traumatic stress disorder (PTSD)(30.3%), and drug abuse (26.6%). The most common past-year diagnoses included PTSD (13.5%), depression (12.0%), and social phobia (10.7%).<sup>21</sup>

### How the Field of Infant Mental Health Can Change the Trajectory

The field of infant mental health is unique in that it focuses on both the child and the parents, recognizing that babies develop in the context of families.<sup>22</sup> Infant mental health services range from promotion to prevention to treatment and include the provision of concrete resources, emotional support, developmental guidance, advocacy, and parent–infant psychotherapy on behalf of the emotional needs of both the infant and the parents.<sup>23</sup> For the child, the focus is on promoting secure relationships. For the parents, the focus is on addressing their emotional capacity to be responsive to their child's emotional needs and well-being, which builds attachment.<sup>24</sup> With appropriate therapy, parents – even young parents aging out of the system – are supported in understanding their own “ghosts in the nursery” or unresolved trauma or loss. This is critical for parents in the child welfare system – many of whom have never healed from their own childhood abuse or neglect.

### The Importance of Early Identification of Developmental Issues

Young children with emerging mental health problems are typically not identified early when problems can be addressed more effectively and severe problems can be prevented. Despite the prevalence of mental health disorders nationwide, there is little evidence of systematic mental health screening across the systems that serve young children. The 2012 U.S. Government Accountability Office (GAO) Report analyzed national survey data and found that about 14% of children receiving Medicaid had a potential need for mental health services, but over two-thirds of them did not receive any services. Over 80% of children with a potential mental health need, whether covered by Medicaid or private insurance, did not receive any psychosocial therapy, and over 70% did not have any mental health office visits.<sup>25</sup>

A national study of practices for mental health screening and assessment for children in foster care found that the majority of child welfare agencies do not systematically screen children in the child welfare system for mental health problems, and among the agencies that do, only a very small percentage report using screening instruments as part of their procedures.<sup>26</sup> In Florida, the underutilization of mental health screenings for young children known to child welfare is also of concern. Although multiple systems are mandated to provide screening for young children in both physical and behavioral health as well as social emotional development, there is little evidence that they are occurring as a standard of practice for all young children in the child welfare system. Mental health screenings are not required, except for the subset of children in out-of-home care, for whom a comprehensive behavioral health assessment (CBHA) is mandated. The Agency for Healthcare Administration has mandated the components of a CBHA but does not require the utilization of a formal screening or standardized tool. Screening is done upon entry to care but not on a periodicity schedule as professionally recommended. Only a few judicial circuits require that mental health evaluators have expertise in early childhood; however, the utilization of infant mental health trained specialists is increasing in circuits due to the implementation of Florida's Early Childhood Court teams.

Since 2003, the federal Child Abuse Prevention and Treatment Act (CAPTA, 2003) has required that all verified abuse cases of children under age 3 be referred for developmental screening to each state's Part C program, which is Florida's Department

of Health, Early Steps State Office. Florida's compliance is unknown since neither DCF nor Early Steps systematically track numbers, yet Florida's federal audit found the program was not compliant in the area of social emotional screening and outcomes.

Based on the high prevalence of developmental concerns in child welfare,<sup>27</sup> some states allow all maltreated children 0-3 to be eligible for early intervention services. Florida currently has numerous mandates for conducting developmental screening for young children (EPSDT, CBHA, CAPTA, subsidized childcare); however, only children with the more severe developmental delays benefit from early intervention services due to restricted eligibility criteria. Children without severe delays and established conditions are not eligible. Many children in child welfare who could benefit from early intervention must now wait until their delays become more severe in order to qualify, which is more costly and less effective.

## **Need for Appropriate Diagnosis and Treatment for Young Children**

Early prevention strategies and efforts to identify emerging mental health concerns are likely to be more psychologically beneficial and cost-effective than waiting until the emotional difficulties become more serious disorders over time. Developmental and behavioral health disorders are now the top five chronic pediatric conditions causing functional impairment.<sup>28,29</sup> The American Academy of Pediatrics recommends that children should be screened at regular intervals for behavioral and emotional problems with standardized, well-validated measures beginning in infancy and continuing through adolescence.<sup>30</sup> Well-child visits funded by Medicaid (known as Early and Periodic Screening, Diagnostic and Treatment - EPSDT) require medical screenings that must include a comprehensive assessment of both physical and mental health development.

Lack of knowledge about social-emotional development in young children often defaults to diagnostic and treatment approaches used for older children. The symptomatology of children in foster care who have suffered loss, experienced trauma and exhibit challenging behaviors is often misdiagnosed as ADHD or other disorders, and treated with psychotropic medications.<sup>31</sup> The tragic death of Gabriel Myers, a 7-year-old foster child on several psychotropic medications, led to system reforms regarding the use of psychotropic medications while in foster care. However, medications continue to be prescribed to manage behavioral issues when other therapeutic alternatives are either not considered or not available. Overall psychotropic medication use has increased two- to three-fold in the past 10 years, including the very young and privately insured children,<sup>32</sup> despite that neither the effectiveness nor safety has been rigorously studied in young children.<sup>33,34</sup> In Florida, nearly a quarter of foster children were prescribed at least one psychotropic drug and were four times more likely to be taking five or more psychotropic drugs simultaneously.<sup>35</sup>

Although the child welfare system often functions as a gateway into the child mental health care system, this "improved" access to care is not necessarily associated with improved child well-being outcomes, as the quality or type of care received may not adequately address a child's needs. There has been a lack of rigorous research on the effectiveness, quality, and scope of mental health care received by young children in the child welfare system.<sup>36</sup> Treatment services are often offered by therapists who lack training and expertise to meet the needs of young children and their parents.

## **The Need for More Effective Interventions**

More effective treatments are needed to treat trauma and the behavioral health needs of the child and the parent. Infant mental health interventions offer more effective therapeutic alternatives for families in the child welfare system with young children. Specialized training and expertise in child development is essential to appropriately identify, assess, diagnose and treat young children, who, unlike adults,<sup>37</sup> depend on others to interpret their emotional needs. Infant mental health specialists are trained to recognize the unique signs of emerging problems in young children by utilizing specialized diagnostic tools to more accurately identify clinical issues in young children.<sup>38</sup>

Outcomes for maltreated children could be substantially improved with the utilization of evidence-based practices for both prevention and treatment of maltreatment and mental health issues. The Centers for Disease Control and Prevention Task Force on Community Preventive Services reviewed published studies and found that evidence-based programs reduced child abuse or neglect by about 40%.<sup>39</sup> The Florida Child Welfare Services Gap Analysis Report found that only 13 (11%) of the 115 services identified in the report were classified as innovative or evidence-based practices.<sup>40</sup> Utilizing evidence-based practices could substantially improve outcomes for young children in Florida's child welfare system.

## **Opportunities in Early Childhood to Improve Mental Health**

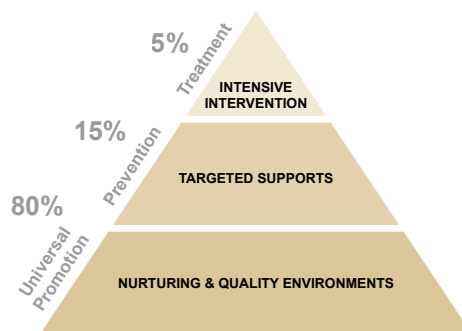
Providing infant mental health services during the early childhood window of "brain plasticity" offers the greatest opportunity for optimizing lifelong behavioral health. Infant mental health can be framed into three tiers:

- Tier 1: promotion of healthy social and emotional development;
- Tier 2: prevention of mental health problems; and
- Tier 3: treatment of the mental health problems of very young children in the context of their families.<sup>41</sup>

Incorporating an infant mental health approach of "promotion, prevention, and treatment" in child welfare systems increases the chances for better lifelong behavioral health. A tiered approach of evidence-based practices can promote mental health as well as social-emotional wellness for all children, target services to those who need more support, and provide intensive services to those who need them.<sup>42</sup>

Using this three tier model, the majority of children (about 80%) will thrive given the Tier 1 foundation of universal supports of nurturing relationships and quality environments. About 15% of children will need Tier 2 targeted strategies to prevent or address emerging mental health problems. Only about 5% of children will have diagnosable mental health problems or need intensive individualized interventions in Tier 3. However, these are children most likely known to the child welfare system that often did not receive the universal supports or targeted interventions early in life. Promising interventions and evidence-based practices for all three tiers have been identified for young children by the [California Evidence-Based Clearinghouse for Child Welfare](#), a highly respected source specifically for effectiveness in child welfare.<sup>43</sup>

**PYRAMID MODEL TO PROMOTE SOCIAL EMOTIONAL COMPETENCE IN INFANTS & YOUNG CHILDREN**



Hemmeter, M.L., Ostrosky, M., and Fox, L. (2006). Social and Emotional Foundations for Early Learning: A Conceptual Model for Intervention.

**Tier 1: Promotion: Promoting Healthy Social and Emotional Development**

All children need nurturing and responsive relationships to provide the foundation for healthy social emotional development. Encouraging research shows that when maltreated children are placed with nurturing families, damage can be mitigated, especially before age 2<sup>44</sup> and the benefits of early nurturing can even change outcomes for future generations.<sup>45</sup> Successful strategies for teaching families, biological as well as foster, to support their child’s emotional development include home visiting and parent education programs<sup>46</sup> which have shown effectiveness in preventing maltreatment or in preventing recurrence.<sup>47</sup> Tier 1 also includes high quality early learning environments to promote infant mental health. High quality early learning environments are particularly pivotal for children who are impoverished, neglected or have other early adversities, not only as a protective factor against maltreatment but also for enriching development.<sup>48</sup>

**Tier 2: Prevention: Preventing Emerging Mental Health Problems with Targeted Strategies**

Children involved in the child welfare system have a disproportionate rate of delays,<sup>49</sup> behavior challenges and other trauma-related symptoms. Targeted supports aim to address emerging mental health problems when least costly and most effective. Mental health consultation to child care centers has been effectively utilized across the nation to address the emerging mental health problems of young children by working hand in hand with childcare teachers and families.<sup>50</sup> Programs such as Head Start-Trauma Smart train their entire staff in trauma-informed care and have onsite mental health specialists to minimize challenging behaviors and expulsions.

**Tier 3: Treatment: Intensive Interventions Can Treat Infant Mental Health Problems**

Children with serious emerging issues and diagnosable mental health concerns are overrepresented in child welfare. These are often the children who lacked nurturing relationships, quality environments and targeted strategies to deal with emerging issues. Intensive therapeutic interventions such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy and other evidence-based approaches can help these children.

**Promotion, Prevention, and Treatment to Improve Child Welfare Outcomes**

Infusing infant mental health practices within child welfare aligns with the Child and Family Services Review (CFSR) goals to promote safety, permanency, and well-being within families. There are seven CFSR standards set forth and monitored by the Children’s Bureau, a division of the U.S. Department of Health and Human Services. These criteria were designed to evaluate the effectiveness of state agencies’ ability to promote safety, permanency, and well-being within families. Infant mental health services offer evidence-based interventions to address safety, permanency, and stability, and enhance the family’s capacity to provide for their children’s needs. They provide a specific approach to address the needs of infants and toddlers in their care. With a focus on development and windows of opportunity, both parent and child receive services to prevent re-occurring involvement in the child welfare system.

**Recommendations**

Infant mental health offers the opportunity to “go upstream” and stop the intergenerational cycle of child welfare. By promoting nurturing and stable relationships, maltreatment can be prevented in the first place. For abused or neglected children, periodic social emotional screening can identify emerging problems and address them with targeted supports provided when most effective and least costly. For those children who are diagnosed early with mental health issues, evidence-based interventions can repair relationships and address challenging behaviors before becoming more severe and “hard wired.” Incorporating an infant mental health approach of “promotion, prevention, and treatment” into child welfare offers the greatest opportunity for better long-term outcomes. Child welfare cannot do it alone; rather, the promotion of infant mental health has to be system wide across agencies from the pediatricians who examine young children to the judges who decide their fate. These recommendations, though not exhaustive, address the key state agencies’ roles in ensuring

*It is not just a social worker’s problem; nor a juvenile court judge’s problem; nor just a pediatrician’s problem; nor a school’s problem; it is all our problem.*

Vince Felitti, M.D. *Adverse Childhood Experiences (ACE) Study*

optimal outcomes for young children in the child welfare system, and building a truly integrated service delivery system based on the “right services, in the right amount, at the right time” to make sure that no child is really left behind.

### **Tier 1: Prevention**

1. Expand usage of Florida’s Title IV-E waiver to support families at risk for child maltreatment.
2. Link families from pregnancy until kindergarten with an array of parenting supports such as evidenced-based home visiting programs to prevent maltreatment.

### **Tier 2: Promotion**

3. Develop Early Steps eligibility criteria specific to children in the child welfare system and require referrals to Early Steps for all children under age three who are involved in a verified incident of abuse or neglect.
4. Create a public relations campaign to support families with babies.
5. System stakeholders (e.g. caseworkers; behavioral health and primary care providers; and childcare staff) should either screen, or ensure the child has been screened, for social and emotional problems using an appropriate screening tool and refer for services if warranted.
6. Strive to provide high quality childcare that promotes IMH in all contracted childcare settings.
7. Encourage Community-Based Care agencies (CBCs) and Early Learning Coalitions (ELCs) to place children in the child welfare system in high quality childcare settings, (e.g. a rating of 3 or above out of 7 on the Early Childhood Environmental Rating Scale).

### **Tier 3: Treatment**

8. Develop strategies for improving early identification, referral, and treatment of emerging mental health issues in young children.
9. Create infant mental health and Comprehensive Behavioral Health Assessment (CBHA) guidelines specific to children ages 0-5 years old for the Community Behavioral Health Services Coverage and Limitations Handbook and Specialized Therapeutic Services Coverage and Limitations Handbook.
10. Reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.
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12. Allow for more flexible and bundled funding for assessment, treatment, and early childhood mental health counseling and behavioral support consultation in childcare centers, community settings, after-care, and homes.
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14. The Department of Children and Families (DCF) Managing Entities and the Managed Medical Assistance (MMA) Child Welfare Health Plans should have the capacity to provide evidence-based services for infant and early childhood mental health in their networks.
15. Trauma-informed evidence-based practices should be expanded in the provider networks and utilized appropriately.
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17. Integrate a family treatment perspective through cooperative agreements between both the child and adult mental health systems to facilitate and coordinate mental health screenings, assessments, and services for the whole family.
18. The Department of Children and Families and all associated systems that serve child welfare families should explore steps to becoming trauma-informed and to develop a culture of seeing the child’s behavior as a cry for help. Rather than asking, “What’s wrong with you?” ask the question, “What’s happened to you?” (See [National Child Traumatic Stress Network](#) for definition of a trauma-informed child and family service system.)

## Training and Education

19. Provide training for all new and existing Medicaid managed care agencies on the importance of identifying and treating mental health disorders in children under age five.
20. Ensure system stakeholders (e.g., caseworkers; behavioral health and primary care providers; and childcare staff) are trained in IMH and the impact of trauma on parents, children, and the parent-child relationship.
21. Ensure VPK and Kindergarten teachers have an understanding of the impact of trauma on learning, executive functioning, and social emotional well-being.

## Summary

The field of infant mental health provides the roadmap on how to “go upstream” to stop the continuous flow of multigenerational maltreatment. The overwhelming need, the devastating effects of adversity, and the promising outcomes of innovative programs compel us to rethink our policies and to launch a new era that is committed to achieving substantially greater impacts and better outcomes than current efforts. Early adversity can be prevented or healed, in babies or adults. Intervention is likely to be more effective and less costly when it is provided earlier in life; however, even adults with extensive adversity have been able to turn their lives around once their early trauma was finally treated. Fortunately, a tiered approach of evidence-based practices can promote mental health and social emotional wellness for all children – targeted services to those who need more support and intensive services to those who need more specialized interventions. The potential impact for improvement is enormous. Prioritizing infant mental health with an urgent strategy for children and families who are coping daily with mental health challenges is wise policy for child welfare and society.

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