
Science tells us that the foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain.

Fast Facts:

- National data show that between 9.5% and 14.2% of children (birth to five) experience an emotional or behavioral disturbance.
- Black children represent 18% of preschool enrollment, but 48% of preschool children receiving more than one out-of school suspension; in comparison, white students represent 43% of preschool enrollment but 26% of preschool children receiving more than one out of school suspension.
- In Virginia, 19% of children, ages 0-5, enrolled in Medicaid had a behavioral health diagnosis in 2015, that is 51,185 children.
 - Approximately 8,500 children with a diagnosis received traditional/non-traditional behavioral health services.
- In most communities, mental health services for young children and their families are often limited, difficult to access, and there are relatively few well-trained professionals with expertise in early childhood mental health.
- Failing to address early childhood mental health disorders early in life increases the need for costly interventions across multiple state programs over the life of a child and into adulthood.

Virginia is focused on shaping our I-ECMH policy in the following three areas:

1. **Training the workforce on I-ECMH** to ensure all professionals working with young children and their families are equipped to identify early warning signs and connect families to support. These initiatives include social and emotional training through the CSEFEL Pyramid model and implementing competency standards through the Virginia Infant Mental health Endorsement system for professionals serving infants, young children and their families at-risk of or with I-ECMH disorders. The focus is on providers from different backgrounds—early care, home visiting, health care, mental health specialists and others.
2. **Researching options to improve Medicaid coverage and reimbursement for early childhood mental health services.** Zero to Three is providing intensive technical assistance to Virginia to identify and develop state strategies for aligning health care financing policy with IECMH practice.
3. **Building will for policy and legislative changes to reduce suspension and expulsions in preschool and the early grades.** A workgroup has been formed to discuss program guidance and legislation was introduced during the 2017 General Assembly session to reduce suspension and expulsion. While the legislation failed, more awareness is needed to build the case.

As we continue to shape ECMH policy in Virginia we should consider the following implications for our work:

1. We need to collect more data on early childhood mental health needs in Virginia. For example, how many children have diagnosed mental health issues? How many children are suspended or expelled for behavioral issues in preschool and the early grades. How are providers being reimbursed for early childhood mental health services? To collect this data we need to ensure that our state agencies are aware of the importance of children's mental health services and providers have the opportunity to share this data.
2. We should consider the linkages between early childhood mental health and efforts to improve the skills of early childhood caregivers across the state through the School Readiness Committee. We should also consider the linkages to the field of trauma-informed policy responses and connect early childhood mental health expertise to local and regional trauma-informed community networks (TICNs).
3. We know that the best practices for improving children's mental health involve working with the child and parent together to strengthen the attachment. We need more funding options and providers to cover these services. Research is needed on the capacity to expand these services and the skills needed to improve providers' competencies in this area.

We anticipate increasing attention to suspension and expulsion practices in early childhood settings in the coming year. Stakeholders working in the classroom, in program leadership roles, in clinical capacities and child advocates need to come together around solutions. State policymakers in Colorado, Maryland and Illinois have been tackling these issues and groundwork has already been laid in Virginia.

In coordination with Virginia Commonwealth University's Partnership for People with Disabilities, Voices has been a leader on a technical assistance grant from Zero to Three to help develop financing mechanisms for early childhood mental health services in Virginia.

***For more information or questions about data sources, contact:
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