

ACTION 4.10

Ensure that health insurance covers children's mental health by including language allowing payment based on a diagnostic system that reflects the developmental needs of young children, enables at least six initial visits when a diagnosis is uncertain, expands the definition of "medically necessary services" to include prevention, diagnosis and treatment, and require evidence-based approaches appropriate for infants, toddlers, and their families.

ADDRESS BARRIERS in HEALTH INSURANCE COVERAGE of Infant & Early Childhood Mental Health Services to **ENSURE ADEQUATE BENEFITS**

Various aspects of health insurance coverage for young children in North Carolina can limit their access to mental health services. Specific revisions to language, coding, definitions, and requirements will help to remove barriers, improve service delivery, and ensure that children who are in most need of mental health services can receive care during their most critical years of development.

Ensuring that health insurance appropriately covers children's mental health needs requires legislative specificity regarding the following: 1) Language allowing use of and payment based on a diagnostic system that reflects the developmental needs of young children (the DC:0-5, rather than the DSM-5), as well as training for practitioners in how to use that system, 2) Language allowing the use of non-specific diagnosis codes for at least six initial visits when a diagnosis is uncertain, or when the child has functional issues without a diagnosis, 3) A definition of "medically necessary services" to include prevention, diagnosis and treatment of infant and early childhood mental health concerns and conditions, and 4) A requirement for evidence-based approaches appropriate for infants, toddlers, and their families, such as treating families and young children together, and delivering infant and early childhood mental health services in primary care settings and home visits.

1 IN 6 U.S. CHILDREN

aged 2–8 years had a diagnosed mental, behavioral, or developmental disorder. Without access to mental health care, their challenges may escalate and create secondary challenges such as school failure and involvement in the justice system.

WHAT WE KNOW

Families seeking services for a child with mental health needs often have [more difficulty advocating for services through private insurance](#) than on Medicaid. This is due to an aspect of federal law that states that any state which accepts Medicaid funds to pay for services for people with disabilities is required to offer those services in the least restrictive environment possible. Most health insurance companies are required to provide mental health benefits, but there are no state or federal requirements that say that those offered by private companies must be equal to the benefits that Medicaid provides. This means that children with significant mental health needs are likely to have better access to comprehensive care if they have Medicaid, rather than private insurance.

Dive Into the Data

Data on this issue are urgently needed. There is currently no good source of information on the [number of young children who need and are receiving behavioral health care](#). However, research shows that [access to providers](#) who can conduct screening, referrals, and treatment varies by geographic location and demographic characteristics.

Explore other North Carolina early childhood data indicators on the [Pathways Data Dashboard](#).

WHAT WE NEED

[ZERO to THREE](#) is one of many organizations that have noted that the more commonly used frameworks for childhood mental health such as DSM-5 (APA, 2013) and ICD-11 (WHO, 2019) do not adequately describe early childhood psychopathology. Many early childhood professionals are advocating for increased use of [DC:0-5 as a diagnostic classification](#), as it provides a deeper understanding of the infant/young child's psychological, emotional, and relational development and experience within the context of family, community, and culture. The DC:0-5 approach to diagnosis is developmentally appropriate, relationship-based, contextually driven, and culturally sensitive.

HOW TO SUPPORT

Incorporation of the DC:0-5 classification approach into the training and expectations for mental health and allied professionals would improve professionals' ability to identify mental health challenges early in life. Early interventions that are developmentally appropriate and relational can mitigate long-term distress and impairment.

When infants and very young children experience adverse and traumatic experiences, those experiences can have lasting negative impacts on their mental health and well-being. When very young children exhibit symptoms of mental health distress, timely access to behavioral care can ensure that treatable challenges do not become debilitating disorders.

INITIATIVES WORKING IN THIS AREA



[Child First](#) is an evidenced-based mental health program in eastern North Carolina that helps struggling families build strong, nurturing relationships that heal and protect young children from the impact of trauma and chronic stress. With Medicaid transformation, Child First will address barriers to insurance coverage through an EPSDT service definition, which will promote the use of the DC:0-5 as the diagnostic classification system that reflects the developmental needs of children birth through five. This approach allows children with non-specific diagnostic codes to be eligible for services, providing “medically necessary services” including prevention and treatment of mental health concerns and conditions.



[Sistas Caring 4 Sistas](#) (SC4S) is a community-based doula program committed to birth equity, social justice, and reducing health disparities for women and infants of color. Each Certified Doula has training in Childbirth Education, Lactation Education, Triple P Parenting Education, Extended postpartum care, as well as Peer Support Certification for women who have mental health and/or substance use challenges. They recognize the importance of community-based organizations in developing policy to expand doula services to support communities and young children and mothers in need.

Visit the [Pathways Action Map](#) to learn more about these and other initiatives leading efforts in this area.