

California Statewide Screening Collaborative Issue Brief #2: Barriers to Accessing Infant Family & Early Childhood Mental Health Services and Resources

Even when very young children are screened and identified with significant behavioral or trauma concerns, families may not be able to access the specialized mental health services and resources necessary to meet the needs of infants, toddlers, and preschoolers. A comprehensive policy response to behavioral and trauma concerns should provide accessible resources for families and young children.¹

Limited Access to Services and Resources Across California

About three in four children with special health care needs under the age of three do not receive the early intervention services from which they could benefit.² Despite increasing needs, the percent of children in California receiving Specialty Mental Health Services (SMHS) has steadily declined from 2010 to 2016 in more than half of California's counties.³ Among children enrolled in Medi-Cal between 2016-2017, state access rates for "five or more visits" for Specialty Mental Health Services has decreased from 3.7% to 3.1%.⁴ According to a 2017 Survey of Pediatricians' in Northern and Central California⁵:

- Only 13% of their patients experience appropriate access to mental health services most of the time.
- Among pediatricians with 50% or more Medi-Cal patients, only 8.1% report appropriate access to mental health services most of the time.

Critically, very young children require specialized mental health supports delivered by highly qualified providers well trained in serving children under age three. There is a high need for such specialists across the country, and despite significant efforts to provide specialty training and endorse well qualified providers, many counties in California have few or no Infant-Family and Early Childhood Mental Health (IFECMH) specialists.

Strategic policy and budget decisions should be made to ensure access to effective early services and supports for all children.

¹ Murphey, D., & Bartlett, J. D. (2019). Childhood adversity screenings are just one part of an effective policy response to childhood trauma (Rep.). Retrieved September 1, 2019.

² <https://www.childrennow.org/2019-developmental-screenings/>

³ Boyd-Barrett, Claudia. "For Low-Income Children, Access to Mental Health Care Varies Sharply by County." *California Health Report*, California Health Report, 20 Aug. 2018, www.calhealthreport.org/2018/08/13/low-income-children-access-mental-health-care-varies-sharply-county/.

⁴ Boyd-Barrett, Claudia. "Few Low-Income Children Get Mental Health Care in California, Despite Need." *California Health Report*, California Health Report, 29 July 2018, www.calhealthreport.org/2018/07/18/low-income-children-get-mental-health-care-california-despite-need/.

⁵ Dooley, Diane. "Mental Health Services for Children and Adolescents."

Barriers and Strategies to Accessing Services and Resources

Barriers	Strategies
Family difficulty in articulating concerns to providers	Provide parents with tip sheets on communicating concerns to providers
Access issues such as language differences, literacy issues, or transportation challenges preventing screening and/or follow-up	Culturally sensitive systems navigators paired with each family to address their specific challenges and develop a plan to address their concerns
Lack of services (or perceived lack of services) in communities	More funding and training to increase community services and supports
Long wait times and lack of support to help families navigate referrals and other services	Systems navigators to support families in navigating referrals and other services
Lack of health care provider capacity to manage complex child and family mental health problems	Cross-agency collaborations and consultation to support health care providers in managing complex child and family mental health problems
Uneven distribution of birth to 5 mental health providers across the state	Build workforce capacity for birth to 5 mental health providers through compensation programs (e.g., loan forgiveness programs, higher pay). Fund infant-family and early childhood mental health provider trainings to increase number of trained providers throughout California
Lack of available birth to 5 mental health providers, particularly to serve MediCal populations in county agencies	
Stigma and fear associated with mental health and certain disabilities	Develop and implement culturally diverse educational programs in communities to change attitudes regarding mental health and disabilities

For more information, please visit <http://www.cascreenbto5.org/resources/>