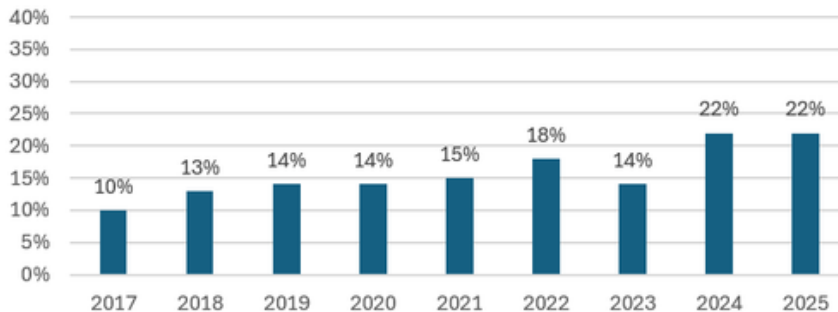


Supporting the Mental Health of Babies and Young Children In Rhode Island

Despite the increase in national conversations about mental health, early childhood mental health has been largely ignored or misunderstood. With increased understanding, we can do more to help very young children and their families build a solid foundation and support them when they face mental health challenges.

As a baby grows through infancy, toddlerhood and the preschool years, each experience -- positive or negative -- becomes a building block for their future wellness and mental health. Mental health conditions can be identified even in young children. In 2025, more than one in five (22%) children under age six who were enrolled in Rhode Island's Medicaid program were recognized to have a Serious Emotional Disturbance that limited their ability to function at home, school, or in the community, up from 10% in 2017. This increase is likely due to a combination of increased family and community stress and an increase in awareness about the mental health challenges of infants and young children.

Percentage of Rhode Island children (0-5) enrolled in Medicaid with Serious Emotional Disturbance



Best Practices for Addressing Early Childhood Mental Health

Best practices for addressing early childhood mental health include using appropriate assessment tools and allowing for sufficient time to make a diagnosis in the appropriate setting, as well as ensuring appropriate treatment.

SOURCE: RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES, MMIS DATABASE, 2017-2025

Diagnosis

The DC 0-5 tool is the only developmentally based diagnostic system for appropriate mental health assessment of children under age six. As of 2023, 15 states (Alaska, Arkansas, Colorado, Georgia, Idaho, Massachusetts, Maine, Michigan, Minnesota, Montana, New Mexico, Oklahoma, Oregon, Washington, and West Virginia) recommend or require its use for diagnosis of mental health challenges in infants and young children. States like Rhode Island need to build and support the children's mental health clinical workforce capacity to use the DC: 0-5 before they can issue a recommendation or requirement.

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Diagnostic Assessment

An accurate understanding of a young child's relationships and behaviors is needed to inform diagnosis and treatment plans and often requires a mental health clinician to meet with a child and their caregiver(s) over multiple visits in a variety of settings (e.g., mom's place, auntie's place, dad's place, child care program). As of 2023, Rhode Island was one of only 5 states (Alaska, Connecticut, Hawaii, and North Carolina) that limit Medicaid coverage for diagnostic assessment to one visit. Thirty-four states allow two or more visits, with 20 states allowing as many visits as needed for diagnostic assessment of young children.

Evidence-Based Dyadic Treatment Models

Several evidence-based, parent-child dyadic treatment models have been shown to improve the mental health of very young children by strengthening the parent-child relationship. These therapeutic treatment models engage the parent and infant/young child together to promote responsive interactions that build a healthy, nurturing parent-child relationship. As of 2023, there were 21 states that recommend or require the use of an evidence-based early childhood mental health dyadic treatment model with children under age six. States like Rhode Island need to build the capacity of mental health clinicians and the availability of therapy before recommending or requiring evidence-based treatment. These dyadic therapy models and the states that specify the model as an evidence-based mental health treatment for young children include:

- Child-Parent Psychotherapy (CPP): AR, AZ, GA, ID, LA, MA, MI, MN, MT, OR, SC, TN, VT, WA, and WV
- Parent-Child Interaction Therapy (PCIT): AR, AZ, DC, IA, ID, LA, ME, MN, MT, OR, PA, SC, TN, VT, WA, and WV
- Attachment and Biobehavioral Catch-Up (ABC): AZ, DC, ID, MA, MN, SC, TN, WA, WV

Supporting the Mental Health of Babies and Young Children In Rhode Island



Strengthening Access to High-Quality Mental Health Services for Young Children in Rhode Island

In 2023, the Rhode Island Infant and Early Childhood Mental Health Taskforce issued a plan with 10 recommendations to address and improve the mental health of Rhode Island's youngest children.

Through **Project SUCCESS**, Bradley Hospital offers Infant and Early Childhood Mental Health consultation to early care and education programs statewide. The program works to help staff, programs and families prevent, identify, and address social, emotional, and behavioral needs of young children under age six.

Rhode Island offers several evidence-based group parenting programs proven to promote young children's social-emotional development and improve infant and early childhood mental health. As of 2023, these evidence-based group parenting models include: **Circle of Security, Incredible Years, and Triple P.**

In early 2026, the Rhode Island Association for Infant Mental Health (RIAIMH) offered a 12-hour clinical training to about 50 mental health clinicians and allied professionals on how to use the **DC:0-5 diagnostic framework**. RIAIMH is now actively working to support the integration of this framework into Rhode Island's infant and early childhood mental health system.

RIAIMH also supports professionals in Rhode Island to earn an **Infant and Early Childhood Mental Health Endorsement®**, an internationally recognized credential used to demonstrate specialized knowledge and skills in the infant/early childhood mental health field. As of 2026, there are 80 individuals in Rhode Island who have earned endorsement and of these, 7 have earned the clinical mentor endorsement.

A small but growing number of Rhode Island clinicians are now trained and implementing the **Parent-Child Interaction Therapy model**, an evidence-based behavioral intervention for children ages two through seven who struggle with severe tantrums, aggression, or defiance.

The **Rhode Island PediPRN program** is a free teleconsultation program designed to help pediatric primary care professionals and mental health specialists assess, manage and plan treatment for children, including early childhood mental health issues.

Supporting the Mental Health of Babies and Young Children In Rhode Island



Recommendations and Next Steps

- **Increase Awareness**
 - Increase awareness of the prevalence of infant and early childhood mental health needs and how mental health clinicians and allied professionals can integrate early childhood mental health best practices into their work.
- **Build Expertise & Clinical Capacity**
 - Provide regular clinical trainings, ongoing support, and reflective consultation to the mental health workforce to use the DC:0-5 as the diagnostic framework for young children under age 6.
 - Train clinicians to implement evidence-based dyadic therapy models proven to improve mental health outcomes for babies and young children.
 - Develop and offer clinical early childhood mental health learning collaboratives to help clinicians integrate new tools and therapies into their practices, building confidence and expertise.
- **Implement State Policies to Support Best Practices**
 - Adopt a DC:0-5 billing crosswalk so clinicians using the best practice framework can efficiently bill for services.
 - Update Medicaid policies to allow for at least three clinical visits before diagnosis so clinicians can connect with all key caregivers in natural environments and understand the context of each relationship.
 - When the clinical workforce capacity has improved, recommend and incentivize the use of the DC: 0-5 as the best practice diagnostic framework for young children under age 6 with mental health challenges.
 - When the availability of evidence-based dyadic treatment models for young children has improved, recommend and incentivize the use of best practice dyadic therapies as well as evidence-based group parenting programs.

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