



## COMMONWEALTH of VIRGINIA

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January 13, 2025

To: The Honorable Glenn Youngkin, Governor of Virginia  
The Honorable Louis L. Lucas, Chair, Senate Finance Committee  
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

CC: Janet V. Kelly, Secretary, Health and Human Resources

RE: House Bill 1760 Infant and Early Childhood Mental Health Act Report

This report is submitted in response to House Bill 1760 (Chap. 549, 2025), which directed the Department of Behavioral Health and Developmental Services and the Department of Education to convene a work group of relevant stakeholders, including Department of Education employees focused on school readiness, representatives of the Medical Society of Virginia, representatives of Training and Technical Assistance Centers as deemed appropriate, and any other appropriate stakeholders to develop a plan to:

- (i) create a mental health screening and assessment tool to assist with early identification of mental health issues for children in early childhood care and education settings that focuses on early detection, intervention, and support for emotional and behavioral challenges in children five years of age or younger and*
- (ii) provide mental health consultation resources and training to early childhood education providers, pediatric health providers, and families. The work group shall report its findings and recommendations to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1, 2025.*

In accordance with this item, please find enclosed the report for House Bill 1760. Staff are available should you wish to discuss this report.



# **Infant and Early Childhood Mental Health Act**

## **(House Bill 1760; Chapter 549, 2025)**

**November 1, 2025**

***DBHDS Vision: A Life of Possibilities for All Virginians***

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## Preface

This report is submitted in response to House Bill 1760 (Chap. 594, 2025), which directed the Department of Behavioral Health and Developmental Services and the Department of Education to convene a work group of relevant stakeholders, including Department of Education employees focused on school readiness, representatives of the Medical Society of Virginia, representatives of Training and Technical Assistance Centers as deemed appropriate, and any other appropriate stakeholders to develop a plan to:

- (i) create a mental health screening and assessment tool to assist with early identification of mental health issues for children in early childhood care and education settings that focuses on early detection, intervention, and support for emotional and behavioral challenges in children five years of age or younger and*
- (ii) provide mental health consultation resources and training to early childhood education providers, pediatric health providers, and families. The work group shall report its findings and recommendations to the Chairs of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations by November 1, 2025.*

The bill is intended to ensure early identification of and support to children five and under who may have mental health challenges, but are currently not being identified, or are under identified, and to create mental health consultation resources and training for early childhood education providers, pediatric health care providers, and families.

# **House Bill 1760**

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# Executive Summary

House Bill 1760 (2025) directed the Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Education (VDOE) to develop recommendations to strengthen early identification and support for the social-emotional and mental health needs of young children. The effort focused on improving screening and assessment practices, expanding consultation and training resources for providers and families, and identifying strategies to build a coordinated statewide system of care.

Virginia has several well-established programs that address these goals, including the Early Intervention (Part C) system, the Virginia Mental Health Access Program (VMAP), and the Infant and Toddler Specialist Network (ITSN). In addition, validated screening and assessment tools are already in use and compiled in the *Social-Emotional Screening and Assessment Toolkit* developed by DBHDS' Infant and Toddler Connection of Virginia (ITCVA). Rather than creating new instruments, the priority identified was to ensure consistency in when and how these tools are applied and how results inform next steps for children and families.

A central finding was the need for better coordination across early childhood, education, health, and behavioral health systems. Technology solutions that allow for shared data, unified referral tracking, and improved family navigation were seen as essential to reducing duplication and delays in care.

The workgroup also identified workforce shortages as a significant barrier to access. Many communities lack trained providers with the expertise to address the social-emotional needs of infants and young children. Low reimbursement rates, limited cross-sector training opportunities, and high caseloads all contribute to this gap. Participants emphasized the need for sustainable funding to expand training, consultation, and professional development, along with a centralized resource to connect families and providers with timely support.

The recommendations that follow build on Virginia's existing strengths and focus on greater system alignment, workforce development, and centralized coordination. Together, these strategies will help ensure that every child in Virginia has access to early, effective, and equitable mental health support during the most critical years of development.

## Introduction

DBHDS and VDOE convened a workgroup comprised of relevant early childhood stakeholders to develop recommendations pursuant to House Bill 1760. Various programs provided by state and local agencies provide services to families and consultation and training to providers for children 0 to 5 with emotional and behavioral challenges.

DBHDS currently funds the Virginia Mental Health Access Program (VMAP), operated through the Medical Society of Virginia (MSV), to support pediatricians engaging children in behavioral health care. VMAP provides consultation and training for pediatricians serving this population.

In addition, any infant or toddler in Virginia who isn't developing as expected or who has a medical condition that can delay typical development is eligible to receive early intervention supports and services under Part C of the Individuals with Disabilities Education Act (IDEA). Virginia's Part C Early Intervention provides a full range of services for infants and toddlers with developmental delays or disabilities and their families. Services aim to provide formal and informal support to meet the outcomes identified by families for their children. Virginia's Part C Early Intervention supports and services are accessible to families through the Infant and Toddler Connection of Virginia (ITCVA). ITCVA also publishes screening and assessment tool kits and resources for providers <sup>1</sup>.

VDOE currently leads several initiatives that aim to support families and providers with children ages 0 to 5 in supporting emotional and behavioral challenges. One such program is the Virginia Kindergarten Readiness Program (VKRP), a multi-year, standards-aligned screening system that measures 4 key areas of readiness: literacy, mathematics, self-regulation, and social skills for publicly funded kindergarten and preschool age children. The VKRP includes the Child Behavior Rating Scale (CBRS), which provides teachers with critical information about children self-regulation, social skills, and teacher reports of mental health and wellbeing to inform social-emotional skills building for preschool-aged children. Through the VKRP, educators and families receive individualized reporting and strategies to respond to the identified needs of children, including those related to self-regulation and social skills.

The VDOE also supports two improvement partners that have a specified focus on supporting social-emotional development and behavioral challenges. The Infant Toddler Specialist Network (ITSN) is a coaching partner that provides professional development, training, technical assistance, consultation, and coaching to eligible site leaders and teachers serving infants and toddlers. Virginia Early Childhood Consultation (VECC) is Virginia's service to support sites with the lowest quality rating to improve interactions and use of curriculum. Both ITSN and VECC include consultation services to support educators and families to build positive social-emotional skills and reduce exclusionary discipline practices for children exhibiting challenging behavior.

In 2020, the General Assembly passed House Joint Resolution 51<sup>2</sup>, which directed the Department of Education in collaboration with the Departments of Behavioral Health and Developmental Services and Social Services to study the feasibility of developing an early childhood mental health consultation program available to all early care and education programs serving children from birth to five years of age. Reports are published on the Virginia Legislative Information Services webpage, and a summary of outcomes was presented to the workgroup.

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<sup>1</sup> Virginia's Social-Emotional Related Factors Screening and Assessment Toolkit: <https://itcva.online/wp-content/uploads/Practitioners/Practices/SE/Virginias-Social-Emotional-Related-Factors-Screening-and-Assessment-Toolkit-2024-08.docx>

At-A-Glance Virginia's Recommended Socia-Emotional Screening and Assessment Tools:  
<https://itcva.online/wp-content/uploads/Practitioners/Practices/SE/Social-Emotional-Screening-and-Assessment-Toolkit-2024-08.docx>

Virginia's Social Emotional Related Factors Screening & Assessment Guidance Document:  
<https://itcva.online/wp-content/uploads/2025/01/Related-Factors-Guiding-Questions-2025-01-1.docx>

<sup>2</sup> 2020 House Joint Resolution 51 (HJR 51, 2020) Feasibility Study of Developing an Early Childhood Mental Health Consultation Program: <https://rga.lis.virginia.gov/Published/2021/HD3>.

2021 House Joint Resolution 51 (HJR 51, 2020) Feasibility Study of Developing an Early Childhood Mental Health Consultation Program: Status Report: <https://rga.lis.virginia.gov/Published/2021/RD497>.

## Summary of Workgroup Activities

The workgroup met four times over the course of three months. Each meeting included informational presentations and guided discussions designed to inform decision making and shape the recommendations in this report. The group examined programs, initiatives, and models that illustrate how Virginia and other states are working to identify and support the social-emotional and mental health needs of young children.

In Virginia, members reviewed a range of efforts that together form the foundation of the Commonwealth's early childhood mental health system. These included the Early Childhood Mental Health Consultation (ECMHC) pilot, the Early Intervention system administered through local lead agencies, and the Infant and Toddler Behavior Consultation and Infant Toddler Specialist Network programs that provide on-site coaching and technical assistance in early care settings. The group also examined the Virginia Mental Health Access Program (VMAP), which connects pediatric and perinatal providers to behavioral health consultation and training; the state's Social-Emotional Screening and Assessment Toolkit; and ongoing research by Virginia Commonwealth University on the current use of developmental and social-emotional screening tools.

To better understand how other states organize and coordinate these efforts, the group also reviewed national models such as Washington State's *Strong Start* and *Help Me Grow* systems. These initiatives integrate developmental screening, referral, and navigation through shared data platforms that link health, education, and family support providers. They serve as examples of how technology and cross-sector coordination can increase screening rates, reduce duplication, and strengthen family connections to needed services.

Discussions throughout the workgroup process focused on how to build on Virginia's existing programs to improve coordination, reduce fragmentation, and ensure consistent access to high-quality early childhood mental health supports. Members emphasized the importance of early identification and a strong referral system, a well-trained and adequately reimbursed workforce, and the use of data systems that allow agencies and providers to track outcomes and share information responsibly.

Across all meetings, participants recognized that Virginia's early childhood system includes many strong components but that these efforts operate largely in isolation. Greater alignment across education, health, and behavioral health sectors would improve access for families, strengthen the workforce, and support healthier social-emotional development for young children statewide.

### Key Takeaways from Workgroup Discussion

Based on the information shared during presentations and their own experience in Virginia's early childhood system, workgroup members identified a number of key points to consider in identifying final recommendations.

### ***Social-emotional screening and assessment tools***

There was consensus among workgroup members that there is not a need to create screening or assessment tools. These tools exist, are widely available and are used in many parts of the early childhood system. However, across early childhood-serving programs and providers, there is inconsistency in when, how often and by whom these screenings and assessments are conducted and what follow-up occurs. Further, there is a lack of coordination and collaboration across programs and providers that results in duplication of effort, missed opportunities for referral and connection to resources, and a lack of follow-up to ensure young children and families receive the supports and services they need in a timely manner.

### ***Early childhood mental health consultation training and resources***

Workgroup members consistently noted concerns about an insufficient number of trained providers to address infant and early childhood mental health needs once children are identified through screening and assessment. Barriers to attracting and retaining a trained workforce include low public and private insurance reimbursement rates, challenges in obtaining service authorizations for mental health services for young children, training costs without a payment source, and high caseloads that make it challenging to participate in training. Mental health consultation and training are available in some sectors of the early childhood system to some providers (e.g., medical providers, some childcare providers). However, this type of systematic consultation, training and resources is not available to others who serve young children, like early intervention providers, home visitors and other early care and education providers. The lack of a centralized point of contact for information, support and referral for families who have questions or concerns about their young child's mental health was also noted by workgroup members.

Building on these discussions and the programs reviewed, the workgroup developed a series of recommendations aimed at strengthening Virginia's capacity to identify, support, and coordinate services for young children with social-emotional and mental health needs.

## **Workgroup Recommendations**

The following recommendations were supported by the workgroup to address the identified needs for improved coordination of screening, assessment and referral and early childhood mental health consultation training and resources.

### ***Social-emotional screening and assessment tools***

- Request funding for DBHDS to complete a landscape analysis of existing family navigation resources to develop a plan and identify necessary resources needed to create a centralized point of contact for supporting families of children birth to five with emotional and behavioral challenges and connecting them to services. As a component of this scope of work, technology for centralization of a referral process could be explored. Increased centralization could reduce duplication of screenings/assessments, improve connection to appropriate supports and services, and allow providers to track the referrals that they make.

- Identify resources to expand previous landscape analysis to better understand expertise in infant and early childhood mental health training experiences/ needs and use of screening and assessment tools in Virginia, including 1) publicly funded sites, 2) home visiting programs, 3) medical/ pediatricians.

### ***Early childhood mental health consultation training and resources***

- Seek resources and approval to shift DBHDS infant and early childhood mental health coordinator position from federal grant funding to state funding to support long-term stability in the position and ensure coordination and statewide awareness of new and existing programs and resources that support children birth to five with emotional and behavioral challenges and their families.
- Request potential funding for DBHDS to support connection to and financial resources for professional development and cross sector training for early childhood education providers, early intervention providers, home visitors and health care providers, and families to support children birth to five with emotional and behavioral challenges (e.g., develop a training finder, funding to increase the number of PD and training offerings, funding to support provider and family participation, etc.)
- Identify resources needed to complete a landscape analysis of the Virginia mental health workforce capacity for supporting the infant and early childhood population and identify options for expanding workforce capacity with a focus on how the services are funded and billed through health insurance.

## **Conclusion**

The HB1760 Workgroup reaffirmed Virginia’s strong foundation for supporting the social-emotional and mental health needs of young children through existing early intervention, education, and consultation programs. However, discussions also highlighted critical gaps that limit the effectiveness and reach of these efforts. Inconsistent screening and referral practices, workforce shortages, limited cross-sector coordination, and insufficient data-sharing infrastructure all reduce the system’s ability to respond quickly and comprehensively to the needs of children and families.

The recommendations outlined in this report are intended to strengthen statewide alignment across agencies, expand workforce capacity, and create sustainable pathways for training, consultation, and family navigation. By building on proven programs already in place and addressing barriers to access and coordination, Virginia can advance a more unified and effective system of early identification and support.

Early and coordinated attention to infant and early childhood mental health yields measurable long-term benefits for children, families, and communities. Continued investment in this work will help ensure that every child in Virginia has the opportunity to thrive emotionally, socially, and developmentally from the earliest years of life.

## Appendix

Organizations Represented in the HB1760 Workgroup
Medical Society of Virginia
VCU Health Systems
VCU Partnership for People with Disabilities Early Childhood Mental Health (ECMH) Initiative
VCU Early Intervention Professional Development Center
Early Impact Virginia
Virginia Department of Health (VDH)
University of Virginia
Carilion Clinic (VMAP Partner)
Child Development Resources (CDR) / Infant Toddler Connection of Virginia (ITCVA)
Commonwealth Children's Services
Fairfax Infant and Toddler Connection Early Intervention
Rappahannock Area Community Services Board (CSB) Early Intervention
George Mason University Training and Technical Assistance Center (TTAC)
Department of Behavioral Health and Developmental Services (DBHDS)
Virginia Department of Education (VDOE)
Department of Medical Assistance Services (DMAS)

## Additional Resources

House Joint Resolution 51 (HJR 51, 2020) 2020 Feasibility Study of Developing an Early Childhood Mental Health Consultation Program: <https://rga.lis.virginia.gov/Published/2021/HD3>.

House Joint Resolution 51 (HJR 51, 2020) 2021 Feasibility Study of Developing an Early Childhood Mental Health Consultation Program: Status Report: <https://rga.lis.virginia.gov/Published/2021/RD497>.

Virginia's Social-Emotional Related Factors Screening and Assessment Toolkit: <https://itcva.online/wp-content/uploads/Practitioners/Practices/SE/Virginias-Social-Emotional-Related-Factors-Screening-and-Assessment-Toolkit-2024-08.docx>

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Virginia's Social Emotional Related Factors Screening & Assessment Guidance Document: <https://itcva.online/wp-content/uploads/2025/01/Related-Factors-Guiding-Questions-2025-01-1.docx>  
Zero to Three. Infant and Early Childhood Mental Health (IECMH) Policy. <https://www.zerotothree.org/resource/infant-and-early-childhood-mental-health-iecmh-policy/>.

Zero to Three (2016) Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children. <https://www.zerotothree.org/wp-content/uploads/2017/01/IECMH-Consultation-Brief.pdf>.

Zero to Three (2017) Infant and Early Childhood Mental Health Consultation: A Briefing Paper. [Infant-and-Early-Childhood-Mental-Health-Consultation -A-Briefing-Paper.pdf](https://www.zerotothree.org/resource/infant-and-early-childhood-mental-health-consultation-a-briefing-paper.pdf).