

A close-up photograph of a young child's face, showing their eyes, nose, and open mouth with a joyful expression. The child has dark skin and is wearing a red and white striped shirt. The image is framed by geometric shapes: a dark blue triangle in the top left, a light blue triangle in the bottom right, and a dark blue triangle in the bottom left.

ACCELERATING STATEWIDE CHANGE:

Advancing Infant and Early
Childhood Mental Health in
State and Local Systems

June 2021

OVERVIEW

Infant and early childhood mental health (IECMH) is the foundation for all future development. IECMH refers to a child's social and emotional development and is interconnected with the holistic health and overall well-being of the developing child. For young children, social-emotional development is influenced by all the adults and community members in their lives. Therefore, IECMH is enacted within multiple settings, sectors, and systems designed to support young children and their families, including health care, early care and education, early intervention, child welfare, and more.¹ The transdisciplinary nature of IECMH creates a significant layer of complexity. The provision of mental health services does not live within one system, but involves a broad network of systems of care that provide a continuum of social-emotional supports.

Infant and Early Childhood Mental Health The foundation of all future development

Everyone who touches the life of a child can promote social and emotional well-being

Social and emotional development, or **infant and early childhood mental health**, is the developing capacity of a child from birth to 5 years old to...



Form close and secure adult and peer relationships...



Experience, manage and express a full range of emotions...



Explore the environment and learn...

...all in the context of family, community, and culture.



*Source: Zero to Three - How to Talk about Infant and Early Childhood Mental Health

This decentralized structure often contributes to uncoordinated and misaligned experiences with service delivery. Moreover, fragmentation has the most pronounced negative impact on children and families who have historically lacked access to IECMH services and supports, including BIPOC (Black, Indigenous, and people of color) families, those who have immigrated to Washington, non-English speakers, and families in rural communities. While providers and state leaders recognize the value of multiple settings offering a variety of supports, there is a clear need to create a coordinated approach to IECMH to benefit young children and families.

This issue brief highlights key findings from the Washington landscape in order to build and sustain an effective network of IECMH supports. This includes a specific focus on three levers that can be powerful drivers of statewide change: (1) leadership, policy and advocacy; (2) funding; and (3) data and research. The brief features the voices of Washington's systems leaders, advocates, policymakers, researchers, and other stakeholders, sharing their own experiences and reflections regarding advancing these levers as part of important cross-systems coordination, integration, and quality improvement efforts for IECMH. Finally, this issue brief provides recommendations that the state can use to continue to strengthen this work to promote social-emotional well-being and lead to more equitable outcomes for Washington's youngest children and their families.

LEADERSHIP, POLICY, AND ADVOCACY

Effective policy development and aligned advocacy are central to ensuring high-quality IECMH services are accessible to all children and families. Advancing IECMH policies, however, is not without challenges, requiring strong, coordinated leadership inside and outside of government to ensure IECMH issues receive attention and resources on a sustained basis. Moreover, while a range of studies provide evidence to support IECMH as critical to lifelong health and well-being, state decision-makers often are not familiar with this research. Overall, while a growing number of stakeholders in Washington are focused on the importance of investing in the early years, there is a need for a strong policy and advocacy agenda that elevates IECMH and centers the social-emotional needs of babies and their families.

There are opportunities to strengthen the leadership and integration of IECMH within state and local structures guiding child- and family-serving programs.

Driving a statewide IECMH strategy depends on those in decision-making power to develop policies, make programmatic and funding recommendations, manage implementation, and monitor progress. Across the various systems of care that involve IECMH in Washington, there are a range of state and local leaders working on social-emotional service provision. Cross-agency collaboration is thus critical to integrate and prioritize IECMH policies, coordination, and accountability across otherwise siloed state and local entities.²

At the state level, the newly established Department of Children, Youth, and Families (DCYF) brought together the Children's Administration and the Office of Juvenile Justice within the Department of Social and Health Services and all programs within the Department of Early Learning. Stakeholders recognize the value of DCYF and its potential to impact IECMH, particularly through improving integration and coordination between newly consolidated programs. Cross-agency leadership teams have also been established to enhance communication and alignment. For example, the Children's Interagency

Action Team, composed of secretaries from five state agencies (DCYF, the Department of Social and Health Services, the Washington State Office of Superintendent of Public Instruction, the Washington State Department of Corrections, and the Washington State Department of Commerce), was formed to address how services in each agency are impacting young children.

Local coordinating councils across the state are another important source of alignment and collaboration. Like the Washington Communities for Children (highlighted in the Bright Spot below), these coalitions bring together multiple service providers across systems to address issues impacting the well-being of young children and families. Where such councils exist, local stakeholders see these bodies as valuable assets to both families and service providers, which could be leveraged to promote IECMH. However, local stakeholders also recognize the challenges inherent in attempting to mobilize multiple agencies to work together without designated leadership or support for building infrastructure.

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[There are] lots of different efforts that have a shared commitment and a belief that if we really lift up infant and early childhood mental health, we're going to be making really big impact for families and generations. So the moment is here and there's a lot of great invested champions who are willing to do the long haul work to grow it.

- Government agency leader

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I think it takes focus. I think it takes coordination. I think it takes leadership ... I don't think you can do system building without that, some place where people are coming together and seeing it's not our sole responsibility as an agency. It is this collective thing that has multiple facets. So, we all need to be working together and understanding what each other does.

- Community stakeholder

As this work advances, Washington's state and community leaders identify similar challenges:

- **The need for an increased focus specifically on the youngest children and their mental health.** While many of the leadership structures and coordinating bodies may have an early childhood focus, IECMH and the unique needs of infants and toddlers are not often key priorities. Stakeholders note that there is often a lack of understanding of the importance of addressing mental health issues when children are very young and the benefits of scaling up promising models and approaches in the early years to eliminate costly interventions later.
- **The need to improve IECMH connections to a wider range of family- and community-centered efforts to support well-being.** Efforts designed to improve IECMH will require prioritizing and deploying resources in ways that intentionally link young children and families to a range of social services. For example, stakeholders shared the need to address economic hardship, such as with housing and workforce development, that have a direct impact on the health and mental health of young children and their families. This points to the importance of further advancing approaches to cross-system collaboration that address family needs and other societal factors.
- **Incorporate IECMH consistently as part of broader efforts to address inequitable systems.** Efforts to integrate IECMH into a range of existing systems must not build upon constructs and policies that perpetuate inequities and disparities. Current systems have been created in ways that do not provide equitable opportunities for all young children and families and in many cases have intentionally been designed to oppress BIPOC communities. Washington stakeholders are calling upon statewide and local leaders to leverage this work to drive the creation of more equitable systems. This means those in current leadership—whether in state government, local coalitions, or service system provision—must reflect the diversity of infants and families furthest from equity. This effort will require that statewide decision-making tables and subsequent actions are informed by the wisdom and experiences of range of voices that reflect the full diversity of Washington's young children, families, providers and communities.

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When you talk about infant mental health, it sounds like it's a healthcare issue. It's very narrowly and therapeutically described rather than being about whole families [and having] their needs met so they have the ability to do the care and nurturing they need to be able to nurture that little brain. It is about housing, it is about financial security, it is about adult health and wellness including social-emotional health and wellness.

- Provider

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The biggest concern with the whole movement is that it feels like we're creating another system that is a reflection of existing systems in our community. We're just doing the same thing now for infants... We're continuing to just not hold honest conversations about what are we doing for parents and how we support parents in our community.

- Provider

Overall, efforts at both the state and local level affirm the importance and need for additional support to advance opportunities within state and local leadership to strengthen integration of IECMH into a comprehensive network of supports for young children and families.

Washington Bright Spot Washington Communities for Children



Washington Communities for Children (WCFC) is a network of coalitions dedicated to connecting local and statewide efforts to improve the well-being of children, families, and communities. Ten WCFC regions across the state have established relationships with multiple organizations and individuals. Partnerships have been established with early learning providers, social service agencies, early intervention services, child welfare organizations, libraries, juvenile courts, school districts, public health agencies, higher education, and families, among others. A policy and advocacy agenda is grounded in the principles that investments must be made early, supporting and engaging families is key, and work must be focused at the community level. This coalition of coalitions represents an opportunity to more fully integrate a focus on IECMH into its work.

There are opportunities for more advocacy and public education to advance IECMH.

In addition to building leadership and identifying champions inside government, it is just as important to have a cadre of informed spokespeople and advocates outside government who can educate policymakers, influence decision-making, and build public awareness.³ While Washington is home to a number of well-organized and influential legislature-appointed committees, working groups, and advocacy tables focused on young children and families, there is room to build awareness of the importance of IECMH. The work of the various groups has primarily been focused on discrete service area issues, such as early care and education, child welfare, or home visiting. A stronger inclusion of IECMH into these efforts could go a long way to deepen understanding and advance policies designed to address social-emotional well-being. Moreover, policymakers and other state leaders are often unaware of the research on the importance of promoting caregiving relationships and the evidence base for prevention and treatment with mental health in the early years. Overall, stakeholders recognize the need to integrate IECMH into other ongoing advocacy work and to support efforts to launch broad-based public awareness campaigns, and stakeholders are calling for the inclusion of more diverse voices in building a case for the importance of IECMH policies.

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I think the tricky thing is that infant and early childhood mental health is an umbrella field overarching several other fields. And so that's a concept that tricky for people to grapple with. I think we've talked a lot about how there's so many misunderstandings about infant and early childhood mental health and what we mean by that, and the fact that it is much broader than just clinical mental health, that it does encompass these other promotion and prevention fields in addition to intervention.

- **Government agency leader**

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We are at the very beginning of really doing a lot of education with lawmakers and trying to figure out how to get past some of our language barriers around the words that we use to talk about our field. Because it's an overarching umbrella field, we have to get into lots of different spaces and work with lots of different audiences and the messaging that they already have got.

- **Administrator**

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I wish that there was a statewide campaign to do public awareness and really bring out the opportunities that exist, which would I think help programs to build. I think we continue to be unseen and having a statewide campaign would be helpful ... But I think really for Washington State to formally say, okay, we're going to have a campaign to really push this out there, we're going to have big billboards to say social-emotional development is important, or you know, those little quotes about brain development, and call this number to get support and ideas of how to support your child.

- **Government agency leader**

Washington Bright Spot Prenatal-5 Relational Health Subcommittee



Appointed by the Washington State Legislature, the **Children and Youth Behavioral Health Work Group** provides recommendations to the legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. The group includes representatives from the legislature, state agencies, health care providers, tribal governments, community health services, and other organizations, as well as parents of children and youth who have received services. The Prenatal to Five Relational Health subcommittee was created to elevate the importance of addressing relational health of very young children and families and to that end makes the case for investing in and implementing policies and programs that support children and families prenatally through the child's first five years of life. Citing the opportunity to set families on healthy trajectories that will impact the health and viability of the state and communities, the subcommittee in 2020 developed a set of three policy recommendations for consideration.





THE ROLE OF LOCAL EFFORTS IN SUPPORTING THE WELL-BEING OF BABIES AND FAMILIES:

One County's Story



Best Starts for
KIDS

Counties are of vital importance in the provision of social-emotional supports to young children and their families. While states can lead significant policy change and allocate a large portion of funds to local governments, counties are uniquely positioned to deliver services, administer programs, and support innovation. Leveraging their comparatively smaller size allows counties to form close relationships with services providers, agency leaders, and other key stakeholders to solve policy problems quickly and secure important support, buy-in, and coordination for efforts. As Washington State seeks to advance IECMH, there are clear opportunities to support the essential role of localities in establishing a network of social-emotional supports that are coordinated, equitable, and responsive to the unique needs of babies, young children, and their families. King County's Best Starts for Kids initiative offers one example of the various innovative and local successes occurring in statewide communities.

Best Starts for Kids: A Model for Comprehensive Supports for Children and Families

Every child is born full of possibility. For Best Starts, these possibilities boil down to four words: happy, healthy, safe, and thriving. Considered one of the most comprehensive approaches to child development in the nation, Best Starts for Kids provides critical support during key windows of development in early childhood and adolescence, catalyzing strong and healthy starts in children's early years and sustaining those gains through adulthood.

IECMH is one of many key strategies within this county-wide initiative. In order to better understand what infant and early childhood mental health supports and services are needed, Best Starts engaged in understanding the landscape in King County, which led to the development of a community guided strategic plan.

The five priority areas identified in the plan:

Promoting social and emotional well-being for all children and families

01

Connecting families with IECMH supports

02

Providing high-quality services that meet families' needs

03

Supporting the professionals who provide IECMH services

04

Strengthening the local network of IECMH services

05

Best Starts' infant and early childhood mental health strategy strengthens the social emotional outcomes of young children and their families and embeds IECMH principles by engaging early childhood providers to access capacity-building opportunities and reflective consultation. The Black, Indigenous, People of Color Community Leaders for Reflective Practice is one transformative effort of the IECMH strategy that began in early 2021, as discussed in more detail in Issue Brief 4 in this series ("What Providers Need: Strengthening the Infant and Early Childhood Mental Health Workforce").

TO LEARN MORE:

www.kingcounty.gov/beststarts



FUNDING

Across the country, IECMH is underfunded, and providers face challenges in securing and sustaining resources. This can be attributed to lack of understanding that policies and approaches commonly enacted to address adult mental health cannot be extended downward to infants and toddlers. The root cause is often that states are overwhelmingly facing serious reductions in resources and are weighing priorities for where to invest limited funds—putting current and future investments in IECMH at risk. However, targeted investments that facilitate access to and expand the scope of IECMH services available to young children and families build a foundation for the future.

There are multiple opportunities to better leverage existing funding for IECMH.

Disjointed funding structures and overall underinvestment in essential programs are central to the funding issues being experienced in Washington. No primary funding stream for IECMH results in funding being managed and distributed by a range of child- and family-serving systems. While this distributive approach to funding creates autonomy and flexibility for individual programs, this approach is also inefficient and costly. In response to fragmented IECMH funding, local providers must dedicate staff time and resources to manage the different, and often conflicting, eligibility requirements, quality standards, and funding mechanisms required. Many local organizations that offer IECMH services have difficulty creating the infrastructure they need to operate and sustain programming, particularly in times of economic downturn, as with the ongoing COVID-19 pandemic. As a shorter-term solution, increased training and technical assistance would build local providers' capacity to negotiate regulatory differences and reporting requirements and to integrate funds. The longer-term goal is to develop, adapt, and align regulations at the state level to increase flexibility in how funds may be used at the local level to maximize allocated dollars.⁴

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Some of those [funds] originate at the federal level. Some of those funds originate at the state level, and then there's the home visiting fund. Some of those are at the county level. Some are then at the local United Way level. Most of them have been public streams that are kind of ongoing. Then we've been able to supplement that with philanthropy to support particular projects.

- **Community stakeholder**

Focusing on reimbursement for services is a key strategy to expand and maximize funding, as the state does not fully maximize the potential for IECMH coverage through existing federal funding streams. Although other opportunities were mentioned—such as the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and coverage of behavioral health through managed care and accountable care organizations—adjustments to Medicaid were by far the most frequently referenced. There are a number of opportunities as well as barriers to leveraging Medicaid funds to access IECMH services:

- **Integrating IECMH into value-based payment efforts.** Value-based payment is referred to as “a form of reimbursement that ties payments for care delivery to the quality of care provided and rewards providers for both efficiency and effectiveness.”⁵ The Washington State Health Care Authority (HCA) has set a goal to transition 90% of state-financed health care to value-based payment by 2021. HCA has created a Value-Based Purchasing Roadmap that lays out the plan for how the HCA intends to change how health care is provided by implementing new models of care focused on population-based care. While behavioral health integration is one of the four strategies the state intends to move to the new system, the state has not included a focus on IECMH. Nevertheless, there is growing interest among IECMH providers and advocates in learning more about value-based payment and how to become more active participants in larger state discussions about broader delivery system reform.⁶

- Improving reimbursement processes.** A number of barriers to support for the delivery of IECMH services exist in the Medicaid reimbursement process. These include challenges related to complicated Medicaid rules and regulations, billing-code-specific barriers, low reimbursement rates, and a lack of priority for reimbursing social-emotional services. The current billing system as a whole is not designed for the delivery of high-quality IECMH services, particularly dyadic treatment that can be provided in the natural environment, provides adequate time to conduct appropriate assessment and documentation, and enables providers to utilize practices and interventions designed to support very young children outside traditional behavioral treatments. IECMH providers use workarounds to access funds. Clinicians shared stories of challenges resulting from regulations that reimburse only for a single assessment session with very young children, even though the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5)* recommends three assessments before making a diagnosis and developing a treatment plan. To address this barrier, clinicians are conducting second and third assessments but are billing at the lower regular session rate.
- Prioritizing IECMH as part of broader health care reform.** Medicaid and recent health care reform efforts in the state may offer promising opportunities to fund IECMH services. The use of waivers through Medicaid Transformation and Accountable Communities of Health are potential areas for leveraging funds for delivering IECMH services.

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I think of the biggest barriers are being reimbursement issues for health insurance. If it's Medicaid, then it's low reimbursement. Even some private insurance is fairly low reimbursement, but then there's also the medical necessity access to care. How do you actually serve people within the confined system of insurance reimbursement, which sometimes people don't quite fit into?

- IECMH provider

The state's participation in the National Zero to Three IECMH Financing Policy Project has helped advance efforts to increase funding for IECMH and inform state policy efforts. Efforts led by the legislatively appointed Prenatal to Five Relational Health subcommittee focusing on rule revision and the use of the DC:0-5 hold promise as well. Overall, stakeholders acknowledge that while progress is being made, there is a still great need for improved funding mechanisms and approaches to better leverage existing resources.

There is a need for additional funding to ensure IECMH services and supports are well resourced.

Resources currently available are not adequate to sustain and grow IECMH service delivery to meet the needs of all young children and families in the state. Therefore, a viable strategy to realizing a well-funded, equitable network of IECMH services is to increase both the efficiency with which existing funds are used and also investments in social-emotional well-being supports. Recent federal opportunities are infusing additional funding into the state specifically focused on strengthening and building integrated services across key child- and family-serving programs, such as the Preschool Development Grant Birth Through Five (PDG B-5). Similar funding sources provide important opportunities not only to expand resources to support IECMH services, but also to advance equity efforts. To address persistent gaps in funding, Washington stakeholders also noted the use of alternatives to public dollars as sources of funding. IECMH providers referenced seeking private funding that provides more flexibility in how funds are used. Although it is not new for providers of IECMH services to be undersupported and overextended, the more recent impact and trauma caused by COVID-19 creates a renewed sense of urgency to increase the resources available to ensure that young children and their families have the mental health support they need.



FAMILIES VALUE PEER-TO-PEER SUPPORTS...*Christine's Story*

Sharing the importance of funding in supporting the provision of IECMH services

"These are children playing and snacking in our playroom/family resource center during our weekly Play n' Chat group where parents get peer to peer support as well as talk with a Parent Educator and their children play, dance, and do crafts with trained staff.

"I facilitate this group and feel that this kind of peer-to-peer support with a facilitator is life changing for people, but we have no funding to support it. Parents who participate regularly tell us they don't know how other parents manage without this kind of regular support. They make connections with other parents that have similar aged friends and this becomes their community. They also get ideas from many sources for how to handle tantrums, sleep issues, aggression, and much more. It is powerful to witness people become more resourced and move toward a life where they feel empowered and supported.

"Our organization funds this weekly group because it provides so much support and is aligned with our mission, but it is hard because it causes the program financial strain. Investing in these types of groups makes sense and has a huge impact. It makes for more resourced parents who can then deal with the stresses of parenting from a place of greater patience and love."

COMMUNITY COUNCIL PHOTOVOICE BY: *Christine Wood*

PARENT EDUCATION SUPERVISOR AT
VASHON YOUTH AND FAMILY SERVICES
WHO OVERSEES A HOME VISITING
PROGRAM AND FACILITATES PARENT
SUPPORT GROUPS

DATA AND RESEARCH

Improving outcomes and advancing equity must include the strategic and consistent use of data and research. The availability of relevant, high-quality information empowers service providers to make targeted decisions about resources and enables state-level leaders to advance policies and practices that work. The use of data and research to tell stories of impact and need is essential to securing ongoing funding and creating sustainability. Washington has prioritized this work in prior and current systems-building efforts. However, large amounts of data remain siloed within agencies, and there are barriers to exchanging information within and across systems of care. Gaps still remain in understanding what works and for whom, particularly concerning serving communities of color. The absence of more robust information leaves the state with critical questions like these:



What do we as a state need to know to improve IECMH?

How do we best identify, reach, and serve young children and families who would benefit from IECMH services, particularly before children and families are in crisis?

What is the capacity to offer IECMH services, particularly in light of current conditions with the COVID-19 pandemic?

What would be the right mix of promotion, prevention, and treatment programs to offer equitable opportunities for social-emotional well-being?

How can we develop a robust understanding of the IECMH workforce to further provider preparation and training, advance cultural and linguistic diversity, and promote overall well-being?

There is a need to improve the overall collection and use of IECMH-focused data.

In the absence of a reliable data, providers, administrators, and policymakers at the community level have had difficulty determining the capacity needed to fully address early social-emotional development for children in a community, region, or state. It is critical to increase access to existing data and generate new data as a way to deepen understanding of IECMH needs. More recently, to create opportunities for more efficient and effective data access and use, leaders have been working to identify gaps in available data. Challenges include these:

- **Barriers to disaggregating data so as to better understand the diverse needs of young children and families.** The need for meaningful and disaggregated data to use to make decisions, channel resources, and measure progress cannot be overstated. Lived experiences of populations differ across demographic characteristics, and administrative data can play a role in identifying variation in mental health needs, access, and service delivery. Statewide data are often presented on whole populations as aggregates, with limited options to disaggregate or link to other important data sources, resulting in challenges in understanding young children's access to services, disparities that may exist, and overall outcomes. While it is important to note that bright spots do exist, such as with Best Starts for Kids, stakeholders are calling for a more widespread solution.
- **Challenges with gaps in available IECMH data.** Administrators in the state identify data as one of the most critical resources needed to build and sustain IECMH programs. There is a clear need to increase the availability, quality, and use of data across agencies and systems. The influence of more robust data could significantly drive IECMH practice, policy, and investments to improve the state's ability to understand where supports may be needed most and to use the information to reach families before they are in crisis.

There are opportunities to improve linkages and expand access to existing IECMH data.

When all stakeholders have access to key information, it is easier to identify and address (1) gaps in service provision, (2) areas requiring increased funding, (3) needs for policy revision or creation, and (4) workforce development needs.⁷ Washington continues to grapple with creating statewide data systems that are well-integrated, accessible, and designed to inform decision-making at both the state and local levels. Examples of progress include Help Me Grow Washington (HMG). The model provides a platform for integrating and sharing data across community-based service providers and creates a space for families to access information on local resources and services. Efforts to integrate data systems across state agencies have been identified as a strategy to drive effective system planning, decision-making, program implementation, quality improvement, and accountability.⁸ With the recent PDG B-5 grant, state leaders are utilizing federal funds to (1) integrate data among DCYF early childhood programs; (2) create community-responsive, external-facing reporting and a dashboard to help local communities make data-informed decisions and drive early childhood strategies; and (3) support partners to build capacity to create more efficient data linkages.⁹ However, the lack of data integration across systems of care continues to be a significant barrier to ensuring that families and children are getting the services they need.

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The bottom line is the administrative data falls short when you try to pull it apart to actually look at either risk factors by client or by population ... So all these different databases and lists that we have out there, they don't talk to each other. I think one problem is just finding what you need, where you need it, when you need it.

- Administrator

There is a need to leverage research to support and improve both IECMH policy and practice.

Extending the reach of evidence-based programs and evidence-informed approaches to treat children's mental and behavioral health has been elevated as a significant priority for research.¹⁰ In Washington, agencies and institutions are promoting the use of evidence-based practices (EBPs) and conducting research on them to address efficacy and outcomes for infants, young children, and families. In 2012, the Washington legislature passed House Bill (HB) 2536, designed to expand the use of research and evidence-based practices in agencies serving children and youth. In a 2015 legislative update, state administrators reported a continued need to expand the use of research and evidence-based practices to address barriers related to cost, fidelity, and cultural responsiveness. By leveraging research, the treatment options available for use and reimbursable for IECMH practitioners would ensure more mental health interventions are able to meet the intended outcomes for young children and their families. This strategy is also effective to provide the information needed to elevate IECMH approaches as research-validated solutions, to secure additional funding, and to expand service delivery across the state.

Many EBPs have not been adapted to community-based contexts and do not account for the array of strengths, circumstances, and needs of racially, culturally, and linguistically diverse children and their families. There has been an increased focus on examining accommodations and adaptations to EBPs and on IECMH programs designed by and for local communities. This includes the use of research-informed and community-initiated models of care—such as those offered through the Washington Cluster of Frontiers of Innovation, discussed in the Bright Spot below—that are seen as offering a potentially more equitable and responsive service delivery. Investment in research represents an important strategy for expanding the availability of IECMH supports that are best suited to meet needs and improve outcomes for all Washington’s young children and families.

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I’d like to say that for example, PFR [Promoting First Relationships] is an evidence-based program, but the only reason it’s evidence-based is because we did the research. There may be hundreds of programs out there that are able to shift parents and improve outcomes that haven’t had research. Haven’t had the privilege of somebody conducting research with it. So it’s not that they’re not useful or that they don’t produce the outcomes. It’s just that we don’t know what the evidence is. And PFR has had the privilege of somebody getting the funding and doing the research and providing the evidence. But even at that level, even though it’s at the community level ... I think it has to be adapted. It has to be adapted to especially, for example, cultural groups. It has to be adapted for context.

- **Community stakeholder**

Washington Bright Spot

Washington Frontiers of Innovation (FOI)



Established in 2011 in conjunction with the Frontiers of Innovation project of the Center on the Developing Child at Harvard University, the **Washington Innovation Cluster** spearheaded efforts to advance research-informed programs focused on supporting young children’s social-emotional health and well-being and positive parent-child relationships. Leaders in Washington convened an initial group of community-based service providers and university-based researchers to explore new ways of strengthening the capacities of young children and their caregivers, particularly those at the highest risk of experiencing toxic stress. Over the ensuing years, members of the network created a design and evaluation process that included three unique and innovative approaches: (1) the cocreation of new strategies by researchers, practitioners, and parents; (2) collective pilot testing of diverse approaches linked by a common goal; and (3) a research and evaluation hub that facilitates rapid-cycle learning and continuous feedback, with an eye toward scaling. Using a set of strategies grounded in research and informed by family and community context, the Washington Innovation Cluster has helped deepen understanding of how best to meet the needs of children and families in the state. Many of the pilot programs are now being used successfully across Washington.

RECOMMENDATIONS

As the state works to advance the network of services and systems integral to providing IECMH support, it could consider implementing the following recommendations.

Increase Coordination of Leadership, Policy, and Advocacy

Ensure the statewide leadership elevates IECMH as a high-priority issue and links social-emotional supports as a central part of policy and advocacy efforts by:

- **Establishing strong cross-agency leadership at state and local levels**, including identifying individuals (or teams) across systems of care focused on driving IECMH policies, making programmatic and funding decisions, managing implementation, and monitoring progress
- **Defining equity as an outcome for the state** by examining opportunities to address disparities and advance decision-making processes for IECMH that include stakeholders who reflect the full diversity of Washington's young children, families, providers, and communities
- **Strengthening partnerships with existing statewide agencies, cross-sector entities, and collaborative tables** to infuse IECMH issues and set clear advocacy and public policy agendas

State Spotlight

The Massachusetts Children's Mental Health Campaign



The **Massachusetts Children's Mental Health Campaign** is a statewide coalition of families, youth advocates, health care providers, and educators dedicated to comprehensive reform of the children's mental health system. Key factors for success have included the collaborative nature of the campaign, which is driven by diverse stakeholders as opposed to a single organization. The campaign's multidisciplinary leadership team includes members of five organizations, and the campaign is backed by 160 supporting groups, divided among work groups and projects. Further, budget advocacy is broad-based, and this system, built over 10 years, has allowed for the cultivation of deep and trusted relationships. Thoughtful messaging has been especially important in discussing IECMH with legislators.

Ensure Adequate Funding for IECMH

Improve current funding mechanisms and policies to secure sufficient and sustainable resources to support a comprehensive network of IECMH services by:

- **Increasing support to build capacity of local IECMH providers to maximize existing funding**, including providing training, technical assistance, and guidance in braiding, blending, and/or layering of resources
- **Advancing efforts to adapt and align state regulations** to increase flexibility in how funds may be used at the local level to improve coordination and maximize allocated dollars
- **Leveraging the use of Medicaid funds** to ensure coverage for and access to IECMH services, including streamlining provider codes, billing, and reimbursement processes
- **Directing new federal, state, and local funds to expand delivery of IECMH services**, prioritizing young children, families, and communities with the least amount of access to high-quality programs and resources

State Spotlight

Oregon and Medicaid



Oregon prioritizes health spending in Medicaid to promote evidence-based medical practices, and as part of this effort the state now includes IECMH as reimbursable. The focus on prioritizing health issues undergoes regular refinement, revision, and expansion. In addition, in response to the common problem that some children whose health and development appear to be at risk do not fit neatly into a diagnosis category, beginning in January 2016, Oregon permitted reimbursement for Z63.8 (Other Specified Stressor Related to the Primary Support Group), secondary to F43.8 (Other Specified Reactions to Severe Stressor). This code is assigned to children who do not meet criteria for any specific disorder but who need some form of family or dyadic services to reduce risk factors that could lead to a mental health or developmental disorder.

Advance Data and Research Efforts to Improve Equitable IECMH Practices and Policies

Increase the availability of relevant, high-quality data and targeted research that empowers state and local leaders to make informed decisions regarding IECMH to best serve Washington's diverse children and families by:

- **Strengthening the collection, disaggregation, analysis, and use of IECMH data** to drive state- and local-level decision-making that prioritizes access, continuous quality improvement, and equity
- **Improving cross-system collaboration to link existing IECMH data** as an effective approach to identify and address gaps in service provision, increase funding, inform policies, and meet workforce development needs
- **Expanding the evidence base for EBPs** as a strategy to increase research-validated interventions, secure additional funding, and expand service delivery across the state
- **Increasing investment in IECMH research to strengthen support for innovations, adaptations, and community-informed approaches** to meet the mental health needs of racially, culturally, and linguistically diverse young children and families

State Spotlight

North Carolina Data Working Group



Recognizing the existence of a gap in the availability of population-level data or measures of “social-emotional health” (SEH) of young children birth to age eight in North Carolina, the **NC Early Childhood Foundation** convened a data working group in 2019 to develop a set of recommendations for identifying population measures of children's SEH with a focus on tools that limit racial bias and on next steps for planning and implementation. Overall, the group concluded that in order to have a comprehensive understanding of children's SEH at the population level, a portfolio of measures should be used, rather than just one measure or indicator. Further, the group recommended that the portfolio include measurement of the child and family systems that impact children's SEH and well-being, as well as aggregate measures of children's social-emotional functioning. For all measures, the work group prioritized the use of data that can be disaggregated by age (0–8), race/ethnicity, income, and geography. A two-generational approach to measurement, including both caregivers and children, was also prioritized. At the systems level, the group recommended measures of access and utilization of the social-emotional health system as well as proxy measurements of other systems impacting social-emotional health. Additional recommendations focused on identifying measures of children's social-emotional functioning, conducting research and development to support racial equity in measurements, and building on existing initiatives.

MOVING FORWARD

Overall, IECMH is transdisciplinary in nature and encompasses a diverse set of services for infants, young children, and families within multiple sectors and systems. As leaders in Washington continue to look for ways to effectively address this complexity, clear opportunities exist in which increased action and coordination could help advance the provision of IECMH services. The effort to expand and enhance social-emotional well-being supports will require strong leadership, targeted policy and advocacy, adequate funding, and improved data and research—alongside a shared commitment to prioritize and deploy these resources in ways that intentionally create more equitable systems of care. These elements serve as the critical infrastructure that will determine the success of IECMH access and service delivery across the state.



INTERESTED IN LEARNING MORE?

This document is part of a series of issue briefs developed as part of the Washington Infant and Early Childhood Mental Health Landscape effort, with support from the Perigee Fund and in partnership with School Readiness Consulting. The series was created to provide an overview of what is already working well, identify gaps that should be addressed, and offer recommendations as the state continues to move forward in its work to advance equitable, culturally responsive, and effective IECMH services and supports. Interested in learning more? Check out the other briefs:

- 1. Making the Case: Why Infant and Early Childhood Mental Health Matters**
- 2. Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services**
- 3. Redefining Quality: Providing Infant and Early Childhood Mental Health Support to Fully Meet the Diverse Needs of Families**
- 4. What Providers Need: Strengthening the Infant and Early Childhood Mental Health Workforce**
5. Accelerating Statewide Change: Advancing Infant and Early Childhood Mental Health in State and Local Systems



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