



CONNECTING *with* **FAMILIES:**

Improving Access to Infant and
Early Childhood Mental Health
Services

June 2021

OVERVIEW

The foundation for lifelong social-emotional health and well-being begins at birth. For infants, toddlers, and young children, all learning and development occur in the context of relationships with their primary caregivers and are influenced by a variety of other social, economic, and health factors. When the conditions for positive social and emotional development are not met, even very young children can experience mental health challenges. In fact, recent national data indicates that *as many as one in four children under age six are at moderate or high risk for developmental, behavioral, or social delays.*¹ Infant and early childhood mental health (IECMH) services provide a continuum of critical supports that address developmental, behavioral, and mental health concerns and promote the social-emotional well-being of young children and their families.

While there is growing consensus regarding the importance of social-emotional well-being in Washington, and efforts are underway to increase access to infant and early childhood mental health services, young children and families throughout the state continue to face systemic barriers to accessing and fully benefiting from IECMH services. Key stakeholders throughout the state note several opportunities for the state to improve access, including:

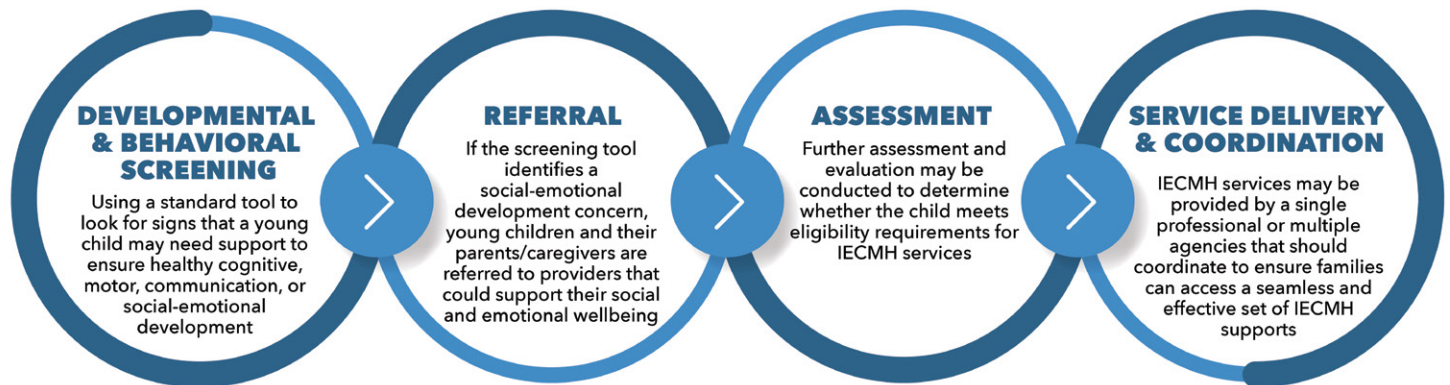
- Addressing gaps in screening, referring, and assessing children for IECMH services;
- Reducing barriers related to availability, accessibility, and affordability of IECMH services; and
- Strengthening coordination between the various systems that provide IECMH services to families.

Further, these barriers are more acute for Washington's Black, Indigenous, and people of color (BIPOC) communities because of long-standing systemic inequities and cultural, linguistic, and historical factors, which will be further examined in this issue brief.

This issue brief highlights key findings from the Washington landscape regarding families' abilities to access the full spectrum of IECMH supports that should be available from the IECMH system, from universal screening to engagement in comprehensive and effective IECMH treatment services. The brief features the voices of Washington's families and other stakeholders sharing their own experiences and reflections regarding accessing IECMH supports and highlights bright spots from around the state that demonstrate successful or innovative approaches to ensuring that families can benefit from IECMH services. The brief also includes a spotlight on supports for families experiencing perinatal mood and anxiety disorders as a specific opportunity to improve access to IECMH services through systems change. Finally, this issue brief provides recommendations that the state can use to improve families' abilities to access IECMH supports and create a more coordinated and equitable IECMH system that promotes the social-emotional well-being of Washington's youngest children and their families.

SCREENING, REFERRAL, AND ASSESSMENT PROCESSES

Screening is often considered the first line of defense for young children at risk of mental health challenges or developmental, behavioral, or social disruptions. Timely screening is essential for infants and young children to access IECMH supports. Combined with referrals and appropriate assessment, screening fosters early identification and connection to IECMH services to address social-emotional concerns.



This illustration shows how families can access IECMH systems of care through universal developmental and behavioral screening. Note that many IECMH services are also available to families by other means, such as through other programs serving children and families and through systems like home visiting.

Understanding the important role that early developmental and behavioral screening can play in setting children on the path to success, Washington has implemented several important efforts to increase timely screenings and referrals. For example, the state conducted a business case analysis to explore the creation of a statewide Universal Developmental Screening Data System. Led by the Washington Department of Health, the goal of this effort was to increase the number of children in the state who receive developmental screenings by developing a cross-sector data system that captures developmental screening data and prompts and tracks referrals.² Another important state initiative is the requirement of the use of a social-emotional screening tool—the Ages and Stages Social-Emotional Questionnaire (ASQ:SE)—by the Department of Children, Youth, and Families in its Early Support for Infants and Toddlers (ESIT) program, which provides early intervention services for children birth to age three with developmental delays or disabilities. Finally, state-level plans—including the Washington State Early Learning Plan, the Washington State Birth to 3 Plan, and the Draft Washington Early Learning Coordination Plan—identify increasing developmental and social-emotional screening as strategic priorities for the state.

These important efforts provide a strong foundation from which to address remaining gaps identified by stakeholders so that young children and their families are fully able to access screenings and effectively navigate through the referral and assessment process.

There is a need to continue efforts to increase developmental and behavioral screening.

According to the 2018–2019 National Survey of Children’s Health, **it is estimated that 36.2% of children under the age of three received a developmental screening in Washington**, ranking it 22nd across 50 states and the District of Columbia and placing Washington in line with the national average of 36.4%.³ This figure represents an increase over 2017 data, which estimated that only 23.8% children under the age of three in Washington had received a developmental screening.⁴ While the state’s more recent efforts to increase screening rates are having an impact even beyond the growth reflected in these figures, stakeholders have indicated that there are additional opportunities to strengthen these efforts. For instance, many of the tools being used may not include a specific emphasis on early detection of behavioral and social-emotional delays. While parent-report screening tools are available, such as the previously mentioned Ages and Stages Social-Emotional Questionnaire (ASQ:SE), reports from stakeholders suggest that these tools are not consistently being used across the state. This inconsistency—coupled with the likelihood that fewer children are participating in opportunities to be screened because of the COVID-19 pandemic (e.g., missed well-child visits)—makes it important to continue to focus on increasing the rate of young children being screened and identified for social-emotional delays.

There are opportunities to further embed screening in services already accessed by families.

As a promising practice in some areas of the state, agencies are working to embed screening into other family-serving programs, such as primary care physicians, home visiting, early care and education programs, and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) clinics, as a strategy to increase the number of children being screened. Stakeholders note that family, friend, and neighbor (FFN) care is another resource that could be more fully utilized to increase screening, as these providers often have close connections with families. The expansion of early childhood mental health consultation within the state—as noted in the Bright Spot below—is also an important strategy that can increase developmental screening rates.

While these promising practices point to important opportunities, there is room to expand upon this effort. For example, stakeholders also shared the ongoing need to include screening for young children as a part of adult mental health treatment. Often when it is the caregiving adult who needs behavioral health treatment, the impact on the child and the family is not fully considered. Providers in Washington have identified lack of communication between adult- and child-serving clinicians as a missed opportunity to ensure that young children who may be living in high-stress environments receive needed support. Best practices indicate that clinicians serving adult clients with behavioral health needs or mental health challenges should routinely inquire about their caregiving status and whether there are young children living in the household in order to identify any young children who may benefit from a behavioral health screening. Efforts to support parental mental health screening, such as the state’s Medicaid policy that requires providers to screen for maternal depression during well-child visits, can serve as a model for adult-serving clinicians to look to as they increase efforts to identify young children who may be in need of IECMH supports.

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We work with a homeless shelter right now and there’s quite a few immigrant families there. [We are] working directly with the homeless shelter staff to use more flexible ways to screen families. For example, [conducting] in-person screening rather than the phone screening or providing the other agency’s staff with screening questions, so that those questions are asked by somebody that they already trust.

- Program administrator

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We do some work with collaborative care in perinatal settings, so that involves screening and tracking people and a very systematic sort of approach to care. And we have had calls, like, ‘I’m a family physician in Washington State and I want to start screening and how should I do that?’ So it’s not like they’re asking us to come out and help them do it, it’s more like they want to know what screening instrument would you use and that kind of thing.

- Community stakeholder

Washington Bright Spot Project LAUNCH



Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), an initiative of the federal Substance Abuse and Mental Health Services Administration, has supported states, tribes, and local communities in efforts to integrate early childhood mental health consultation (ECMHC) into early care and education programs. ECMHC is an intervention that teams a mental health professional with early care and education staff and families to promote the social and emotional development of the young children in their care. In Washington, early childhood mental health consultants received "train-the-trainer" certificates in the Ages and Stages Questionnaire screening tools, the Parenting Stress Index, and the Devereux Early Childhood Assessment. The consultants then trained childcare providers so they were equipped to screen young children and families for social-emotional concerns. As a result, nearly 500 children were screened over the five-year project period, and 24% of those screened received referrals to additional assessments and supports coordinated by the consultants. Programs such as this hold great potential to build and expand the pool of qualified screeners and increase the likelihood that more young children will receive behavioral health screenings.

There is a need to continue developing efficient referral systems that provide accurate information, reduce wait times, and facilitate connection to services.

The purpose of screening is to identify whether a more in-depth assessment is appropriate and whether IECMH services are needed. This process can often involve multiple referrals and applications and can be time-consuming and redundant for both service providers and families. In Washington, as in most states, many IECMH services are available only to individuals who meet eligibility criteria. If the child and family are not eligible for services, they may be offered additional referrals or directed back to the program that originally referred them.⁵ This often strains a family's limited resources, creating frustration and increasing the likelihood that children do not ultimately access needed services.⁵⁶

As an important step in addressing these challenges, Help Me Grow Washington has been established as a statewide solution to increase developmental screening, link families to community resources, and improve coordination of child development referrals. Help Me Grow was developed in response to calls from providers for a more centralized process for families to access service providers that would support families with information on how to obtain needed referrals and reduce waiting lists. Providers have also shared the need to depend on less formal referral methods (e.g., using homegrown referral lists detailing local IECMH providers) to support families seeking to access IECMH services as a complement to Help Me Grow services.

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And then when kids show up at early intervention, and they do the full set of battery and they say, actually you don't meet our qualification. I don't know what the handoff is to connect families to mental health support services that might be a better fit. I just can imagine that families are being sent in different directions that aren't necessarily the right fit.

- Program administrator

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We started screening more for these sorts of problems and the screening people like the OBs were hesitant to do that initially because then they are like, 'well what do we do with people.' And every single week, year, month, we've been doing this, our demand has gone up and up and we always feel very inadequate. Like we can never kind of meet the demand that's presented to us.

- Community stakeholder

Washington Bright Spot Help Me Grow Pierce County



Help Me Grow Pierce County connects families to a variety of child development services and community resources to support the healthy development of children from pregnancy through age five. Help Me Grow Pierce County also provides a network for local providers to work together to improve the availability and quality of services for young children and families. Families can connect with a Family Navigator who can support access to a variety of services, including pregnancy and perinatal supports, early intervention, diapers, and food.

Additional culturally and linguistically relevant tools are needed to improve screening and assessment practices.

Stakeholders in Washington have noted that there are few screening and assessments tools available for use with culturally and linguistically diverse children, presenting the possibility that a large sector of the young child population (including those who may be most at risk) are not being identified and as a result are not receiving appropriate services and supports.⁷ These reflections present the reality that most standardized screening and assessment tools have not been designed, translated, and normed with children learning two or more languages and/or from racially and ethnically diverse backgrounds. Moreover, most professionals do not have access to the resources needed to conduct nondiscriminatory screenings and assessments (e.g., multidisciplinary team with bilingual experts, adequate training on the tools to make judgments about appropriateness of specific tests).

When screening and assessment tools and practices are not aligned with the child's cultural and linguistic characteristics, this process can produce misleading conclusions about children's development.⁸ Stakeholders in the state have emphasized that translation and interpretation are not sufficient.⁹ Stakeholders highlight the need to advance the development of culturally and linguistically relevant screening and assessment tools and support for related practices as an initial strategy for addressing these challenges across the state.

There is an opportunity to increase the use of developmentally appropriate assessment and diagnosis for young children, specifically infants and toddlers.

Assessments are important for confirming a developmental delay, clarifying the significance of risk factors, developing intervention or care plans, and determining eligibility for some service systems.¹⁰ Assessments for infants and toddlers require a more dynamic process because of rapid growth during infancy and the importance of evaluating young children in the context of their relationships with a primary caregiver (dyadic assessment). Best practice recommends that assessment for infants and toddlers take place across at least three sessions in children's natural settings—in their homes and communities.¹¹

Coupled with developmentally appropriate assessment, the use of *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (DC:0-5) has been recognized as an important system for diagnosing mental health and developmental conditions in infants and toddlers. However, according to input from stakeholders in the state, the use of the DC:0-5 is not yet the norm in Washington. The use of diagnostic tools designed for older children and adults on young children carries the risk of misdiagnosis or inappropriate treatment plans. Increasing the use of more appropriate assessment, diagnosis, and treatment protocols across the state could contribute to ensuring that, from infancy, children are linked to the care they need to support their social-emotional well-being and behavioral health.



WE NEED PROVIDERS TO LISTEN TO FAMILIES...*Arlene's Story*

Sharing perspective on the need to provide comprehensive screening, referrals, and assessments to fully support families

"Feeding issues are extremely stressful for families. Parents have the daily, repeated task of trying to keep children healthy, fed, and hydrated; sometimes an impossible task. Many other NICU [neonatal intensive care unit] infants and children struggle with feeding issues, as well as other issues such as developmental delays.

"We need providers to listen to families and the immense suffering they're enduring in caring for their children. Just getting connection to providers is not enough for families. Providers must go the extra mile to ensure that parent concerns are genuinely investigated and not dismissed. Instead of holding the attitude that 'everything's fine' why not just refer? Let the system rule out through the process of referral and evaluation, the question of whether there is an issue or not. Instead, too many providers have the attitude that we can 'wait and see' if we need to do more. But what if the child really needs more ... are we then setting the family up for months or years of hardship?

"I sometimes reflect on the time when my infants were young, and how I felt so disconnected from my twins and from myself. You start to wonder about your sanity, when everyone around you tells you that nothing's wrong but you know that something isn't quite right. For families with really challenging medical circumstances, WHY does our system operate in such a way that kids fall into the cracks? How many other kids are falling in the cracks?

"Parents often know something is not right with their kids before providers do. Our system is broken when parents must wait until our kids are doing worse before a provider will act. I needed providers that stood by us, who helped us get the answers we were desperately seeking. If you're a provider, and you don't know the answer or where to turn, don't abandon the family. Send them on to someone else that can help them. Don't leave the family alone to figure it out. Children that don't have their crucial medical needs met are being hurt by the very system designed to support them."

COMMUNITY COUNCIL PHOTOVOICE BY:

Arlene Smith

LEADER OF SEATTLE PARENTS OF
PREMIES AND MOTHER TO TWINS
THAT WERE BORN AT 30 WEEKS
GESTATION

ACCESSING IECMH SERVICES

To fully achieve the benefits of screening, effective referrals, and appropriate assessment, families must then be able to access the IECMH services that aim to support the needs identified by these processes. IECMH providers in Washington are working to increase their capacity, address access barriers, and fill gaps in availability as the primary levers to increase access to quality services and supports for families. Innovative approaches to service delivery are being implemented and examined in communities across the state. Promising initiatives include those that leverage high-tech systems, community collaborations, and partnerships with trusted community members.

Notwithstanding these important efforts, families in Washington continue to face multiple structural barriers to accessing IECMH services and supports. Factors related to when, where, and how services are delivered are significantly impacting the ability of many families to connect with IECMH services. As one Washington parent aptly notes, **“There’s always a barrier. It’s insurance, money, location ... there’s a lot of great programs in King County. Guess what? We’re not allowed to access any of them.”** While stakeholders across the state are working to address these barriers, there continues to be a need to address both long-standing and more urgent inequities that have surfaced as a result of COVID-19. This includes expanding both availability and access to high-quality IECMH supports for infants, young children, and their families, as well as the programs that often identify young children who may need these supports and that provide settings where children can effectively receive the supports.

There are not enough IECMH services available to meet the need, particularly with respect to infants and toddlers.

Washington, like many other states in the country, simply does not have enough qualified IECMH providers.¹² This gap is even more significant when it comes to the supply of providers with the ability to identify and address needs specific to infants and toddlers. For example, **only about 30% of mental health clinicians in Washington that serve young children ages 0-5 indicated that they provide mental health services to infants or toddlers.**¹³ One county reports that even as programs increase the number of clinicians available to work with infants, toddlers, and their families, demand quickly outpaces supply.

These challenges are layered on top of the significant gaps that already exist between the availability of programs that more generally support the social-emotional well-being of young children and their families. For instance, Washington can deliver intensive home visiting services to about 7,300 families, as of 2019. This leaves more than 100,000 eligible families (families at or below 200% of the federal poverty level [FPL]) with infants and toddlers whom the state does not yet have capacity to serve. Home visiting is an important service delivery model in the state to meet families where they are (who might otherwise not be served) to support social-emotional well-being. Evidence-based home visiting programs have goals that can range from universal supports that promote family health and child

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We’re pretty regularly having to call up to 20 providers to find one with current availability.

- Provider

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We’ve grown from a part-time infant mental health therapist to a couple of part-time infant mental health therapists, and we now have six infant mental health therapists in Pierce County. It really honestly feels like as soon as we hire someone, more need is identified, and there’s such a great need in this county.

- Community stakeholder

development to offering more targeted programs that select families based on important descriptive characteristics or key risk factors (e.g., preventing child abuse and neglect).¹⁴ As another example, childcare capacity in the state is serving only 32% (172,000) of children ages 0–5, and only one in four of those children is under the age of 3.¹⁵ More recent estimates suggest that 16% of childcare providers were closed as of September 2020 because of the COVID-19 pandemic, which potentially reduces the capacity by approximately 38,000 more children.¹⁶ These system capacity issues—while related to early care and education settings specifically—directly impact the provision of IECMH services. Moreover, as early childhood mental health consultation has been implemented in the state as an important preventative intervention in childcare settings, it relies on the capacity of the sector to build social-emotional competence within programs and classrooms. In addition to providing coaching for educators, consultants also partner with families to address their individual needs, disseminate information, and provide training.¹⁷ The declining capacity and lack of access to key early childhood programs writ large thus further limits families being able to connect with services that are often first to identify children with delays and connect them with services that support their social-emotional well-being. Building upon this, there is still significant work to be done to expand the availability of IECMH services, including expanding the programs in which they are provided, beginning with the communities where they are most needed.





OUR COMMUNITY NEEDS MORE SERVICES FOR CHILDREN AND THEY NEED TO BE EASIER TO ACCESS...*Eric's Story*

Sharing the impact that lack of available IECMH services has on families

"This is my son in treatment for feeding therapy at Children's. He's sitting with his behavioral psychologist and an assortment of food items and a tablet. The psychologist is my son's sixth or seventh therapist and was the first who was capable of making him as mad as I can. (When I told her that, she said, 'As a behaviorist, that's just what I want to hear.')

"Wait lists are long and frustrating for families and treatments need to be delivered with structure. Everything in the photo represents an absurd amount of work to get to this point. We were on a waiting list for three years to see the psychologist.

"The cut fruit and vegetables took five years of practice before he was able to tolerate them. The puree in the round bin was the first thing he would eat by mouth after being fed exclusively by a gastric tube for 18 months, and at the time this picture was taken, it was a goal to get him off the purees and on to 100 percent chewables (goal achieved!)."

COMMUNITY COUNCIL PHOTOVOICE BY:
Eric Ruthford

FATHER OF GABRIEL WHO ATTENDS
CHILDREN'S THERAPY CENTER OF KENT
AND SEATTLE CHILDREN'S HOSPITAL
FOR SERVICES

IECMH services are not accessible to all families.

In addition to the challenges with availability, many families are also confronted with major barriers resulting from the location of services across the state. Families living in Washington's rural areas report that available services tend to be agency-based (rather than home-based) and clustered in more populated areas, necessitating long travel distances and times to reach providers. Lack of transportation compounds this issue for many of these families and is a barrier for families in urban areas across the state as well. Furthermore, stakeholders report that the overreliance on conventional (dominant culture-centric) practices in many mental health agencies contribute to disparities in access for low-income and diverse families across urban and rural settings. Clinic hours, which are more often during the day, do not accommodate people working in low-wage shift positions who may not have the flexibility to consistently attend weekly mental health appointments held during business hours. Mental health clinics often have long wait times for appointments and require multiple intake visits before treatment is rendered. Many providers do not have access to translators to support communication with non-English-speaking families. And many are led and staffed by individuals who do not reflect the racial, cultural, or linguistic characteristics that they serve, making it difficult for many families to receive culturally responsive services. Fathers and other stakeholders in the state have also noted that while they want to be engaged with IECMH supports and services, fathers are often left out of these conversations.

COVID-19 has exacerbated many of these access issues. With many clinics closed or moving to virtual treatment sessions, the use of telehealth—already being used to address access barriers for those living in remote areas in the state—presents an important opportunity with regard to providing behavioral health resources to families.

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There's also the component of isolation, so our families who live in the more rural areas find it extremely challenging to access services ... Let's say during a weekend if all clinics are closed and you live far away and transportation is an issue as well as time, our families generally work long hours due to the nature of their work. So that in itself poses a lot of issues...

- **Community stakeholder**

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People don't take me seriously as a dad. They don't. People look at me and they're like, "Oh, you're just a dad." Like, "You're not a mom, you don't know." But, I spend ten hours a day with my son. [As a dad] you still have a connection with your child. And it's still very, very strong. I'm educated, and I worked really hard pre-birth to figure out how I am going to parent my son.

- **Family member**

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If you're in one county, you cannot cross lines for services except in very specific situations. I had to fight for a year just to get him to Seattle Children's to deal with his issues because I kept getting, no answers after no answers. King County has some really great programs that I can't touch, and my son needs.

- **Family member**

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Transportation is one of our number one issues here. At the Colville tribe, we're 1.4 million acres in size. There are four distinct districts or small communities. There's a mountain pass in between each community. They're all rural—even our main central district that has our tribal offices and government offices is still rural.

- **Community stakeholder**



VASHON ISLAND: IDYLIC AND CHALLENGING...*Christine's Story*

Sharing perspective on how geographic isolation can be a barrier to accessing services and supports

"It's both beautiful and challenging to go off island and families have to make this trip for many reasons. Things such as seeing any kind of medical specialists require families to spend approximately two hours in each direction to go anywhere and pay at least \$20 per trip. The photo shows the beauty but one can also imagine having young children sitting in long lines in cars waiting for the ferries and how challenging that would be, not to mention the cost. Living in a rural place like Vashon is not just an idyllic place, it also has its challenges that people often don't know about."



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

There is a justified and deep distrust of the mental health system that inhibits access to IECMH services, particularly among communities of color.

Mental health is a critical and frequently unaddressed need in communities of color as a direct result of long-standing and ongoing mistreatment. This contributes to a deeply held stigma and profound distrust of the mental health and related systems within these communities. In Washington, years of systemic racism and a disregard of tribal culture and values related to mental health have led to negative impacts on tribal populations and contributed to this stigma, while migrant, refugee, and immigrant communities fear family separation. Black and Latinx communities have faced long-standing systemic oppression and discrimination and have been disproportionally criminalized when experiencing trauma and other mental health issues. Washington stakeholders report that this ongoing mistreatment and related distrust pose a significant barrier to accessing mental health care for communities of color. One Washington family member noted, **“Racial equity issues are real when trying to utilize the services. There is a feeling that the services are being provided differently to children of color. That prescriptions are more likely to be prescribed over alternative behavioral therapy services.”**¹⁸ Among other potential solutions, this indicates the importance of locally vetted approaches; partnership with trusted community leaders; and, above all, improved service delivery that is free of bias and supports individuals in the full context of their culture and lived experience.

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There’s also the component of isolation, so our families who live in the more rural areas find it extremely challenging to access services ... Let’s say during a weekend if all clinics are closed and you live far away and transportation is an issue as well as time, our families generally work long hours due to the nature of their work. So that in itself poses a lot of issues...

- **Community stakeholder**

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I’m thinking how a lot of our culture talks about spirit sickness. That’s what I think of when I think of mental health stuff, too, is spirit sickness. Your spirit being sick.

- **Family member**



Cost and reimbursement rates impede the provision of IECMH services to infants and young children.

In Washington—as in many states—barriers related to financing IECMH services through Medicaid and other mechanisms are particularly challenging. While Medicaid does cover social-emotional screening in Washington, it may not reimburse providers for all IECMH services. Commonly excluded from reimbursement are services that are most appropriate for infants and young children and that take place in the settings where these services are most effective—in children’s homes and communities. Currently, among mental health clinicians in the state that provide IECMH treatment to young children 0–5, **only 54.3% provide services in settings that are likely to accept Medicaid**, such as a community mental health agency, school districts, hospital, or through early intervention.¹⁹ Within the current funding structure, billing for services provided to infants and young children may be impractical or impossible because the services don’t fit into established categories of care. There are also limitations imposed by the mental health services system and/or Medicaid in times of scarce resources that result in infants and young children being sent to the “back of the line.”²⁰

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I think one of the biggest barriers is 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 that.

- Program administrator

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I know very specifically my daughter’s speech and OT therapists, only take so many Medicaid clients because the Medicaid reimbursement rates aren’t what private insurance is. And a lot of providers worry about taking on too many Medicaid clients because it can affect their business.

- Family member





SPOTLIGHT FOR SYSTEMS CHANGE

Supporting families experiencing perinatal mood and anxiety disorders

Perinatal mood and anxiety disorders (PMADs) constitute a particular area in which caregivers and providers alike are facing significant barriers and seeking additional support. In Washington, perinatal mood and anxiety disorders affect about 10% of mothers across the state.²¹ In fact, behavioral health conditions are the leading cause of pregnancy-related deaths in Washington.²² Women of color are most at risk for experiencing access barriers and receiving inadequate and inappropriate health and mental health care. Several factors—cultural expectations, ongoing stigma, lack of awareness about mental health, culturally insensitive and fragmented health services, and interactions with health providers who lack sensitivity and awareness—impact BIPOC women's ability to receive adequate perinatal mental health support.²³ If left untreated, perinatal mood and anxiety disorders (including postpartum depression) can lead to preterm births, negatively affect early bonding, and increase suicide among new parents.²⁴

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I think pulling upon their stories of systemic racism and ensuring that Black and brown mothers are safe ... keep that at the core of what you are truly doing.

- Community stakeholder

There have been several important efforts in the state to improve approaches to supporting perinatal mood and anxiety disorder, including developing recommendations, which have been submitted to the governor and legislature, that would require outreach and education to pediatric primary care practitioners and mental health providers regarding maternal depression or other contributing mental health conditions that directly impact the child in the child's treatment plan.²⁵ Programs such as the Partnership Access Line, a telephone-based consulting service that offers mental health information and guidance to providers caring for pregnant or postpartum patients and young children, and MOMCare at the University of Washington, which provides an integrated team approach to mental health care for pregnant and postpartum women represent innovative approaches to ensuring that caregivers experiencing perinatal and anxiety disorder are identified and can access comprehensive supports.

The First Year Families project led by Washington Chapter of the American Academy of Pediatrics (WCAAP) is another example of the efforts underway to support new parents and their infants during the first year of life. The project includes convening a stakeholder table, facilitating a learning collaborative, and launching a statewide paid family and medical leave campaign. Most recently, Perinatal Support Washington, highlighted in the Bright Spot below, launched a request for proposals in partnership with ched a request for proposals in partnership with Strengthening Families Washington for a new Perinatal Mental Health Community Capacity Building project that will focus on increasing awareness of perinatal mental health and creating resources for families within local communities.

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Providers expect that someone else will help parents with their emotional and mental health needs. The NICU assumed that my doctors would talk with me. My doctors assumed the pediatrician would talk with me. The pediatrician assumed the ESIT provider would talk with me. The ESIT provider assumed the outpatient therapy provider was talking to me. Everyone assumed that someone else was educating, informing, and supporting me and my mental health needs. I was strong enough to realize that I needed help and that I had to help myself by seeking counseling. Not every parent is able to do this for themselves. EVERY provider that works with families must change the way they approach supports for infants and children; if the parent is not well, the child and family will suffer.

- Family member

As Washington grapples with the need to ensure that women of color have access to adequate and timely perinatal care, efforts to promote deeper understanding and awareness of the importance of addressing maternal mental health as part of a comprehensive approach to child and family well-being should be expanded and prioritized. While many families in Washington are aware of the prevalence and challenges related to postpartum depression and recognize the importance of accessing the right services, some stakeholders felt that providers in Washington need to more directly address postpartum depression and coordinate with one another to ensure that mothers know about and are connected to appropriate supports.

Dyadic treatment (treatment focused on the relationship between the parent and the child) is a recommended approach to addressing maternal/perinatal depression and mood disorders. Evidence indicates that this approach produces positive outcomes for children's behavioral health and cognitive development and for parent-child relationships.²⁶ While many families in Washington recognize the impact that parental mental health can have on their children and seek services that address both their own mental health and their children's well-being, many providers in the state who are working with perinatal women and their infants are not provided evidence-based training in perinatal or infant and early childhood behavioral health. Stakeholders also voiced a need for mental health providers to treat parents and caregivers in more dyadic ways.

Postpartum depression is real. And it's something that happens more often than people want to like actually talk about. But no one talks about it because it's uncomfortable. And then it makes people who actually go through it, alone.

- Family member

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So I was kind of lucky that I saw a provider that specialized in prenatal postpartum depression, and she was an infant mental health provider. So I was able to bring my baby in and we were able to talk about what she was doing in relation to how I was doing, and I think that helped.

- Family member

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Washington Bright Spot Perinatal Support Washington



Perinatal Support Washington (PS-WA) is a statewide nonprofit focused on perinatal mental health and ensuring that all parents receive appropriate, timely, and culturally relevant care from conception to baby's first birthday. PS-WA offers a parent support "warm-line" that pregnant or new parents, or their loved ones, can call or text for support and information about mental health, as well as free and low-cost new parent support groups, training and consultation for health care providers, and education and advocacy.

COORDINATION BETWEEN IECMH SUPPORTS AND SERVICES

IECMH is not a system unto itself, but rather is enacted across multiple settings and sectors that are designed to support young children and their families.²⁷ IECMH is transdisciplinary with services provided by professionals across psychology, social work, psychiatry, counseling, pediatrics, nursing, physical therapy, speech and language therapy, occupational therapy, early care and education, and family support.²⁸ What these professionals have in common is their focus on serving very young children and families; yet many families experience services and supports as siloed and separated from each other. The burden of finding and piecing together services is often placed on families who are already under stress. There is increasing consensus in Washington that the state must shift its IECMH-informed systems of care to a “family-first” approach that reduces this burden on families and provides a unified, coordinated set of services for very young children and families across multiple care settings.²⁹

Washington has implemented several important statewide strategies to support the integration of IECMH across systems of care. Examples include advancing IECMH approaches through the state’s federal Preschool Development Grant Birth through Five (PDG B-5) and the convening of a Trauma-Informed Care Advisory Group by the Department of Children, Youth, and Families. Along with state-level system integration efforts, stakeholders in Washington agree that more coordination among professionals working in the various child- and family-serving programs and systems of care is needed to ensure that families can access a seamless set of services. Currently, local coordination of IECMH service delivery is inconsistent, often leaving families to navigate these systems and processes on their own. The state has recognized that coordinating IECMH across the multiple levels of child-serving systems—from state to local—is a much-needed strategy for ensuring that children and families can access the full range of IECMH services.

Families’ complex needs and transitions across services could be coordinated more effectively.

According to Washington stakeholders, many agencies to which families are referred are not prepared to provide individualized and comprehensive services. As a consequence, children and families who have multiple needs or risk factors may receive multiple referrals, face multiple application processes, and be offered varying types and levels of services without intentional coordination. Moreover, families who have multiple needs and are receiving services offered by several different agencies report being overwhelmed by competing priorities and demands from each of their service providers.³⁰ Care coordination and case management are important components of moving from identification to treatment—especially for families and children with complex needs. Providers in Washington additionally affirm that transitions between single systems are often not coordinated as effectively as they could be. For instance, the transition from Early Intervention (Part C) to Early Childhood Special Education (Part B) at age three is a recurring challenge that a number of advocates and other stakeholders across the state are calling to address through policy change, such as moving to a zero-to-five system. Overall, improving access to processes and services that bridge mental health, medical, and social needs is vital to ensuring that children with mental health conditions achieve positive outcomes.³¹

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There’s so many different handoffs and transitions that happen for families. And transition in itself can be really traumatic. And it can be really difficult for families, especially if they have providers that aren’t well aligned along the way or that don’t really see them or can’t be responsive to them in the way that they really need. It can be really hard for families to have the energy or ability to keep entering into new systems.

- Program administrator



CREATING SYNERGY THROUGH INTEGRATED SERVICES...*Kathy's Story*

Sharing perspective on the impact that coordination of services can have on young children's development

"Children cannot easily speak their minds let alone what is on their heart. If they are uncertain or afraid, they will develop coping techniques or have emotional meltdowns. This girl was being asked to do something that was new for her and she did not understand what to do or she was afraid to do it so she shut herself off; she chose to protect herself from what the adults were telling her to do. As she lay on the floor she said, 'I mad.'

"When you ask something of a child and they have an atypical behavior, it does not necessarily mean that they are misbehaving. It may be like with this child, she is giving herself the time to process. If left to do her processing, within a few minutes, she will get up and be able to cooperate with the requests.

"Occupational therapists and sensory clinics can help the child learn skills so that the meltdowns become less frequent and eventually she will learn self-care. We learned when her speech therapist asked a physical therapist to co-treat her one time, that miraculously, she began making progress with her speech. We have now carried the physical aspect into other aspects of her life with great success."

COMMUNITY COUNCIL PHOTOVOICE BY:

Kathy Svintb

CAREGIVER FOR HER TWO
GRANDDAUGHTERS AND GUARDIAN
THROUGH A KINSHIP CARE PLACEMENT

Informal networks often help families to navigate IECMH services.

As families are faced with having to navigate a patchwork of IECMH services spanning multiple disciplines, Washington families and providers alike have looked to more informal supports to assist families in connecting with IECMH services. Peer-based supports through community health workers, navigators, and doulas have become particularly important in outreach and linking families to relevant information and resources, especially in BIPOC communities. In King County, a network of information hubs and community-based navigators through the Best Starts initiative ensures that families are fully informed about available resources and can easily access them in the language the family prefers, with providers who understand or reflect the family's cultural background. As a result, stakeholders report families having additional support to help identify relevant services, providers who accept the family's insurance, and those with openings to increase access to IECMH support. As work continues in the state to establish more formal networks for coordination, it will be important to continue to consider the role of strong community-based networks in connecting with and guiding families, particularly those who have been historically marginalized within systems of care.

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I think they [families] are incredibly resilient. They face many, many barriers and challenges... having to navigate lots of requirements and systems that are very, very complicated and hard to understand.

- **Provider**

Opportunities exist to leverage primary and behavioral health systems of care to improve IECMH service delivery and coordination.

While a number of programs and agencies have made strides in integrating IECMH-related supports into their service-delivery models, stakeholders recognize that certain key systems of care—in particular pediatric primary care and adult behavioral health care—must be an integral part of a transdisciplinary approach to IECMH.³² Health care providers in Washington see opportunities to expand IECMH supports and services by coordinating services to create more cohesive approaches, deepen understanding, and increase quality. For example, Behavioral Health Integration legislation that passed in Washington in 2018 provides an opportunity to ensure IECMH is an integral part of ongoing health care delivery systems.³³ Also, single-point-of-entry, or “no wrong door,” approaches and colocation of services—such as those offered by Hope Sparks, highlighted in the Bright Spot below—are innovative strategies that are benefiting local communities in the state. While there is growing awareness of the opportunities to connect IECMH with health policies and practices, providers cite structural and operational differences that pose challenges. As the state looks to improve upon coordination, Washington could explore opportunities to leverage these actions and practices to streamline access and coordination among IECMH services.

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How are we supposed to know [local resources] if we never hear about it? Why can't the OB offices know more about what's available or have pamphlets? Or just make sure they mention it to new parents or just even parents in general? Usually the things that you hear about that are really helpful is through word of mouth.

- **Family member**

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I think the health/mental health integration legislation that we're working through around as a state, hopefully will have a positive impact on maternal and early childhood services. I'm nervous that it doesn't have enough focus on kids and families yet. But we certainly have an opportunity with that.

- **Program administrator**

Washington Bright Spot Hope Sparks



Located in Pierce County, **Hope Sparks** offers families a range of services through a single point of entry. Services include behavioral health, children's developmental services, family support services such as home visiting and parenting education, and kinship support. Hope Sparks' Pediatric Behavioral Health Integration program partners with pediatric practices to provide collaborative care for children and their families. Both medical and behavioral health care are provided in primary care or other clinical settings. Behavioral health care managers work closely with primary health care providers and psychiatric consultants to provide brief, evidence-based interventions for depression, anxiety, attention deficit hyperactivity disorder (ADHD), and behavior challenges.



THE BEAUTY OF WELCOMING A BABY INTO THE WORLD...*Sierra's Story*

Sharing perspective on the importance of connecting health care and community-based supports

"Having access to health care and support like a doula is important and should be available to all pregnant women regardless of status. Pregnancy and giving birth is no easy task, but it shouldn't be traumatic either. Having a doula as that extra support and book of knowledge made a world of difference for me. My doula has helped deliver many babies and also has a child of her own. She was able to give me insight and implant wisdom into me as I not only birthed my baby, but birthed myself into motherhood. I'm a strong woman, but in this very moment I needed all the support I could get.

"I was blessed to have health care and the support of a doula. It displays the support women need when bringing life into the world. It showed both strength and vulnerability. It shows the power of women."



COMMUNITY COUNCIL PHOTOVOICE BY:

Sierra Sonza

MENTOR, ARTIST, AND NEW MOTHER
TO HER SON, SHAI

RECOMMENDATIONS

As Washington works to strengthen screening, referrals, and assessment processes; to address barriers that families face in accessing IECMH supports; and to create increased coordination among agencies and systems of care providing IECMH services, the state could consider implementing the following recommendations.

Address Gaps in Screening, Referral, and Assessment Processes

Ensure that all of the state's young children and their families receive timely developmental and behavioral screenings, referrals, and assessments that are appropriate for the child's age, language, and culture by:

- **Continuing to advance statewide efforts to increase developmental and behavioral screening**, including promoting consistent use of social-emotional screening tools, embedding screening across multiple settings serving families and children, and increasing collection and use of cross-system data to improve decision-making
- **Identifying and scaling state and local initiatives to strengthen referral networks** using relevant, accessible approaches in order to reduce wait times and increase connections to various IECMH services for both families and providers
- **Increasing use of culturally and linguistically relevant screening and assessment tools and approaches**, including improving dissemination of information, training, and other support for the range of IECMH providers across systems of care
- **Expanding training and resources to advance use of *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5)*** for IECMH diagnosis and treatment planning

State Spotlight Developmental Screening in North Carolina



In 2015, **North Carolina** attained a 91% developmental screening rate (including social-emotional development, maternal depression, and autism) through initiatives that included engaging and connecting providers (including all primary care doctors), establishing a state advisory group that includes Community Care of North Carolina (the statewide Medicaid management initiative), creating a standardized referral system to Part B and Part C, and using Title V funding for public health nurses to screen and make community referrals. As a comparison, the most recent data available from the National Survey of Children's Health (2018–2019) estimates that North Carolina has a developmental screening rate of 48.1% (ranked fifth in the country).

Reduce Barriers to Accessing IECMH Services

Support families' abilities to access IECMH supports by adapting and innovating to meet family needs, priorities, and realities and removing barriers that providers face in administering IECMH services by:

- **Embedding IECMH in expansion efforts for other early childhood-focused systems of care** to increase the overall supply of child- and family-serving programs that support children's social-emotional well-being
- **Strengthening statewide efforts to integrate social-emotional and behavioral health into established child- and family-serving programs**, including increasing the provision of infant and early childhood mental health consultation
- **Implementing models to expand access to IECMH supports in underserved areas of the state**, including use of technology (e.g., text messaging and telehealth) and offering home-based clinical services to meet families where they are

- **Design communications for families with young children in ways that garner trust and normalize the importance of focusing on mental health and well-being,** alongside providing equity-focused training for the IECMH workforce, such as on implicit bias, trauma-informed care, and culturally and linguistically responsive practice (see Issue Brief 4 on the childcare workforce for more information)
- **Expanding support for Medicaid billing and reimbursement,** including ensuring coverage for evidence-based and age-appropriate IECMH treatment for young children and allowing for service delivery in multiple settings (e.g., medical, childcare, and home settings)
- **Building public and private sector awareness and response to perinatal mood and anxiety disorders,** with attention to prevention and early intervention efforts and necessary follow-up assessment, coordination, and treatment services across systems
- **Extending Medicaid coverage to one year postpartum** to increase support during the perinatal period and decrease mental health disparities

State Spotlight

Washington, DC, Asset Map and Financing Primer



Public and private sector leaders in **Washington, DC**, took a methodological approach to assessing opportunities and gaps in the financing of IECMH promotion, prevention, assessment, diagnosis, and treatment by developing an asset map and financing primer. Stakeholders in the District wanted to ensure that cross-sector provider communities (e.g., pediatricians, mental health professionals, childcare/early learning providers and programs) understood the current landscape, including financing policy. Two products were created: (1) an asset map that outlines the IECMH service and workforce continuum from promotion and prevention through diagnosis, treatment, and recovery during the preconception/perinatal period through age five; and (2) a draft financing primer of all early childhood programs and services with aligned Medicaid codes where applicable. Significantly, the spreadsheet that was developed as part of the financing primer also served the purpose of highlighting areas where there are not billable codes for IECMH services. By incorporating multiple perspectives and stakeholders in this work and developing some important tools for sharing information, Washington, DC, was able to set some short-term goals and integrate awareness across multiple advocacy and policy tables.

Strengthen Coordination Between IECMH Supports and Services

Create a “family-first” approach to local IECMH systems of care that provide families a coordinated set of IECMH services and supports by:

- **Allocating resources to support information-sharing and care coordination of IECMH services** across local agencies and statewide systems of care
- **Expanding support for community-based health workers, navigator networks, and other trusted community leaders** to connect families to resources and services, particularly for racially, culturally, and linguistically diverse populations
- **Leveraging advances in primary and behavioral health care to increase access to IECMH services,** such as through expansion and connection to patient-centered homes and behavioral health integration
- **Leveraging opportunities and innovations to support single-point-of-entry and “no-wrong-door” approaches** to streamline coordinated entry, colocation, and connections to IECMH services

State Spotlight

Illinois Action Plan to Integrate Early Childhood Mental Health into Family-Serving Systems



In 2016, the Irving Harris Foundation partnered with public and private sector leaders to create the **Illinois Action Plan to Integrate Early Childhood Mental Health into Child- and Family-Serving Systems, Prenatal through Age Five**. The plan was designed to align and integrate child and family mental health and health systems and services with early learning systems and create equitable systems of care that reduce racial and socioeconomic disparities and address key opportunities for integrating early childhood mental health into systems that serve young children, pregnant women, and families. The plan also emphasizes the need to ensure that the proposed strategies and programs provide equitable access to supports and services and reflect the cultural and linguistic diversity of the state's children and families.

MOVING FORWARD

The findings and recommendations in this issue brief are intended to provide guidance and direction to Washington's policymakers and practitioners as they seek to build on the state's initial efforts to improve IECMH systems and services. Across the state, there is growing momentum, and a number of innovations and models hold promise for increasing access and providing coordinated IECMH services that better meet the needs of Washington's families. By learning from the voices and lived experiences of families and other stakeholders involved in IECMH systems of care, Washington has the opportunity to take a family-centered approach to drive policies, practices, and funding in a way that truly supports the social and emotional well-being of all the state's young children and their families.



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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