

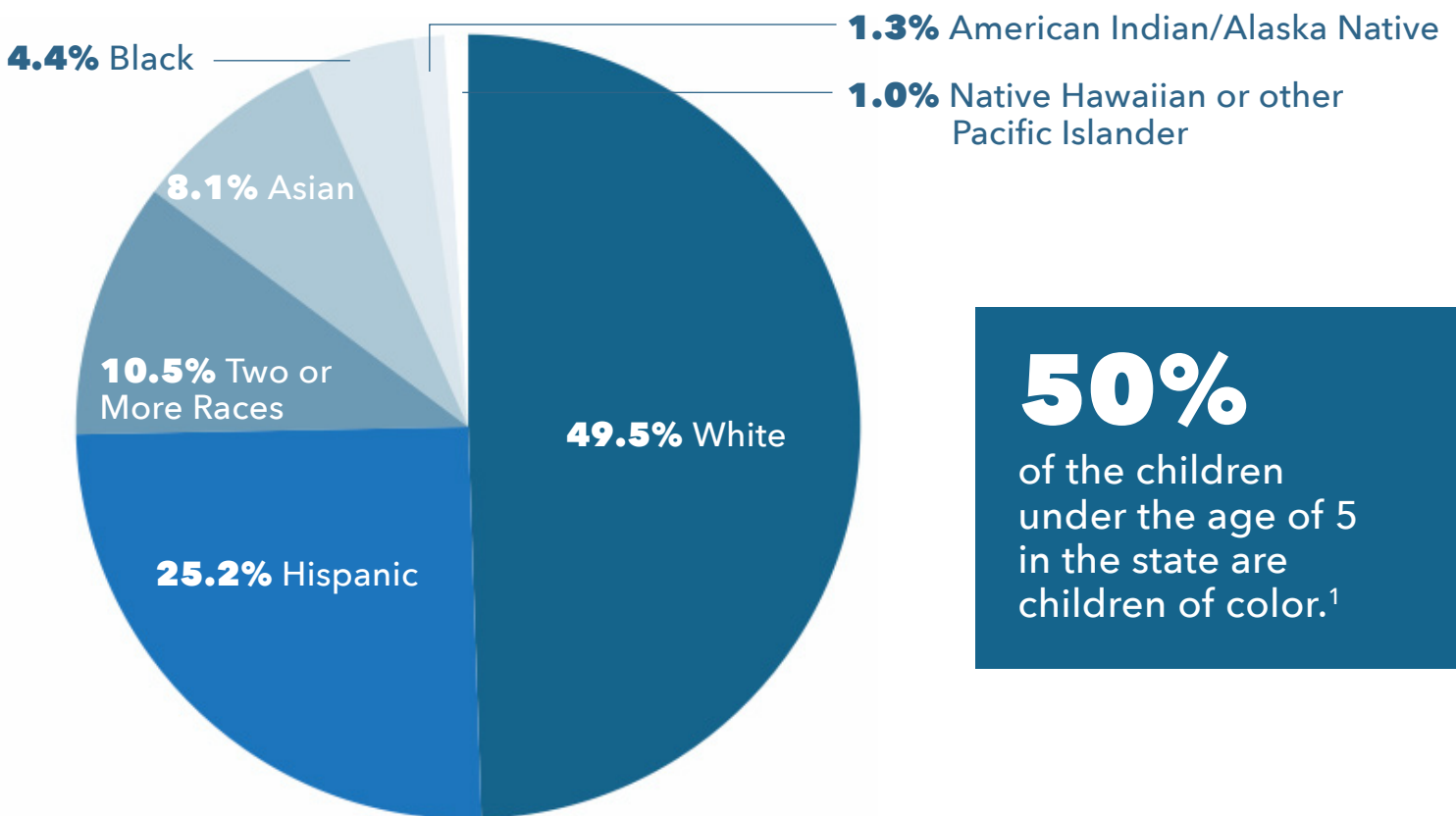
REDEFINING QUALITY:
Providing Infant and Early
Childhood Mental Health
Support to Fully Meet the
Diverse Needs of Families

June 2021

OVERVIEW

Across Washington, children under five and their families represent a rich diversity of races, cultures, languages, genders, abilities, and various other socially constructed identities. To understand what is needed to best support social-emotional well-being and provide quality infant and early childhood mental health (IECMH) services to young children and their families, it is necessary to understand and center this diversity.

Percent of Children Under Age 5



50%

of the children under the age of 5 in the state are children of color.¹

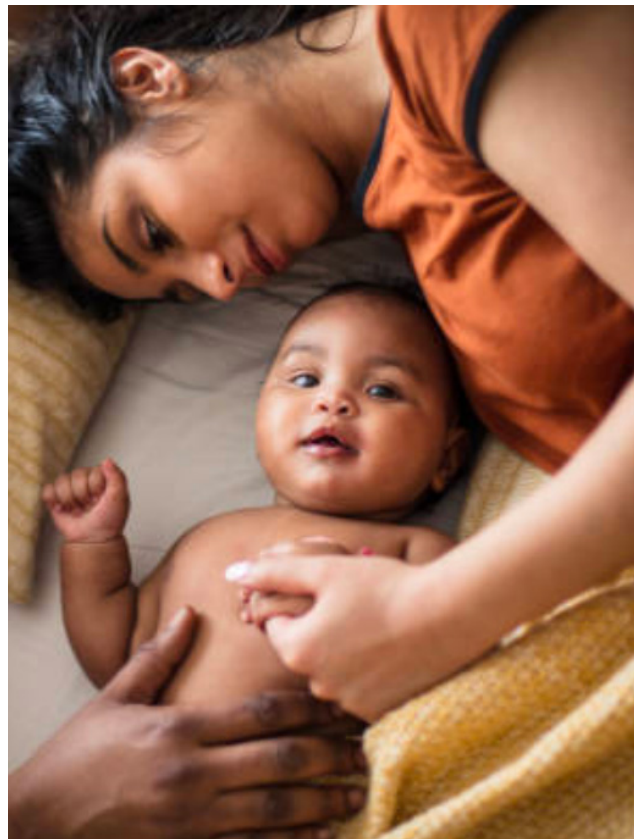
From the earliest beginnings of children’s lives, they are learning about the world from those around them. All that children think, say, and do will be shaped and processed through the values, beliefs, and expectations shared by their family and community—constructs that are deeply rooted and passed down from generation to generation. As such, many aspects of young children’s development, and particularly their social-emotional skills, are significantly defined by the interactions and environments that make up their social identities. Further, these constructs also determine how caregivers engage with young children and influence coping mechanisms, child-rearing beliefs, and expressions of nurturing that can be used to promote a child’s mental health. For IECMH services to effectively support the state’s young children and their families, providers must recognize how children’s unique backgrounds influence their social-emotional growth and the critical role their social identity plays in their development.

IECMH services in Washington are not currently equipped to provide supports that center the identities and experiences of the diverse young children and families in the state. Social support systems, including IECMH services, have been shaped by a history of structural racism. At the same time, systemic disparities result in families and children of color experiencing more risk factors, while also facing significant barriers to accessing supports and formal services. Even when families of color are able to access services, Washington's stakeholders report that the quality of services is compromised by a lack of providers who are of the same race or ethnicity, speak the same language, or possess the skills and knowledge needed to provide culturally and linguistically relevant treatment. There is also a significant need in the state to increase the use of approaches that focus on dyadic relationships (between parent and child) as the foundation for IECMH intervention, which have been designed to address a range of goals that include mitigating the effects of trauma and exposure to adverse childhood experiences. Insights from Washington's stakeholders have also clearly highlighted young children involved in the child welfare system as a specific population for whom these issues are more acute and should be addressed with urgency.

This issue brief highlights key findings from the Washington landscape regarding how IECMH professionals are meeting the needs of the state's diverse children and families. The brief features the voices of Washington's families, IECMH professionals, and other stakeholders sharing their own experiences and reflections on how well IECMH services are addressing the current needs and experiences of families. The brief highlights bright spots from around the state that demonstrate successful or innovative approaches to providing services that meet these needs and experiences. The brief also includes a spotlight on supports for families involved in the child welfare systems as a specific opportunity identified by Washington stakeholders to improve the quality of IECMH services through systems change. Finally, this issue brief provides recommendations that the state can use to improve IECMH services and advance more responsive and equitable IECMH systems that support the social-emotional well-being of Washington's youngest children and their families.

CULTURALLY AND LINGUISTICALLY RESPONSIVE AND COMMUNITY-BASED IECMH SERVICES

In Washington, it is generally recognized that the provision of quality IECMH services must include targeted efforts to increase diversity and cultural and linguistic responsiveness among those routinely supporting the state's diverse children and families.² When IECMH providers lack knowledge, skills, and understanding of unique cultural contexts, it can adversely impact service quality and reduce positive outcomes for children and families. As the racial, ethnic, and linguistic diversity of the state's youngest children increases, providing culturally and linguistically responsive services that are based on the community becomes ever more important. Such services can increase trust and willingness among diverse populations to seek services and eliminate many of the experiences of implicit bias that families of color may face when working with white-dominant systems of care. Cultural match between providers and families, as well as a more culturally informed and competent workforce, can also help ensure all families are receiving services that are relevant and uniquely tailored to their cultural beliefs and values.³



Providers in the state have identified the need to understand how their own personal value systems and professional perspectives impact their understanding of child-caregiver interactions and have the potential to undermine success of the intervention. Providers are actively seeking opportunities to increase their ability to work effectively with more diverse families by partnering with and learning from community agencies focused specifically on serving the health and behavioral needs of special populations. Further, a range of stakeholders are taking the lead in implementing and evaluating how community-driven approaches are integrated into systems of care that emphasize *evidence-based practices* (EBPs). EBPs are approaches to prevention or treatment that are validated by some form of documented scientific evidence.⁴ Providers and organizations are working to conduct clinical studies to assess the use and adaptations of EBPs with culturally and linguistically diverse populations. At the same time, public and private funders across the state are supporting community-designed approaches in addition to EBPs to ensure better quality of services.

All of these efforts are important as Washington seeks to address the significant gaps that prevent young children and families from receiving IECMH services that are culturally relevant, provided in families’ own language, and based on their own community. However, these efforts must continue and expand to ensure that all young children and their families fully benefit from IECMH services that are relevant and effective and that actively seek to eliminate systemic racism and bias from IECMH systems of care.

Supporting cultural competence is critical to ensure that IECMH services are responsive and meet the needs of the diverse young children and families being served.

In Washington, because of a lack of provider diversity, important needs of the many diverse communities in the state are not being adequately met. While there is a gap in collecting provider demographic data, **less than 20% of responding clinical professionals in a survey of early childhood mental health clinicians identified themselves as professionals of color.**⁵ Families in Washington affirm that the lack of diverse providers creates a disincentive to seek or sustain services. Providers and families alike report that the lack of providers who share identities and an understanding of deeply held beliefs and values, as well as an understanding of the impact of historical trauma and equity issues, represents a serious gap. While the need for more diversity exists statewide, in certain areas of the state where the population and workforce is primarily white the supply and availability of services for diverse families and children delivered by a representative provider is particularly low.

As the state undertakes important efforts to increase the diversity of its IECHM workforce (as detailed in Issue Brief 4 in this series), it is important to also take steps to ensure that the current IECMH workforce is better equipped to provide culturally responsive services, such as additional training and professional development focused on working with diverse families.



What we’re currently doing is we’ve brought in two trainers. One focuses on communication, and the other on diversity. She led community conversations around race and ethnicity and she’s helping us [learn how to be] open to learning, because each family ... even if you feel like you have an understanding of that community, that’s not true. It’s less about, well, here’s what you need to know about X-population. It’s more like, how do you approach that hard conversation of saying what’s true for your family, or what are your values, how can I honor what matters to you?

- Provider



I had received some funding and was able to partner with our health district, which was working with a group of indigenous families from Guatemala ... teaching them transitional Spanish ... So we asked if we could partner with them and add a play and learn group to that in hopes that we could provide some social supports. As part of that component, a group had donated a bunch of Pack ‘n Play cribs. What we know is, indigenous people from Guatemala tend to be co-sleepers. Six months later when we were going to visit the families, they had used [the Pack ‘n Play cribs] as planters and were growing watermelons in them. That was our dominant culture thinking that we knew what was best for those families.

- Community stakeholder

While families and providers in the Washington have indicated that this training is a significant need, **only 20.6% of clinicians who responded to an early childhood mental health workforce survey noted a desire for training on working with diverse families**, indicating a need for more education regarding the importance of culturally responsive IECMH services.⁶ Service providers must begin by acknowledging their own identities, behaviors, and work settings and how they may be perceived by caregivers and children; commit to developing a cultural knowledge base rather than reinforcing stereotypes; and understand the role of sociocultural factors in shaping development. Recommendations from a recent convening of the National Academy of Medicine's Forum for Children's Well-Being: Promoting Cognitive, Affective, and Behavioral Health for Children and Youth may be instructive as well. Recognizing that culturally relevant services are an important consideration that could move the field away from a one-size-fits-all or "cookie-cutter" approach to service delivery, the forum identified the following four key strategies for change: (1) hiring staff from diverse backgrounds; (2) providing ongoing cultural competency training; (3) collecting data on the community being served; (4) and soliciting feedback and input from families so that their perspectives can be built into policies and strategies. These recommendations could help inform efforts across Washington to develop more culturally responsive IECMH services and align well with state priorities focused on equity.

Expanding families' access to services in their own language through a variety of means is necessary to ensure effective IECMH services.

Families in Washington call for and value access to and availability of providers with whom they share a common language. Families believe they are best able to facilitate their young children's development and mental health when services are available in their native languages. Lack of native language resources is also seen as an issue that not only diminishes quality of services, but also can prevent families from even "getting in the front door." Providers note that without basic supports—such as receptionists or available interpreters who can communicate with families in their native language when they are initially contacting agencies or programs, or the availability of print materials and signage displayed in multiple languages—families are less likely to access needed services. For diverse groups whose native language is based on oral rather than written communication (e.g., Indigenous languages from southern Mexico and Central America), translation is even more critical but less likely to be available. Use of translators and trusted community members can help ensure linguistically diverse families gain access to the right services and have a resource who can help build relationships and facilitate better exchange of information between families and providers.

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I've been doing interpreting for a therapist for some time, or the public health nurse. The parent, they're looking for a trusted person that cares and is going to tell you, reinterpret, translate, what they're trying to say to you, in a way that you're going to make a difference, and change what you're doing. So I think there are times where that is extremely valuable, and it does help get [families into the] pathway.

- Provider

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I visit families in the NICU [neonatal intensive care unit] setting, and it is extremely hard when the only way you can talk to them an interpreter phone, and so you know then, they're not getting any support. They're getting nothing because ... literally you'll say 20 seconds worth of stuff to the interpreter, who will turn around and look ... they'll do their best to translate it, you don't know what the interpreter said. You don't know if they get it or if the [family] misunderstood.

- Provider

Based on available workforce data, **only 11.7% of responding professionals reported that they are able to independently provide services in a non-English language, and 41.8% of professionals use interpreters' assistance.**⁷ While translators and interpreters are an important resource for linguistically diverse families, it is also important to consider the nature of providing mental health services for young children and their families, which can often involve deeply personal information and difficult conversations and requires great sensitivity, accuracy, and confidentiality. Families may not feel comfortable discussing these issues with a voice on the phone. As providers have adapted to using remote videoconferencing technology during the COVID pandemic, the use of this technology could also be explored as a better way to provide these services when in-person translation is not feasible. To ensure both families and providers have accurate and understandable information, improving availability must also extend beyond increasing the use of translators or the number of staff sharing a common language to ideally partnering with those who speak/understand dialects, have training in IECMH, and are highly skilled communicators.⁸





WORKING WITH PEOPLE FROM MY OWN COMMUNITY...*Carol's Story*

Sharing perspective on the importance of culturally and linguistically responsive IECMH services

"I work at Mother Africa. As a whole, the organization's mission statement is to work with African women, immigrants, and refugees to assist them to reach their highest levels of sustainability. I work directly with newly arrived immigrant and/or refugee mums with children under the age of 5 years old by providing a support system for them. Some of what I do includes: Home Visits, Mobile Advocacy to appointments, Language Interpretation, Monthly Mums Support Group Meetings, Quarterly Dads Support Group Meetings, connecting them to resources within King County but to mention a few.

"To actually work with the communities that we serve, you need to understand them ESPECIALLY in their own languages.

"Prior to being added to the team, one of the persons interviewing me said that they wanted me to join them because I spoke Swahili (more than English). I literally thought, 'Are you serious?' Why would anyone want to hire me based on me knowing how to speak and write in a language, especially since the first day that I went to school? Because all of my life, it had been drummed into me that for me to get a job, I had to speak the best English, have the best grades from the best schools, have credible work experience from well-known companies/international organizations, etc.

"Working for Mother Africa renewed my confidence. To work in an organization that accepted you for who you are, celebrating you for what makes you an immigrant, working with people from your own communities, and growing together in America is just ... incredible. Furthermore, working with children, most of whom are between 0 to 15 years old who either were born and grew up in a refugee camp and then are resettled in the US and everything is so foreign to them and then having a space for them like at Mother Africa with but also integrate with people who speak their language, to life in belonging you know? Because immigration is hard!"

COMMUNITY COUNCIL PHOTOVOICE BY:
Carol Wanjiku Gicheru
PROGRAM COORDINATOR FOR THE
BEST FOR BABIES PROGRAM AT
MOTHER AFRICA

There are opportunities to support and elevate community-based and linguistically and culturally responsive IECMH services in addition to evidence-based practices.

One of the key factors to consider in expanding IECMH services that are culturally and linguistically responsive to young children and their families is how they relate to the use of evidence-based practices (EBPs). Because IECMH services are broad-based and multidisciplinary, the use of EPBs aims to ensure that mental health interventions that are provided through different interventions, across different settings, and by a variety of professionals attain the intended outcomes for young children and families.

Ensuring that the use of EBPs meet the needs of all young children and families, particularly those from BIPOC communities, is an important consideration that stakeholders in the state are working to advance.⁹ For example, members of tribal communities in Washington, as well as providers in the state working within those communities, recognize the importance of ensuring that services retain cultural values and beliefs and build on current community efforts to reclaim and reinforce lost traditions. The Ttáwaxt Collaborative highlighted in the Bright Spot below is a strong example of these efforts. Providers and organizations in Washington are also conducting clinical studies to assess the use and adaptations of EBPs with culturally and linguistically diverse populations beyond tribal populations, which is vital to expanding the evidence base for services that are responsive to the identities and cultural context of young children and families, including their race, ethnicity, language, and community.

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One of the main things is they're never evaluated for their efficacy with tribal populations. We're definitely always the 'other' that is maybe less than a percent of their studies. It doesn't ever quite fit and we don't have any data to know what has worked or hasn't worked.

- Family member

Washington Bright Spot Ttáwaxt Collaborative



The purpose of the **Ttáwaxt Collaborative** is to implement community and evidence-based wraparound pre- and postnatal care services including Centering Pregnancy, breastfeeding education, tribal elder advisers, cultural teachings, postpartum depression services, doula care, telehealth services for high-risk pregnancies, and support for a tribal-focused Nurse-Family Partnership home visiting program for women on the Yakama Nation Reservation. Resiliency-building programs and emotional and health support strengthen maternal and infant bonding by building—in a culturally competent framework—the support for parents and caregivers critical to influence babies' brain development, buffering young children from excess stress. While the initial solution was to begin offering the Centering Pregnancy program right away, trusted tribal members urged the group to first step back and invest in time and effort to build community capacity by recognizing the value of lived experience and deep knowledge, hiring staff who represented and understood the community. This allows those staff to lead in decision making, supporting staff in doing what they know is the best thing to do given their life experiences and knowledge of their own community.

While adapting existing EBPs to better serve culturally and linguistically diverse communities is critical, policymakers also recognize the importance of elevating, supporting, and funding IECMH practices and approaches that arise from and are designed by the community. For example, Open Arms Perinatal Services is an award-winning community-designed program that provides supports in 17 different languages for women through pregnancy, birth, and early childhood. Best Starts for Kids Home-Based Services, highlighted in the Bright Spot below, is another example of IECMH services that are designed by the community and center practices in culture and tradition. Supports and services such as these leverage communities' own funds of knowledge to provide culturally and linguistically responsive IECMH services that effectively support young children and their families and can have a positive impact on their lives.

Washington Bright Spot

Best Starts for Kids Home-Based Services



Best Starts for Kids Home-Based Services provide supports and resources to expectant parents and parents of children 0–5 in the places where they live, and help families strengthen the foundations for their children's healthy cognitive, physical, and social-emotional development, which begins before birth. Across many partners and program models, Best Starts for Kids supports trained home visitors to encourage positive parent-child interactions, increase parents' knowledge and confidence, reduce parents' stress, nurture parent-child attachments, and promote safe and healthy home environments. Home-Based Services are delivered through a mix of programs, including evidence-based programs, evidence-informed programs, and community-designed programs, which draw on community knowledge and local data to develop approaches grounded in the cultural values, norms, strengths, and needs of the specific community. Best Starts for Kids has intentionally focused on community-designed programs and practices because evidence-based and evidence-informed programs are often insufficiently researched in diverse communities and do not respond to specific community needs.



RELATIONSHIP-BASED AND TRAUMA-INFORMED IECMH PRACTICES

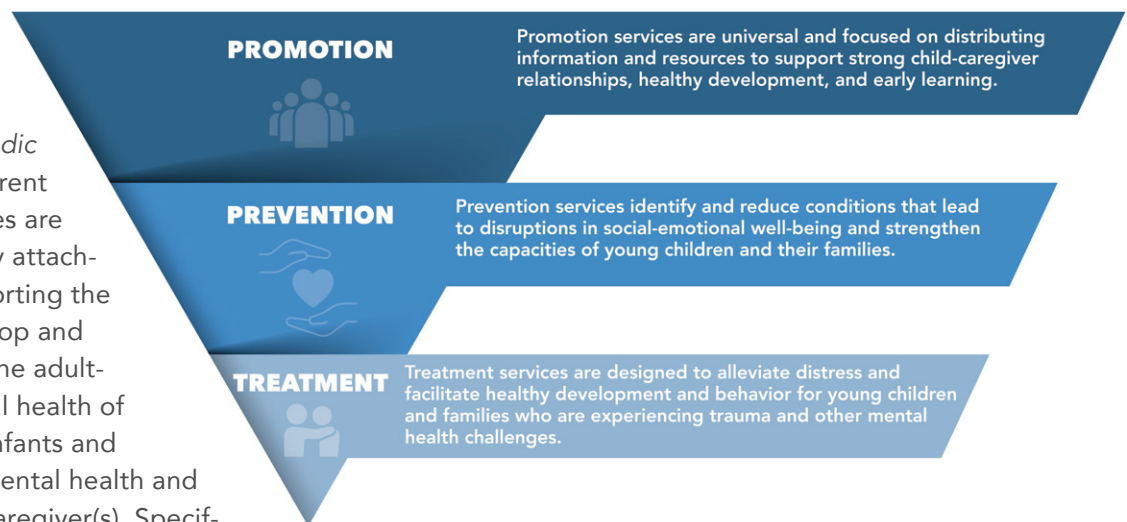
The rich diversity of families across Washington points to the critical need to address the role of systemic oppression and trauma for communities resulting from the prevailing culture of white supremacy. The challenges of systemic oppression—years of segregation and discrimination against BIPOC communities, along with more traumatic events such as the impact of gentrification and displacement, rising opiate misuse, recent immigration policy changes, and the disparate impacts of COVID-19 on communities of color—have disproportionately increased exposure to risk factors known to compromise mental health and child and family well-being, resulting in significant need to access high-quality, culturally relevant IECMH services.

In Washington, there is an understanding of the importance of the historical trauma and persistent systemic inequities that continue to impact the mental health of children and families of color. Stakeholders note that there is also a sense of urgency in acknowledging and addressing these issues. Efforts to understand how relationship-based IECMH treatment models can be implemented in nonclinical (community-based) contexts and adapted to meet the needs of specific populations are ongoing across the country and in Washington. Providers in the state are also recognizing the importance of trauma and its impact on child and family well-being, and the use of trauma-informed care as a vital part of providing effective IECMH treatment services. Providers working with special populations of children and families, including immigrants, refugees, and others who have been exposed to complex and intergenerational trauma, recognize the unique and challenging aspects of trauma-informed services.

There is a need to increase the use of relationship-based approaches in meeting the needs of young children and families in crisis.

All IECMH supports across the continuum of promotion, prevention, and treatment are grounded in relationship-based practices that incorporate a focus on the *dyadic* relationship between the parent and child pair. These practices are based on the science of early attachment and the research supporting the notion that all children develop and thrive within the context of the adult-child relationship. The mental health of young children—especially infants and toddlers—depends on the mental health and well-being of their primary caregiver(s). Specifically, the use of relationship-based, dyadic approaches—such as the Wraparound with Intensive Services, or WISe, program described in the Bright Spot below—have been shown to improve outcomes for both caregivers and children. Relationship-based approaches are used to address a range of goals, from mitigating the effects of trauma and exposure to adverse environmental experiences to supporting a return to healthy social-emotional development and behavior. However, in Washington, stakeholders note that many clinicians have not received adequate training in relationship-based treatment models.

The Continuum of IECMH Services



For example, of the 875 respondents to a survey of IECMH clinicians in the state, only 10.3% have formal training in Child-Parent Psychotherapy (CPP), 9.8% have formal training in Parent-Child Interaction Therapy (PCIT), and 5.8% have formal training in Promoting First Relationships (PFR)—three evidence-based dyadic IECMH treatment programs commonly used with young children and their families.

There is a need for more ongoing training on trauma-informed care to address the multiple sources of stress and trauma faced by the state’s young children and families.

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and enhance their ability to thrive.¹⁰

In Washington, providers and community leaders confirm that immigrant, migrant, and refugee families and tribal populations face a unique set of circumstances that can put young children and adults at higher risk for poor mental health outcomes. Immigrant, migrant, and refugee families in the state note a number of specific stressors they are dealing with, including fear of family separation and victimization by the judicial system, lack of permanent residency, and adjusting to new cultural norms. These stressors not only increase the need for mental health supports, but also often serve as barriers that prevent families from accessing needed IECMH services. Stakeholders in Washington further note that the impact of intergenerational and historical trauma must be recognized when working with the state’s tribal populations. This trauma among tribal populations can have long-lasting impacts on well-being and is a major focus of current IECMH efforts in the state. According to stakeholders, the traditional customs and strong family and community connections that provided a foundation for well-being and health have been disrupted through years of policies and programs imposing dominant white values; this history has left tribal communities with very high rates of mental health issues, including suicide and substance use disorders. Stakeholders in Washington have raised the concern that without an understanding of trauma, its manifestations in very young children, and the use of appropriate approaches, providers across systems of care may be using behavioral interventions that are not trauma-informed and may actually be counterproductive to increasing well-being and reestablishing positive interactions and trajectories.

Washington Bright Spot WISe Program



Washington’s **WISe** program is offered statewide. This team-based program assists families and children experiencing extreme mental health issues and is available to Medicaid-eligible children and youth under the age of 21. A WISe program designed to support young children, ages birth to six, who have significant social, emotional, and behavioral needs is also being implemented in the state. Services are guided by an IECMH framework, supporting children’s primary relationships in both their home and early learning environments. Families work closely with their care team, including a Parent Partner, Care Coordinator, and Infant/Early Childhood Mental Health Therapist, to develop a support plan that centers their goals for their family. This approach centers the importance of relationship-based supports as a key aspect of quality IECMH services and supports.

“**They talk about trauma that happens in the context of relationship needs to be healed in the context of relationship. I would argue that trauma that happens at a cultural level needs to be healed at a cultural level.**
- **Community stakeholder**

“**However, with our population, we see a lot of behaviors really stemming from trauma. Just past traumas for their experiences, not only through the migrant lifestyle, but other factors that may be a part of their life as well, such as some that may be recent arrivals to the country. And as you can imagine, our students come from a number of backgrounds and ethnicities, so it’s really a full gamut of behavioral needs.**
- **Program administrator**



SPOTLIGHT FOR SYSTEMS CHANGE

IECMH Service Delivery in the Child Welfare Setting

Insights from Washington's stakeholders have clearly highlighted that young children and their caregivers involved in the child welfare system would benefit from increased support. Stakeholders in the state point to significant gaps in supporting the mental health and social-emotional well-being of children under the age of five in the child welfare system—including a lack of supports for their adult caregivers. Moreover, the presence and impact of systemic racism and implicit bias are clearly evident when we look at the experiences of children of color involved in the child welfare system. Young children of color, including Black, Hispanic, and American Indian/Alaska Native (AI/AN) babies are disproportionately represented in the child welfare system, and their permanency outcomes differ from those of their white peers.

Children under the age of five make up the largest group of children in Washington's child welfare system (59.6%).

Source: Center for Social Sector Analytics & Technology (2020), "Children in Out-of-Home Care (Count)," <http://www.vis.pocdata.org/graphs/ooh-counts>.

There are significant gaps in supporting the mental health and social-emotional well-being of children under the age of five in the child welfare system.

Washington providers voice concerns that the current child welfare system in Washington is placing very young children at risk for lasting behavioral and mental health challenges and that greater attention and focus must be paid to early relational health and child well-being. Children engaged in protective services and out-of-home placements have frequently been exposed to severe or prolonged trauma and stress from maltreatment, abuse, and neglect; homelessness; parental substance use; domestic violence and abuse; and neighborhood violence. These children face dual risks—those associated with the initial exposure and those associated with the trauma of separation—and as a result require a range of intensive supports and services. To ensure services adequately address young children's long-term adjustment and well-being, stakeholders have pointed to the following considerations:

- **Increasing supports for birth parents and kinship caregivers as important elements of an equitable and family-centered approach** to child welfare and out-of-home placements. Equitable and effective supports engage both biological parents/caregivers and foster parents in way that is trauma-informed, child-centered, and focused on building relationships and supporting attachment.¹¹
- **Increasing the use of dyadic interventions** as part of child welfare services holds great promise for improving outcomes for children and families in the context of a system that sometimes struggles to meet the needs of very young and diverse children.¹² Providers in the state who are engaged with children and families in the child welfare system are also finding that dyadic interventions offered as part of family preservation and reunification help build both parent efficacy and child well-being. Nevertheless, concerns remain among providers in Washington that, for many children and caregivers who are experiencing reunification, there is little transition planning that includes a dyadic focus and thus could help sustain parent-child relationships.
- **Reducing multiple transitions and addressing their impact** is critical to guard against inflicting additional trauma on young children in the child welfare system. Foster and kinship providers often need training in parenting skills that addresses the unique challenges associated with parenting children who have experienced maltreatment.¹³ Placement disruption and multiple transfers often occurs when caregivers are not adequately informed or supported in caring for children who are demonstrating behavioral challenges rooted in the trauma they experienced prior to their initial removal, as well as the subsequent trauma of being removed from their families. Children forced to make multiple placement transitions are often retraumatized in the process, putting them at higher risk for long-term social-emotional and mental health challenges. Even children without externalizing behavioral challenges in their first placement are likely to develop behavioral challenges if they are moved, given the additional trauma that accompanies increased numbers of placements.

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Letting them know, ‘This is what trauma looks like in a very young kiddo.’ I think especially for the foster parents to have as much information as needed to help them understand what the child has experienced so they can connect that behavior with that experience versus it just being behavior, because I imagine that if foster parents had access to understanding, then they wouldn’t be saying, ‘I can’t. This kid has to move.’ Then they move, and move, and move, and move, and move, move.

- **Provider**

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So when I think about other kids within the dependency court system, their cases are not receiving the same, I guess, level of expertise and knowledge and support around the caregivers when it comes to transitioning infants and toddlers from one home to another, be it from foster care, maybe to a relative care provider or from foster care or relative care providers to the home, back home to parents. I’m learning that there really isn’t the support around those transitions that is needed. And yeah, people come up with all kinds of interesting, what they consider to be transition plans, and it’s not good for anybody. It’s not good for the infants. It’s not good for the caregivers. It’s almost, in my opinion, it could be a set-up to fail across the board.

- **Community stakeholder**



Bias and overrepresentation of children of color in the child welfare system must be addressed in order to provide more equitable services.

Children of color involved in the child welfare system are more likely to be removed from their homes and less likely to receive family preservation services. Further, in general child welfare practices, white children are more than twice as likely to be reunified with their parents as Black children, despite similar parental circumstances. Much of this disparity is attributed to structural and institutional bias within the child welfare system.¹⁴

One of the efforts underway in Washington to address these disparities for infants is the efforts to expand the Safe Babies Court Team™ approach, led by the Center for Children and Youth Justice in partnership with an extensive group of stakeholders from communities and systems across the state. This approach, as highlighted in the Bright Spot below, was first implemented in Pierce County and expanded into three additional counties beginning in September 2020.

Another important effort that is underway in the state to reduce rates of child maltreatment and entry into foster care is the Strengthen Families Locally initiative led by the Department of Children, Youth, and Families (DCYF) with funding support from the federal Administration on Children, Youth, and Families. Through this initiative, DCYF is partnering with stakeholders in several communities throughout the state to design community-driven solutions to prevent child abuse and strengthen community supports for families.

In addition to implementing new child welfare models or programs, stakeholders in the state point to the need for a deeper understanding of and appropriate response to the long-term historical and cultural impact of the intergenerational trauma experienced by Black populations as part of trauma-informed service delivery, including the child welfare system.

Washington Bright Spot **Safe Babies Court Team™**



Safe Babies Court Team™ is a national court-based program that has been demonstrated to successfully close the reunification gap between Black and white children. The program is designed to address the needs of infants and toddlers entering foster care through the provision of supports and services that ensure safety, well-being, and an environment that promotes early brain development. Strategies include regular community team meetings with parents and families; building trust between parents, caregivers, legal teams, judges, and advocates; increased family time for infants, toddlers, and parents; and referral of every child to early intervention.

The Center for Children and Youth Justice is leading efforts to expand Safe Babies Court Team™ sites throughout the state. The approach was first piloted in Washington through the Best for Babies program in Pierce County and is now being expanded to three additional counties (Kitsap, Thurston, and Spokane) with funding support from the federal Health Resources and Services Administration. A bill recently passed by the state legislature will make it easier to create Safe Babies Court Team™ sites in additional communities and improve implementation.

RECOMMENDATIONS

As Washington focuses on improving the quality of IECMH services to better meet the needs of the diverse young children and families throughout the state, it could consider advancing the following recommendations.

Expand Culturally and Linguistically Responsive Practices That Are Evidence- and Community-Based

Improve the quality of IECMH services available to young children of color and their families by addressing systemic racism and cultural bias in IECMH practices and supporting the development of evidence-based approaches that are community-based and culturally and linguistically responsive to those being served by:

- **Increasing efforts to hire, train, and support IECMH providers who provide a cultural match** to the populations being served
- **Offering IECMH professionals job-embedded professional development** on cultural competence and working with diverse families
- **Increasing the availability and quality of translation and interpretation services** for families receiving IECMH supports and services, including improved training and expanding the use of in-person/virtual services
- **Funding research of existing culturally and linguistically responsive models, practices, and approaches** to expand the evidence base to support community-created solutions to IECMH service delivery
- **Investing in programs piloting innovative culturally and linguistically responsive practices** to promote approaches that could be replicable and scalable across the state

State Spotlight

CONNECTING Children and Families to Care



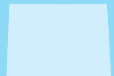
CONNECTING Children and Families to Care works to integrate all child-serving systems in the state of Connecticut into a Network of Care that will equally and effectively serve all children and families. To effectively meet goals and ensure highest-quality services, Connecticut established ongoing Connecting Children and Families to Care work groups as part of the state's sustained effort to improve children's behavioral health in accordance with Connecticut's Behavioral Health Plan for Children. Recognizing that disparities exist in access to services and health outcomes for children and youth, a Cultural and Linguistic Competency work group was formed to develop, plan, and implement a statewide process for incorporating enhanced Culturally Linguistically Appropriate Services (CLAS) standards within the children's Network of Care in Connecticut. The goal of this work group is to partner with families and networks of care leaders to promote health equity, racial justice, and cultural and linguistic competence across all behavioral health services at the local, regional, and state levels.

Embedding Relationship-Based Services and Trauma-Informed Care across IECMH Treatment Providers and Settings

Increase the use of dyadic, trauma-informed approaches to IECMH treatment services so that children and families who are experiencing crisis or experiencing stress and trauma from systemic discrimination, cultural bias, or other factors receive the supports they need to develop healthy family relationships that promote young children's social and emotional well-being by:

- **Expanding the use of team-based care models focused on supporting the dyadic caregiver-child relationships and early relational health**, including creating reimbursement mechanisms for these models
- **Increasing specialized professional learning opportunities and job-embedded training for IECMH providers** that focus on dyadic care, implicit bias, and trauma-informed practices
- **Focusing initial efforts to embed relationship-based and trauma-informed care in the child welfare system**
- **Expand support for effective initiatives, approaches, and models to increase family preservation and reunification programming in the child welfare system**, such as Safe Babies Court Teams™

State Spotlight Right Start for Colorado



Right Start for Colorado is an initiative that aims to expand infant and early childhood mental health services across Colorado communities by building statewide workforce capacity for professionals serving young children 0–5 years of age. Right Start for Colorado provides no-cost or low-cost trainings to clinicians and allied providers across the state. As part of the effort, the state offers a Community of Practice that is designed to support clinicians in receiving monthly trainings, as well as ongoing reflective supervision/consultation. Learning opportunities throughout the year focus on relationship-based assessment and clinical diagnosis, applied training in evidence-based/evidence-informed and relationship-focused interventions, and diversity-informed practice to support clinicians in self-reflection about their own implicit bias, systems of oppression, and privilege and power that may be enacted in the therapeutic process.

MOVING FORWARD

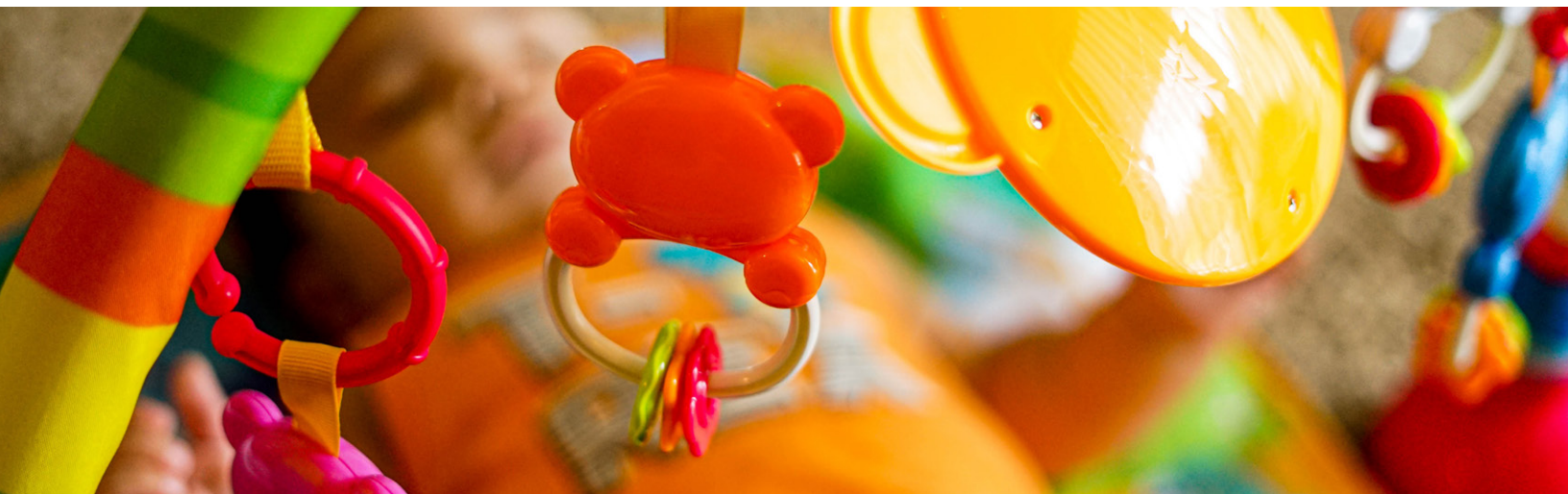
The findings and recommendations in this issue brief are intended to provide guidance and direction to Washington’s policymakers and practitioners as they seek to improve the quality of IECMH services to meet the needs of the state’s diverse young children and their families. While there are promising practices underway across the state, there is more work to be done to ensure that every family receives IECMH services that are based on relationships and responsive to families’ culture and language, and that reflect an understanding of the impacts of stress and trauma that many families are experiencing. The voices and experiences of Washington’s families and other stakeholders point the way to creating IECMH systems that dismantle the legacy of white supremacy in social services and provide high-quality IECMH services that respond to the lived experiences of Washington’s young children and 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**



ENDNOTES

1. See Issue Brief 2 in this series, "Connecting with Families: Improving Access to Infant and Early Childhood Mental Health Services," for more information on barriers to accessing IECMH services.
2. See Issue Brief 4 in this series, "What Providers Need: Strengthening the IECMH Workforce," for more information on increasing the diversity of the IECMH workforce.
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