PDG B-5 TA CENTER

Early Childhood Systems of Care: A Conceptual Model and Overview of Implementation in Select States

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For the past three decades, states have been building systems of services and supports for social-emotional development and addressing early behavioral health issues that comprise early childhood systems of care (SOC). This brief presents a conceptual model for understanding early childhood SOCs and discusses opportunities and challenges for local, state, and federal program leaders to make the strategic investments that support a continuum of care. To illustrate these concepts, we highlight work that has been undertaken by some PDG B-5 Grantees in the areas of mental health promotion, prevention, and treatment for infants, toddlers, young children, and their families.

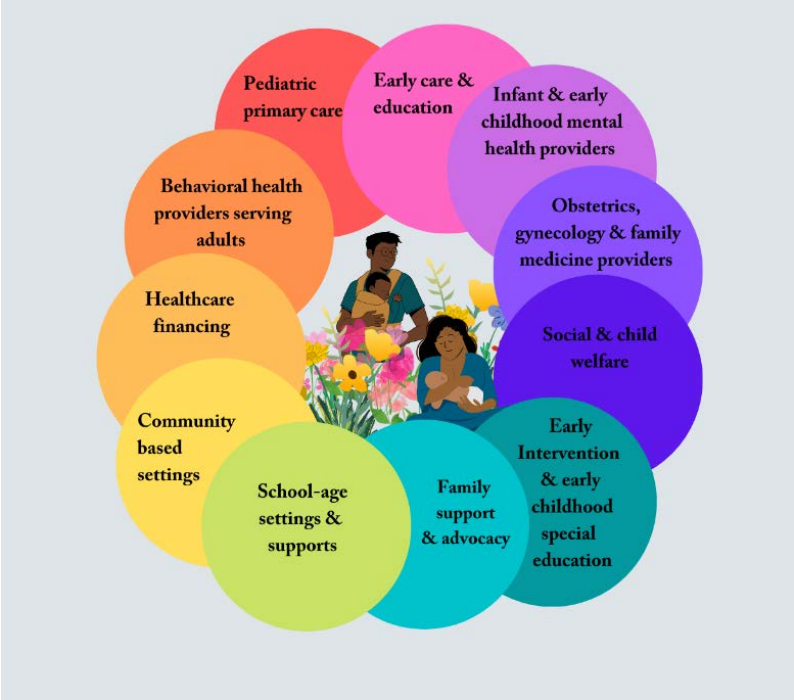
A History of Early Childhood Systems of Care in the Context of Children's Mental Health Systems Reform

Policymakers, researchers, community members, advocates, and practitioners introduced the system of care (SOC) approach in the mid-1980's to reform the mental health system. The SOC approach was a response to service delivery issues such as overly restrictive clinical settings; failures to partner with children, youth and families; service fragmentation; and other systems-level issues for children and youth with behavioral health issues and their families (Stroul & Friedman, 1994). The SOC framework and principles promote the delivery of a comprehensive array of home- and community-based supports that are developmentally appropriate and culturally and linguistically competent, with family and youth voice at the center of the work (Stroul, 2002; Stroul et al., 2021). Since 1993, the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded much of the SOC work through grants to states and communities. Initially, grantees focused this work on school-age children or youth with behavioral health issues who were also involved in other systems, such as child welfare or juvenile justice. In 1997, SAMHSA funded the first early childhood SOC in Vermont. This early work centered systems of support for young children birth to eight years and their families and emphasized upstream or preventative approaches (Horen, n.d.). In early childhood SOCs, providers across sectors work to support social-emotional development of young children by strengthening relationships with their parents and caregivers through a range of universal and focused approaches. To date, SOCs for children and youth have demonstrated a strong return on investments and evidence of positive outcomes for children and families who are served through reformed children's mental health systems (Monteuffel, 2008; SAMHSA, 2017; Stroul, 2015; Stroul et al., 2015).

The original SOC conceptualization promoted delivering mental health services and supports to address the overlapping dimensions of the behavioral health needs of children and their families rather than delivering services in isolation (Stroul et. al, 2021). The dimensions, or sectors, that early childhood SOCs align to deliver comprehensive infant and early childhood mental health (IECMH)

services and supports include the following (Figure 1): health care, mental health care, early care and education across a mixed delivery system, child welfare, early intervention and early childhood special education for children with or at-risk for disabilities and delays, and family advocacy and support—including fatherhood/father figures initiatives, and organizations supporting kinship caregivers and grandfamilies.[1]

Figure 1. Overlapping sectors of Early Childhood Systems of Care



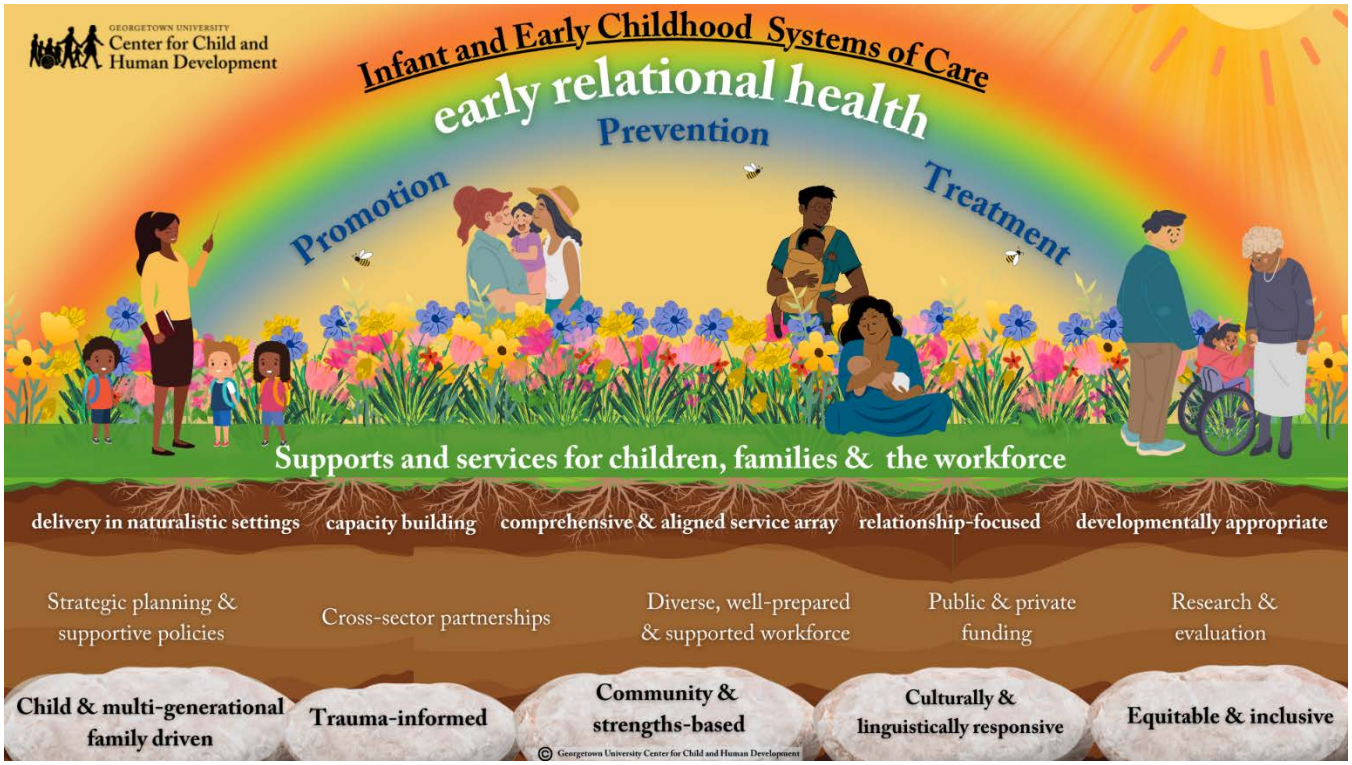
Several of the PDG B-5 Grantees funded from 2018 - 2022 prioritized IECMH as one of the core foundations of their early childhood systems. These states are also building the continuum of services and supports that comprise early childhood SOCs. This brief is one of three briefs that document PDG B-5 Grantee work in specific areas of the IECMH continuum of care. The other two briefs address Medicaid partnerships and building a workforce (Trivedi & Horen, 2022a, 2022b). In this brief, we lay out a conceptual model of early childhood SOCs supplemented with examples from several PDG B-5 Grantees.

[1] According to the family advocacy organization, Generations United, “grandfamilies” come together when children are raised by relatives or close family friends, without their parents in the home. These close relatives can include grandparents, and placements may or may not be through child welfare systems. In 2021, it was reported that 2.6 million children in the US live in grandfamilies.

Early Childhood System of Care Conceptualization

The Georgetown University Center for Child and Human Development developed a conceptual model based on the system of care approach (Stroul, Blau & Larsen, 2021), previous conceptualizations of early childhood SOCs (Georgetown University Center for Child and Human Development, 2008; Pires, 2010), and our many years of providing technical assistance to states and communities on growing and sustaining an IECMH continuum of care across public and private funding streams (Figure 2). Our conceptual model depicts an ecosystem with a continuum of services and supports shown by a rainbow. The ecosystem characterizes the supports and services for children, families, and the workforce through the roots, layers, and bedrock. The roots represent best practices in service delivery, the foundational layers constitute the SOC principles essential for nourishing the early childhood system and the bedrock shows the key values of a SOC.

Figure 2. A Conceptual Model of Early Childhood Systems of Care

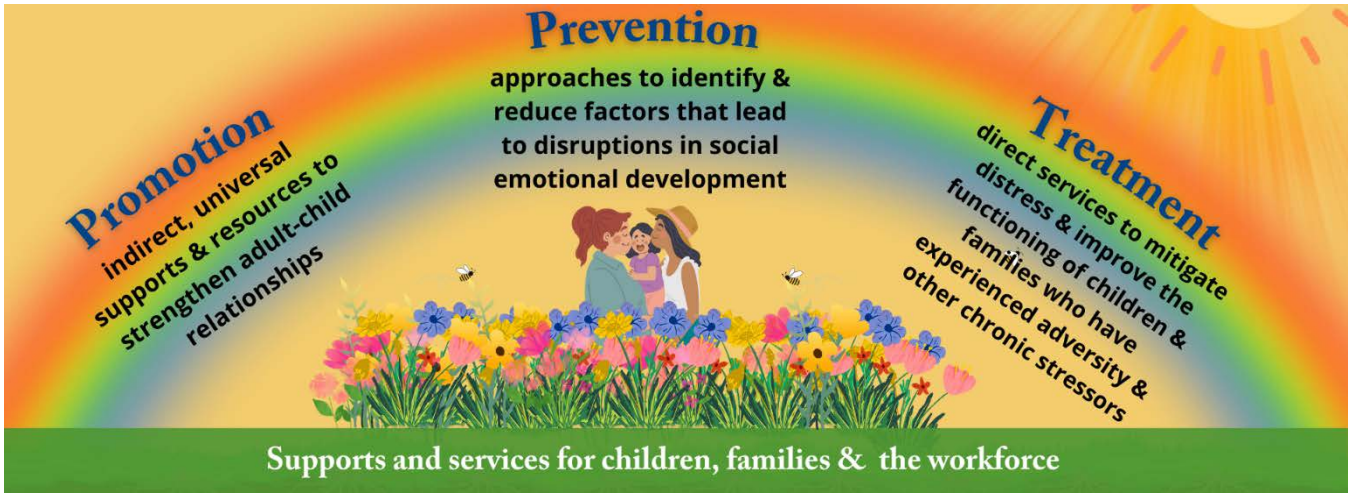


Implicit in early childhood SOCs is the concept of relational health. According to the Center for the Study of Social Policy (**CSSP**), "healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver child relationships, when children are surrounded by safe communities with strong trust and social connectedness" (CSSP, n.d.). As our conceptual model illustrates, the health and wellness of each child depends on the health of the entire ecosystem, not just on one individual or family.

Services and Supports Along a Continuum in Early Childhood SOCs

IECMH encompasses both the developing capacities of a young child and the continuum of early childhood SOC promotion, prevention, and treatment supports and services (Figure 3). These services and supports (1) universally **promote** social-emotional development by strengthening adult and child interactions, (2) **prevent** and reduce factors that can disrupt development, and (3) **treat** children and families who need more support developing responsive and nurturing relationships through direct, evidence-based, evidence-informed, or promising interventions (Heffron, 2000; Perigee Fund, 2021a; Zero to Three, 2017; 2019).

Figure 3. Detail of the Continuum of Promotion, Prevention, and Treatment



In Table 1, we summarize some of the approaches that constitute a comprehensive array of services to meet the developmental needs of young children and support the adults caring for them. We also describe the specific IEMCH approaches and interventions that some PDG B-5 states are supporting to build an IECMH continuum of care. The state examples highlight many of the features of the conceptual model: its evidence-based services and supports, foundational layers and principles that support early childhood SOCs, and the bedrock values that undergird the IECMH continuum.

Table 1. Select Examples of Services and Supports for Children, Families, and the Workforce Along the IECMH Continuum

Approach	Brief description	Opportunities and challenges for early childhood SOC implementation
Promotion supports and services – universal outreach to all families of young children to promote social-emotional development		
Developmental and behavioral screening of young children	Families access universal developmental screening in pediatric primary care, early care and education (ECE), home, and community settings to identify delays and connect children and families with appropriate support.	Although screening has been expanded, children across states need more support and follow-up through Part C early intervention, Part B 619 early childhood special education,[2] and related sectors across the IECMH continuum (Zero to Three 2021a; AMCHP & NICHQ, 2017). In Washington State, efforts to embed IECMH consultation have resulted in more child care providers being trained in screening for social-emotional issues (Perigee Fund 2021a). Several other states are embedding screening in related service sectors. Georgia's IECMH leaders work closely with counterparts in Parts C & B on following up after positive screening results. New York's PDG B-5 goals include strengthening collaborations with colleagues working on early intervention. Some states cited the need for more connections between child- and adult-serving systems to expand universal screening and follow-up.
Screening parents and caregivers for mental health issues	Since 2016, **federal Medicaid policy** has enabled screening for parental depression under the child benefit, and 43 states and territories require, recommend, or allow for screening for maternal depression during pediatric well-child visits (NASHP, 2021).	In collaboration with advocates and philanthropic partners, Washington State leaders have been responding to rising cases of perinatal mood and anxiety disorders (including parental depression) among birthing persons, while also trying to address disparities in service access for parents from communities of color (Mathematica, 2019; Perigee Fund, 2021b). Untreated, these behavioral health issues can lead to poor pregnancy outcomes, disrupt early caregiving relationships, and lead to increased suicide in new parents. Washington State is establishing and expanding parenting warm lines, staffed by peers who have experienced perinatal and mood disorders, to make comprehensive mental health supports available to new parents in communities experiencing the most need.
Public information campaigns that promote social-emotional development and increase understanding of IECMH	State and program leaders implement public information campaigns about (1) the need to talk, play, sing, and read to infants, toddlers, and young children; (2) the impact of IECMH on building the capacity of adults in caregiving relationships; and (3) the benefits	New York's state agencies facilitated steady and growing momentum for IECMH over the past three decades, including enhancements through the PDG B-5 grant. Alabama state leaders reported continuously messaging to state and program leaders about how IECMH supports both caregiving adults and young children to dispel misunderstandings about IECMH. States reported that deeply held stigmas about mental health services and supports can make families reluctant to learn more about IECMH. State and program leaders recommend developing culturally appropriate

[2] Part C of the Individuals with Disabilities in Education Act (IDEA) is a comprehensive system of services for infants and toddlers with disabilities and their families. Part B, Section 619 of IDEA serves preschool aged children, 3-5 years old. Both programs are administered by states and localities and supported by the U.S. Department of Education, Office of Special Education. For more information, please see this description of **IDEA.**

Approach	Brief description	Opportunities and challenges for early childhood SOC implementation
	relative to the costs of investing in IECMH during children's period of rapid brain development between 0-3 years.	information for and with communities of color who have been deeply impacted by mistreatment and systemic racism implicit in mental health systems.
Prevention supports and services – directed to families who are experiencing levels of difficulty or stress that could increase the risk of young children developing behavioral health concerns		
Infant and Early Childhood Mental Health Consultation (IECMHC)	In this evidence- and prevention-based approach, a mental health consultant collaborates with adults who work with infants, toddlers, and young children where they learn and play to improve child and provider outcomes (CoE, 2020; CoE, 2021a).	New York has initiated an IECMHC model to support infants and toddlers in federally subsidized child care settings with consultants to the workforce supported in part by PDG B-5. New York and other states had to pivot IECMHC significantly during the COVID-19 pandemic when many child care and other ECE facilities were not operating in-person. Alabama expanded IECMHC to maternal homes for substance misuse treatment and to therapeutic nurseries in the prison system. States reported on challenges with financing IECMHC through Medicaid and the health care system. Some states, such as Washington State, are addressing challenges with financing IECMH through cross-sector collaboration with public and private funders.
Home Visiting	A nurse, parent educator, or peer support provider visits with the family of a young child in the family home, sometimes beginning in pregnancy. Home visitors provide developmental support that can be universal or focused on family risk factors such as behavioral health, disabilities or delays, or involvement in child welfare.	Nationally, only a small percentage of families eligible for home visiting are being served, particularly in rural counties (GEEARS, 2022; Meisch & Isaacs, 2019). In Georgia, state leaders worked on collaborative relationships and funding opportunities between the Department of Early Learning and the Department of Public Health, which administers home visiting. Other states are implementing evidence-based approaches, such as IECMHC, in home visiting contexts. Home visitors work with other behavioral health professionals to determine if **in-home cognitive behavioral therapy** is appropriate, particularly for parents who screen positively for perinatal mood and anxiety disorders.
Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children	The Pyramid Model, developed with funding from the U.S. Department of Education, is a conceptual framework of evidence-based practices for promoting healthy social emotional development in children. It is widely used by ECE professionals, early childhood intervention and early childhood special education professionals (Parts C & B), and families.	Alabama and Tennessee are working to align the Pyramid Model and specific preventative approaches such as IECMHC. The Pyramid Model includes targeted emotional supports for children, such as explicit instruction about self-regulation, developing relationships, and social problem solving. In Tennessee, statewide Pyramid Model implementation occurs through the Association of Infant Mental Health (**AIMHiTN**), which also coordinates credentialing for IECMH professionals.

Approach	Brief description	Opportunities and challenges for early childhood SOC implementation
Treatment – for children and families who need the most support determined through developmentally appropriate assessment and diagnosis		
Developmentally Appropriate Diagnosis & Assessment	The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™) is the internationally accepted system for developmentally appropriate assessment of young children's mental health. It includes disorders that are specific to early childhood such as Attachment Disorders as well as a focus on how some disorders look in early childhood (autism). Assessment using the DC 0-5™ system requires multiple assessment visits, always involves primary caregivers, and must include observing children in their natural environments, such as their home or child care setting.	Since 2016, Washington State leaders have been drawing on best practices in other states and the consensus of national experts to implement developmentally and culturally appropriate assessment, a cornerstone for connecting young children who need additional support to services in an early childhood SOC. Washington, in collaboration with its State Healthcare Authority (Medicaid), has joined many other states and localities in instituting training and implementation support for the **Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5),** which was sponsored and developed by Zero to Three (2021b). Partnering with healthcare finance is a foundational approach in early childhood SOCs that can increase access for children and families and improve reimbursement rates and compensation for IECMH providers.
Dyadic Therapies	Dyadic therapies are approaches that involve training for caregiving adults and feedback about interactions by a trained mental health clinician specializing in relationship skills and behavior management. These therapies hold strong evidence for improving outcomes for children and families who have experienced trauma, young children with externalizing behaviors, and parents who have perinatal and mood disorders.	Dyadic therapies improve attachment relationships to support and protect the mental health of very young children. Treatments such as **Child Parent Psychotherapy** (CPP) (Cicchettiet al., 2006; Stronach et al., 2013) and **Parent-Child Interactional Therapy** (PCIT) (Kennedy et al., 2016; Ward et al., 2016) are some of the few evidence-based approaches for treating children under age 5.To further the systems-level goals of increasing access to high-quality, culturally appropriate interventions for very young children recovering from exposure to trauma, training and professional development of ECE providers in CPP and PCIT is provided in partnership with the National Center on Health, Behavioral Health and Safety (**NCHBS**) administered by the Office of Head Start, and as part of the **National Child Traumatic Stress Network**. Alabama has collaborated with other states in the Southeast to increase the number of IECMH providers trained in dyadic approaches across neighboring states. Georgia built support for training more providers across sectors through agency partnerships and local philanthropic funds, with trainings centrally administered by the State's newly launched Infant Mental Health Association (**GA-AIMH**).

Strengthening the Foundations of Early Childhood Systems of Care by Centering Equity

The call to action in early childhood SOCs around equitable and inclusive practices must address the ways mental health systems have harmed people from historically marginalized communities. People of color experiencing mental health issues or trauma have been disproportionately underserved and criminalized, and there has been a blatant disregard for the values of indigenous and tribal communities related to mental health and healing. Implicit biases have resulted in the removal of young children of color from necessary services and supports through expulsion, suspension, and harsh disciplinary practices (CoE for Infant and Early Childhood Mental Health Consultation, 2021b; Gilliam et. al, 2016; Meek & Gilliam, 2016; Trivedi et. al, 2017; US Department of Education, Office of Civil Rights, 2014; 2021).

We heard from states how the COVID-19 pandemic laid bare the ways our mental health and early childhood systems continue to do harm. Early childhood SOCs can contribute to advancing equity, supporting racial healing, and preventing re-traumatization by increasing access to the continuum of services and supports associated with positive child and family outcomes for people from the most vulnerable communities. System building efforts, like PDG B-5, provide opportunities for state and program leaders, funders, advocates, and families to come together to reflect on the best ways to strengthen early childhood SOCs.

Research, evaluation, and policy supporting preventative IECMH approaches such as mental health consultation and the Pyramid Model address the persistent disparities that drive a "preschool to prison pipeline." Similarly, the IECMH treatment Child-Parent Psychotherapy centers the work of racial equity as a core element of clinical competence and reflective practice (Lieberman et. al, 2020) by "speaking the unspeakable and shedding light on truth to open the doors to healing" (CPP, n.d.). In an earlier brief on building the IECMH workforce *(*Trivedi & Horen, 2022a*)*, we suggest expanding reflective approaches to critical questions about the biases and assumptions we bring to our work with children and families from historically marginalized groups.

Summary of Lessons Learned about Early Childhood SOCs from PDG B-5 Grantees

This brief describes how PDG B-5 Grantees are supporting different aspects of a comprehensive service array for children, families, and providers that constitute an early childhood SOC. We describe many promising practices for implementing aligned and transdisciplinary approaches that center the voices of children, families, and providers with lived experiences. Challenges remain, however, because supports and services are underfunded, fragmented, administered by multiple and siloed agencies, and remain inaccessible to communities of color.

Recommendations for building and sustaining early childhood SOCs with and on behalf of our most vulnerable children and families include the following:

- Leverage statewide early childhood systems integration efforts to enhance coordination among IECMH professionals from different sectors.
- Improve access to processes and services such as care coordination and case management that connect the dimensions of early childhood SOCs across mental health and social service systems. This can ease the burden for young children and families who experience stress from multiple transitions.
- Strengthen natural and community supports, such as peer supports and peer navigation provided by family members who have experienced complex adult behavioral health issues, and those who have experience in supporting children across a range of ages with mental health challenges.
- Recruit more practitioners from diverse communities to facilitate a congruence of values and approaches between families and providers that can strengthen clinical relationships.
- Develop and sustain the IECMH workforce by establishing a career ladder that includes adequate support and appropriate compensation to engage in relationship-focused, capacity-building work.
- Center equity by engaging staff at all levels of early childhood SOCs in reflective practices to address the justified deep distrust of mental health services by communities of color.

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