

Transforming Infant & Early Childhood Mental Health

A LANDSCAPE ANALYSIS AND STRATEGIC PLAN FOR KING COUNTY

 King County

Best Starts for
KIDS



ACKNOWLEDGEMENTS



This work is made possible by the Best Starts for Kids (Best Starts) levy. Best Starts builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Best Starts is the most comprehensive investment in child development in the nation. King County's investments span from prenatal development through young adulthood, building strength and resilience in our communities along the way.

We extend our **deepest gratitude** to all who generously contributed their time, expertise, and perspectives to this landscape analysis of Infant and Early Childhood Mental Health in King County and our resulting strategic plan.

As leaders of this effort, we are grateful for the extraordinary participation by so many:

- To the many parents, caregivers, and families for sharing your stories of triumphs and challenges, and for advocating for change—your voices make all the difference.
- To the providers, community leaders, and administrators who voiced deep truths and wisdom about what the Infant and Early Childhood Mental Health system is, and what it can be—thank you for your dedication to your work and the families in your care.
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 - **King County Strategic Planning Committee**, who interpreted the county landscape, developed priorities, and identified key strategies.
 - **Statewide Advisory Table**, who guided our complex public–private partnership to explore and understand the landscape of Infant and Early Childhood Mental Health. By including both families and providers, this “parallel process” was supported both in King County and across Washington state.



Acknowledgments continued...

To our partners throughout the process, including:



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WASHINGTON ASSOCIATION FOR
Infant Mental Health

SOAR and the Washington Association for Infant Mental Health for making connections with the families, providers, and communities represented in this document.



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We are grateful for this opportunity to learn about the Infant and Early Childhood Mental Health landscape and develop a plan to change it for the better in King County. Together, we can transform and strengthen the ways we hold young children and families.

Alternative Formats Available. Please call 206-263-9100 or TTY:711.

Table of Contents

SECTION 1 Community Summary	1
SECTION 2 Setting the Context	5
Introduction	5
Vision and Values	6
Our Partners	7
Our Processes	8
Infant and Early Childhood Mental Health	10
SECTION 3 The Landscape of Infant and Early Childhood Mental Health	12
Who are the children and families in King County?	12
What do families know about Infant and Early Childhood Mental Health? How do they find out more?	20
What are family experiences with accessing services for Infant and Early Childhood Mental Health?	27
What did we learn about high-quality, culturally relevant services in Infant and Early Childhood Mental Health?	33
What does the workforce say about Infant and Early Childhood Mental Health?	37
What do we know about King County’s emerging network in Infant and Early Childhood Mental Health?	43
SECTION 4 Strategic Plan for Infant and Early Childhood Mental Health in King County	47
Overview	47
 PRIORITY 1: Promote social and emotional well-being for all children and families	48
 PRIORITY 2: Connect more families with services for Infant and Early Childhood Mental Health, including promotion, prevention, and treatment	50
 PRIORITY 3: Provide high-quality, culturally relevant services that meet the needs of families	52
 PRIORITY 4: Support all direct service providers across the continuum of care	54
 PRIORITY 5: Build and strengthen a network of Infant and Early Childhood Mental Health services countywide	56
Looking ahead	58
SECTION 5 References	59

SECTION 1: Community Summary

This Community Summary is available in the following languages:

- اللغة العربية / Arabic
- 简体中文 / Simplified Chinese
- AfSoomaali / Somali
- 한국인 / Korean
- Français / French
- Español / Spanish
- Tiếng Việt / Vietnamese
- አማርኛ / Amharic
- Kiswahili / Swahili

Highlights From “Transforming Infant & Early Childhood Mental Health”

Relationships are at the heart of human development and thriving

For infants, toddlers, and young children, all development occurs within relationships. Relationships between babies and their caregivers provide the social and emotional foundation children need to learn and thrive throughout their lives.¹ The relatively young field of **Infant and Early Childhood Mental Health** holds many keys to ensuring that children are thriving in each and every family across King County.

This community summary is a snapshot of our longer report [Transforming Infant & Early Childhood Mental Health: A Landscape Analysis and Strategic Plan for King County](#).

In 2017, Best Starts for Kids started a *landscape analysis* to learn about the strengths, opportunities, and challenges with Infant and Early Childhood Mental Health services across King County. This analysis led to a community **strategic plan** to support improving social and emotional outcomes for children and families. By implementing the strategic plan, we aim to strengthen Infant and Early Childhood Mental Health services in King County.

From Our Overview

Vision and values

The vision of Best Starts for Kids is to support every baby born or child raised in King County to reach adulthood happy, healthy, safe, and thriving. As a starting point, community members began by developing a shared vision and values to guide our analysis and planning process.

We envision a King County that values the efforts of families to provide caring environments for children.

Toward this goal, King County is increasing its commitment to prioritizing the social and emotional health of all infants, toddlers, and young children (prenatal to age 5) and their families.

This project’s core values and commitments include **equity, responsibility and trust, human-centered services, collaboration, and inclusiveness.**

Our process

This project used an approach called “community action research.” From January 2019 through June 2021, we collected stories from a diverse group of families, providers, and community partners. With these stories in mind, we worked with families and community partners on making meaning, setting priorities, planning, and reviewing this report. We worked locally with King County partners and with a similar statewide project.

Many King County families were involved in this project, including:



7 focus groups of families to center the voices of Black, Indigenous, Latinx, Congolese, and Vietnamese families.



a **12-member Community Council** of parents and providers from throughout King County to share photos and stories from their own lives and experiences with Infant and Early Childhood Mental Health.

What Is Infant & Early Childhood Mental Health?

At the heart of Infant and Early Childhood Mental Health are young children's abilities. We want to strengthen their ability to:

- experience, express, and manage their emotions;
- form close relationships with other children and caregivers; and
- explore and learn within their family, community, and culture.²

Families and health care providers, as well as neighborhoods, social circles, early learning programs, and the larger community—the people and places in children's lives all make a difference in their social and emotional development and well-being.

All families need support to give children a strong social and emotional foundation

The experience of raising children can be joyful and rewarding, as well as stressful and challenging. Family relationships begin before a baby arrives and continue for the rest of their lives.

“Continuum of care” includes many settings

Promotion

Promoting awareness includes supports such as sharing information, developmental screenings, and resources to support strong child–caregiver relationships, healthy development, and early learning. All children and families need access to Infant and Early Childhood Mental Health promotion.

Prevention

Includes services that help address and reduce possible concerns about social and emotional development and that build on the strengths of young children and their families.

Treatment

Includes clinical services that address the root causes of trauma or disruptions to social and emotional well-being. Reducing distress and increasing resilience and repair can help young children and their families return to healthy development.

From Our Landscape Analysis



Be Present ... SELAM'S STORY

“While we were walking side-by-side to his practice area, Josiah turned to me and said, ‘I love you mommy.’ It’s heart melting to me because there were many things I was worrying about and that was when I had to concentrate on what is important: being present and spending quality time with my son.

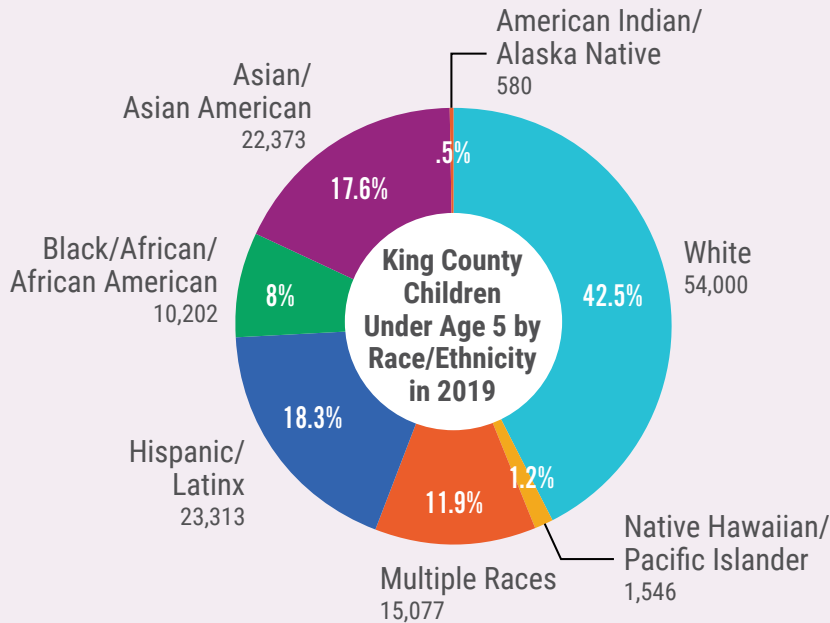
As a working single mom, there are many things I fear doing wrong: not spending time with him, giving him what he needs, or that he is missing out on. I know I’m not alone. Through my job I hear similar things with the moms I work with. There is a common fear of what trauma they have experienced and how that might have long-term effect. Moments like this are important to focus on.”

—King County parent

Who are the young children and families in King County?

- Nearly **130,000 children** under the age of 5 live in King County.³
- **Over the last 10 years**, the racial diversity of King County’s young children has increased.
- **Over 20% of the population** of King County are immigrant or migrant families.⁴
- **Over 18,000 children** under the age of 5 (14.6%) in King County are living in poverty.⁵
- **More than 1 in 4 pregnant people** in King County experience perinatal depression.³

Research shows that mental illness, both during and after pregnancy, is common in birthing people and can result from physical and hormonal changes as well as the emotional toll of this significant life change.⁶



“We strive to continue our legacy by sharing our beautiful culture with our children even when society tries to tell us otherwise.”
—King County parent

Families in King County have many strengths for supporting their young children, including:

- Knowledge of child development.
- Reading, singing, and sharing learning opportunities with their children.⁷
- Having someone to turn to for emotional support with parenting or raising children.⁸

Yet there are challenges with access to services for Infant and Early Childhood Mental Health, such as:

- The family and service providers do not always know where to go for information or services.
- Not all services are quality, culturally relevant, or available in the family’s preferred language.
- There are not enough services available to meet the family’s needs countywide.
- Transportation, inconvenient hours, long wait times, and processes create barriers.
- Services need to be better coordinated to meet the needs of children and their families.

Historically, some children and families have had more challenges with access to services for Infant and Early Childhood Mental Health. Within current systems, Black, Indigenous, families of color, immigrant, non-English speakers, and families in rural communities might all have more challenges with getting their needs met.

From Our Strategic Plan

Many families and community partners helped to make meaning and set priorities from the learnings from the focus groups. The five resulting priorities are rooted in their vision and values. Each priority has several strategies and action steps outlined in the longer strategic plan. From this starting point, we hope to create the changes needed in Infant and Early Childhood Mental Health.



PRIORITY 1: Promote social and emotional well-being for all children and families.



PRIORITY 2: Connect more families with services for Infant and Early Childhood Mental Health, including promotion, prevention, and treatment.



PRIORITY 3: Provide high-quality, culturally relevant services that meet the needs of families.



PRIORITY 4: Support all direct service providers across the continuum of care.



PRIORITY 5: Build and strengthen a network of Infant and Early Childhood Mental Health services countywide.

Transforming Infant and Early Childhood Mental Health: A Landscape Analysis and Strategic Plan for King County

This project has been a multiyear effort to listen, learn, and set priorities. Proposed strategies center children and families and will lead to deep, sustained change over time. We have great hope that our work ahead will resonate with families, service providers, and community partners. Many champions in Infant and Early Childhood Mental Health are needed to respond to these calls for action.

SECTION 2: Setting the Context

Introduction

Relationships are at the heart of human development and thriving. For infants, toddlers, and young children, all development occurs within the context of relationships. The relationship between babies and their caregivers provides the social and emotional foundation they need to learn and thrive throughout their lives.¹ When these relationships are strong, children are better equipped to experience and manage their emotions, care for themselves, and form caring relationships with others. They are also better prepared to meet and overcome challenges with confidence and approach new learning experiences with curiosity. When infants, toddlers, and young children experience these kinds of meaningful relationships, they are more likely to grow strong and live healthy lives.¹

The health and well-being of young children, families, and communities in King County as a whole are interconnected. Healthy communities expand the possibilities for children and families to do well in life. When children and families are thriving and communities are healthier, the county can promote the well-being of children and families growing up today and for future generations. When King County prioritizes people and communities—especially those who have been historically marginalized—it demonstrates a commitment to equity and more communities will have the resources they need to be safer and more sustainable.

In 2015, King County voters approved Best Starts for Kids (Best Starts), a six-year property tax levy to channel approximately \$65 million per year toward youth, young children, and their families. This levy has funded programs and practices that place communities at the center and ensure that babies are born healthy, children thrive, and young people grow into happy, healthy adults.

The relatively young field of Infant and Early Childhood Mental Health holds many keys to ensuring that children develop and thrive. Infant and Early Childhood Mental Health can be defined as **the capacity of a child (age 0–5) to experience, express, and regulate emotions; to form close relationships with peers and adult caregivers; and to explore and learn in the context of family, community, and cultural expectations.**² The relationships involving all the people and places in young children’s lives—their families, neighborhoods, health care providers, early learning programs, social circles, larger community, and more—impact their social and emotional development.

In 2017, the Best Starts Infant and Early Childhood Mental Health strategy engaged in a multiyear landscape analysis to assess and understand strengths, opportunities, and challenges in the continuum of services for Infant and Early Childhood Mental Health across King County. This landscape analysis led to the development of a strategic plan to support the social and emotional well-being of children and families and to strengthen Infant and Early Childhood Mental Health services. The message from the community was loud and clear: the time to revolutionize Infant and Early Childhood Mental Health within King County is now.

The 2019 Best Starts for Kids annual report summarized the need and effort:

In King County, we understand that a strong community, a stable family, and parents and caregivers who have the tools and resources to promote their child’s well-being are critical to neurological, physical, and social emotional development. These investments give families the best chance to have healthy babies and provide children with the best environment in which to grow and thrive. We have deepened our commitment to address racial, economic, and other inequities and stay true to our promise to promote the healthiest start for children and their families during these influential years.



Vision and Values

Vision

The vision of Best Starts is to support every baby born and child raised in King County so that they can reach adulthood happy, healthy, safe, and thriving. The Infant and Early Childhood Mental Health landscape analysis and strategic plan began by engaging Best Starts' team members and community partners to develop a shared vision and values to guide the plan.

The many community partners involved in this project worked with School Readiness Consulting (SRC) and Best Starts to develop the vision statement for the plan:

We envision a King County that values the efforts of families to provide caring environments and deepens its commitment to prioritizing the well-being and social and emotional health of all infants, toddlers, and young children (prenatal to age 5) and their families.

Values

As Best Starts' Infant and Early Childhood Mental Health strategy strives to implement this vision, the work is guided by a set of core values and commitments. These values were developed and vetted by community partners to guide decision-making and action steps for implementation of this work.



EQUITY

Advancing equity means prioritizing investments in the families and communities that are most affected by systemic inequities. It also means breaking the barriers that have kept social and emotional supports and positive Infant and Early Childhood Mental Health outcomes out of reach for many King County children and families. Improving access to care and ensuring the standard of care is provided for those who have been most marginalized within the existing system improves outcomes for all families and communities.



COLLABORATION AND INCLUSIVENESS

Leveraging the capacity and reach of providers across all roles, identities, and interests to strengthen the Infant and Early Childhood Mental Health network and bring meaningful change requires adults who are committed to provide care for young children and their families in many settings and disciplines. A strong Infant and Early Childhood Mental Health community honors the strengths, resources, and perspectives of all who invest themselves in this important work.



HUMAN-CENTERED SERVICES

Honoring the power and importance of human connection as a driving force of effective Infant and Early Childhood Mental Health services means putting humans at the center of our work. This approach acknowledges the whole child and family as well as the complexity in realities that affect their well-being and requires a commitment to integrated approaches that prioritize people over processes.



RESPONSIBILITY AND TRUST

Earning the trust of our community is vital and is accomplished by fostering communication and by responding to family and community voices. Consistently making responsible and community-informed decisions and actions that put children and families first will improve access to and experiences within Infant and Early Childhood Mental Health services.

Our Partners

King County’s Infant and Early Childhood Mental Health landscape analysis took place concurrently and in alignment with a statewide landscape analysis supported by Perigee Fund. Findings from both landscape analyses—at the county level and statewide—informed strategic planning for King County. At the same time, lessons learned and community approaches in King County benefited the statewide effort.



Perigee Fund is a national philanthropic endeavor committed to advancing work in the field of infant and early childhood mental health and maternal mental health. Compelled by the urgent need to deepen supports in the earliest stage of life, Perigee Fund has committed significant resources over the next two decades to advance knowledge and practice, increase advocacy, build partnerships, and align systems to ensure that babies, toddlers, and their parents thrive.

Best Starts engaged School Readiness Consulting (SRC) to lead the landscape analysis and strategic planning process. SRC collaborated with two local partners: SOAR and the Washington Association for Infant Mental Health (WA-AIMH).

MEET OUR LOCAL & STATE PARTNERS



SOAR is an intermediary organization that has worked to promote positive outcomes for children, youth, and families. SOAR’s mission is to evaluate and create pathways for community voices to influence the policies, programs, and practices that impact families. SOAR’s connection to local communities has helped elevate the voices of diverse families in King County.



WASHINGTON ASSOCIATION FOR
Infant Mental Health

Washington Association for Infant Mental Health is a local organization that champions the importance of family relationships for the social and emotional well-being of young children, beginning at birth and extending through the preschool years. WA-AIMH supports an interdisciplinary community of professionals and policy-makers for sustainable systems of Infant and Early Childhood Mental Health practice in Washington state. WA-AIMH’s relationships with providers and deep understanding of policy issues, combined with its focused advocacy efforts, ensured the King County landscape analysis aligned with state-level priorities.

Our side-by-side local and state collaboration ensured that more voices of families, providers, and community partners were heard throughout the process. SRC convened a Statewide Advisory Table to guide both landscape analyses. In addition, a King County Community Council brought local family and community perspectives. As the King County landscape analysis was completed, a King County Strategic Planning Committee was convened for the last phase of the strategic planning process.



Our Processes

King County’s Infant and Early Childhood Mental Health landscape analysis and strategic plan was designed using a community action research approach. Diverse groups of families, providers, and community partners were involved in data collection, interpretation, and development of the strategic plan. The process emphasized gathering and highlighting qualitative data as well as incorporated quantitative data, local innovations, and unique approaches used in other regions. While most of the data collection and analysis efforts were aligned for the King County and Washington state landscapes, the strategic planning phase was uniquely a King County process.

Engaging community partners and gathering data: Best Starts and SRC partnered closely with community groups throughout the cycles of analyzing the landscape and strategic planning. Each of the groups included families, providers, and community partners and played a unique role in guiding the processes, data gathering, interpreting information, and identifying priorities and action steps for the strategic plan.

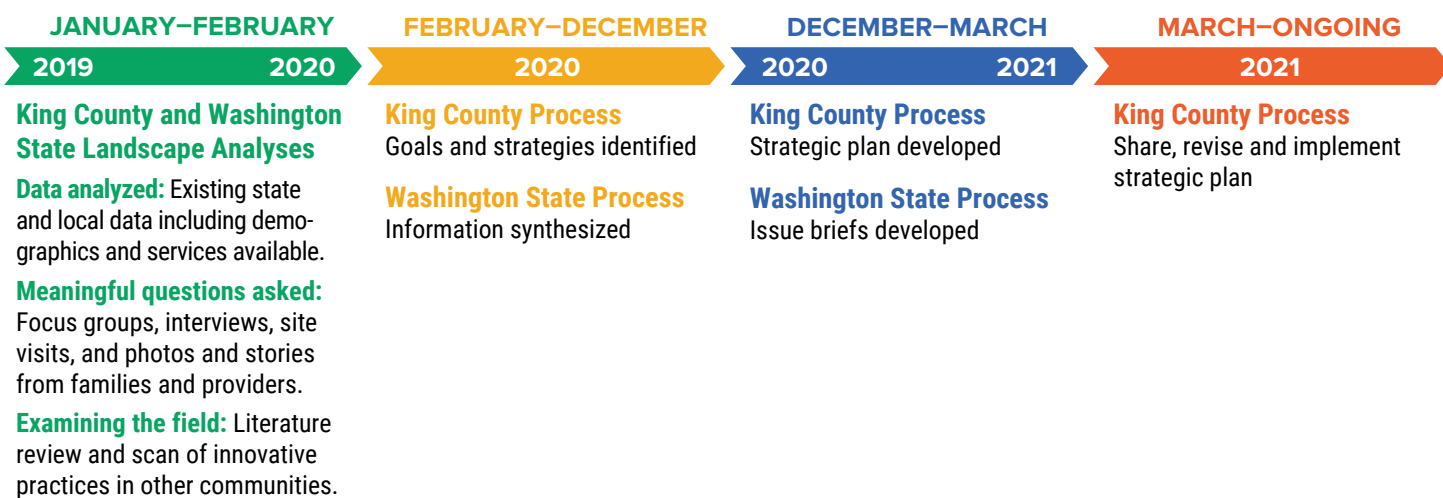
While the **Statewide Advisory Table** provided guidance to both the King County and Washington state landscape analyses, the other two groups were focused solely on King County. The **King County Community Council** led qualitative data collection and analysis via the PhotoVoice project; the **King County Strategic Planning Committee** supported the transformation of learnings into priorities and action steps. Honoring the commitment to equitable representation with this work, SRC ensured that participants reflected diverse racial, linguistic, and cultural identities as well as a range of perspectives from different geographic areas across the county.

Identifying goals, strategies, and measures of success: To move from landscape analysis to strategic planning, SRC worked with the **King County Strategic Planning Committee**. This collaborative process resulted in proposed priorities and strategies to strengthen services and systems over the next several years. The strategic plan serves as a roadmap for King County and is intended to be a living document that will include considerations for periodic reflection and revisions.

Implementation, dissemination, and revision: The final phase of the initiative includes countywide efforts to share with the community the findings from the landscape study and the strategic plan. Outreach and dissemination will expand public understanding, open invitations to support the plan, and generate additional partnerships and champions in Infant and Early Childhood Mental Health across the system. Dissemination activities will open channels of communication within the community to continue informing the work of Best Starts as it implements, evaluates, and periodically updates the strategic plan.

To ensure this strategic plan reflects the full range of needs and prevailing wisdom across diverse King County communities, the priorities and strategies were informed by the many participating families, providers, and community members—all of whom are champions for Infant and Early Childhood Mental Health. SRC hired local organizational and community leaders to help gather and analyze data from these and other individuals.

Figure 1: Timeline



King County families and providers were engaged in the process

The project team focused on communities that:

- 1 represented a range of geographies,
- 2 belonged to diverse cultural and language groups, and
- 3 typically have been underrepresented in public policy development.



7 FOCUS GROUPS OF FAMILIES

Families shared their experiences of their young children regarding Infant and Early Childhood Mental Health services. These focus groups centered the voices of Black, Indigenous, Latinx, Congolese, and Vietnamese families. Focus groups were conducted in Spanish and in English.



12-MEMBER KING COUNTY COMMUNITY COUNCIL OF

parents and providers shared their lived experiences, using PhotoVoice to convey their unique perspectives about Infant and Early Childhood Mental Health services. The council included 9 members from South King, 2 members from North King, 1 member from East King, and 1 member from Seattle.



5 PROVIDER FOCUS GROUPS

Direct service providers across the continuum of care shared their perspectives and the challenges they have encountered as they navigate their work with children and families in Infant and Early Childhood Mental Health settings. Focus groups included prevention service providers, with one group specifically for prevention providers of color, clinicians, and Early Support for Infants and Toddlers (ESIT) providers.



5 PROGRAM SITE VISITS

Infant and Early Childhood Mental Health providers shared innovative local strategies across the continuum of promotion, prevention, and treatment services with a focus on specific cultural and linguistic groups including tribal, immigrant/refugee, African American, East African, Hispanic, and Asian. Site visits included Childhaven, Encompass, Navos, Odessa Brown Children's Clinic, and Center for Human Services.



6 INTERVIEWS WITH LOCAL PARTNERS

Partners shared their organizational practices, challenges, and aspirations for the future of Infant and Early Childhood Mental Health in King County and Washington.



Infant and Early Childhood Mental Health

Infant and Early Childhood Mental Health can be defined as **the capacity of a child 0–5 years to experience, express, and regulate emotions; to form close relationships with peers and adult caregivers; and to explore and learn in the context of family, community, and cultural expectations.**² All the people and places in young children's lives—including their families, neighborhoods, health care providers, early learning programs, social circles, and the larger community—influence their social and emotional development.

All families need support to give children a strong social and emotional foundation. The experience of raising children can be joyful and rewarding but also stressful and challenging. Parents and caregivers have many skills and demonstrate the ability to adapt to changes in life circumstances, create strong networks of support for themselves and their families, and overcome challenges. However, families can still become overwhelmed by stressors that make it difficult to manage emotions. Many stressors families face are outside of their control, such as those caused by systemic and institutional racism embedded in our economic, health, education, and social systems. High levels of stress can compromise caregivers' ability to build a healthy relationship with their baby⁹ and increase the possibility of negative long-term health outcomes.

All the stages leading up to the arrival of a new baby and the transition to caregiving are opportunities to increase social and emotional well-being for parents and caregivers.¹⁰ The transition to parenthood or caregiving is a time when both baby and caregiver are shaped by their surroundings and interactions with one another.⁹ The relationship between infants and their caregivers not only lays the foundation for long-term development and health but also provides a source of joy and delight for both.¹⁰ During this time, the relationship between the caregiver and child, and between the adult and other adult caregivers, are the context in which parents sharpen their parenting skills and support their own and each other's well-being.

In the best of circumstances, all young children and their families are well supported to get their Infant and Early Childhood Mental Health needs met. Many children and families, however, still experience barriers and challenges. Barriers to family and community health, resources, safety, and security do not occur in isolation, but instead are mutually reinforced through systemic and institutional racism. These persistent historic and intergenerational adversities can erode the health and well-being of families.

While we continue working to dismantle systemic racism, a continuum of services in Infant and Early Childhood Mental Health is crucial for strengthening families, promoting healthy social and emotional outcomes in young children, and addressing the impacts of trauma.



Continuum of care: promotion, prevention, and treatment

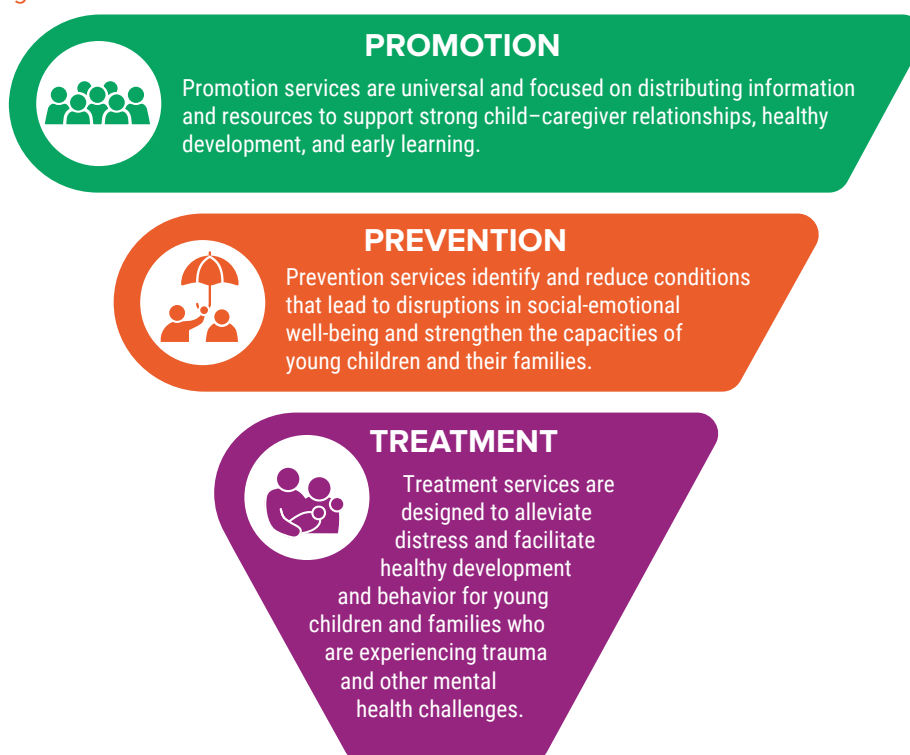
Infant and Early Childhood Mental Health efforts occur in multiple settings and across various systems of care that ideally create a cohesive continuum of care (Figure 2).

Promotion refers to supports and services that focus on distributing information and resources to support strong child–caregiver relationships, healthy development, and early learning. All children and families need access to Infant and Early Childhood Mental Health promotion.

Prevention services are relevant for children and families who face potential challenges or disruptions to social and emotional well-being. Services include identifying and reducing concerns and strengthening the capacities of young children and their families.

Treatment services are designed to address the root causes of trauma and other disruptions to social and emotional well-being by alleviating distress and facilitating resilience, repair, and healthy development for young children and their families.

Figure 2: Continuum of Care



This inverted pyramid demonstrates the continuum of services in Infant and Early Childhood Mental Health that can have a great positive impact on children’s earliest years. At every level there are opportunities to strengthen and support social and emotional foundation and to minimize and reduce any potential negative impacts on children’s later stages of development.

Promotion and prevention efforts occur in a variety of settings such as early learning, community, and health care. Providing families better access to culturally and linguistically matched promotion and prevention services will positively impact children’s social and emotional development.

Treatment services occur in private and community mental health settings as well as in some early learning or health care programs. Infant and Early Childhood Mental Health treatment services tend to be more difficult to access for families and more limited in cultural and linguistic options.

As described above, the relatively new field of Infant and Early Childhood Mental Health is emerging and spans a continuum of care. As we build greater knowledge and awareness of its underlying concepts, we turn to consider and assess what the landscape of Infant and Early Childhood Mental Health looks like in King County.

SECTION 3: The Landscape of Infant and Early Childhood Mental Health

King County's landscape analysis used a community action research approach. From January 2019 through June 2021, diverse groups of families, providers, and community partners were involved in listening, sharing stories, and collecting quantitative data to understand the Infant and Early Childhood Mental Health landscape.

The following key questions helped to organize our learnings:

- **Who are the children and families in King County?**
- **What do families know about Infant and Early Childhood Mental Health? How do they find out more?**
- **What are family experiences with accessing services for Infant and Early Childhood Mental Health?**
- **What did we learn about high-quality, culturally relevant services in Infant and Early Childhood Mental Health?**
- **What does the workforce say about Infant and Early Childhood Mental Health?**
- **What do we know about King County's emerging network in Infant and Early Childhood Mental Health?**

Who are the young children and families in King County?

Gathering family stories through PhotoVoice

The King County Community Council created and curated a PhotoVoice project as one aspect of qualitative data collection for this participatory research process. Council members were provided a camera, training, and space to reflect on their work. Goals of their efforts were to:

- Capture through photos and narrative their experiences of helping young children grow and develop.
- Represent some of King County's children, families, and providers and share their knowledge about child and family well-being.

Provide insight into families' experiences with services that support their family and/or their child's well-being, as well as providers' experiences in offering these services, including their assessment of the quality of services.

The stories of parents, caregivers, families, and providers embedded throughout this report are an important window on the landscape of Infant and Early Childhood Mental Health in King County.



The beauty of welcoming a baby into the world ...

SIERRA'S STORY

"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."

—King County parent



Who is taking care of the mothers?...

ARLENE'S STORY

"During pregnancy and after delivery, no one really talked with me about perinatal mood or anxiety disorders (PMADs), including: NICU staff members from two separate NICUs, my medical providers, early intervention providers, outpatient therapists, or our pediatrician. I knew ... mothers could experience postpartum depression but that was it. I was never screened in the hospital for postpartum depression or any other perinatal mood disorder. I started to think I was going crazy. I remember thinking my true self was gone, that I'd changed irrevocably and that my new normal was to forever be an angry person.

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 Early Support for Infants and Toddlers (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 ... 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."

—King County parent

“*I wish I could say I know exactly what would have helped me in the early days of parenthood. I don't. I also don't know what would help other struggling parents ... a great place to start is with peer support: to give parents another person that can say, 'I understand and I survived—and you will, too'”*

—King County parent

The power of human-centered approaches ... ERIC'S STORY

"This is Mother's Day when Gabriel was 2 weeks old and the gestational equivalent of 25 weeks. When Gabriel was born, Miri was allowed to hold him for 10 seconds before being taken away to the NICU. Over the next two weeks, we were not allowed to hold him except to occasionally touch his hand or change his diaper.



On this day, the NICU staff needed to move him to a new isolette and take away the old one to be cleaned. They saved the task until we came and had Miri hold him for 10 minutes. It took two nurses and a respiratory technician to keep the wires and tubes from getting tangled.

This picture is from a time when we didn't know whether Gabriel would survive, whether he'd be profoundly disabled, or whether he'd be on oxygen for the rest of his life. The fact that the NICU staff saved this holding task for us meant a huge deal to us."

“*The part ... I feel the most is just how fragmented things are ... separating the maternal mental health from infant mental health and even just having all these different service agencies ... there's all these different little pools of people who all care about the same things. [By] bringing all that together so that the family in front of you can get what they need without there being so many siloed programs and different kind of barriers to entry would be how we really move the needle and have kids and families get what they need.”*

—King County parent

We need providers to listen to families ... ARLENE'S STORY

"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 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 connections 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."

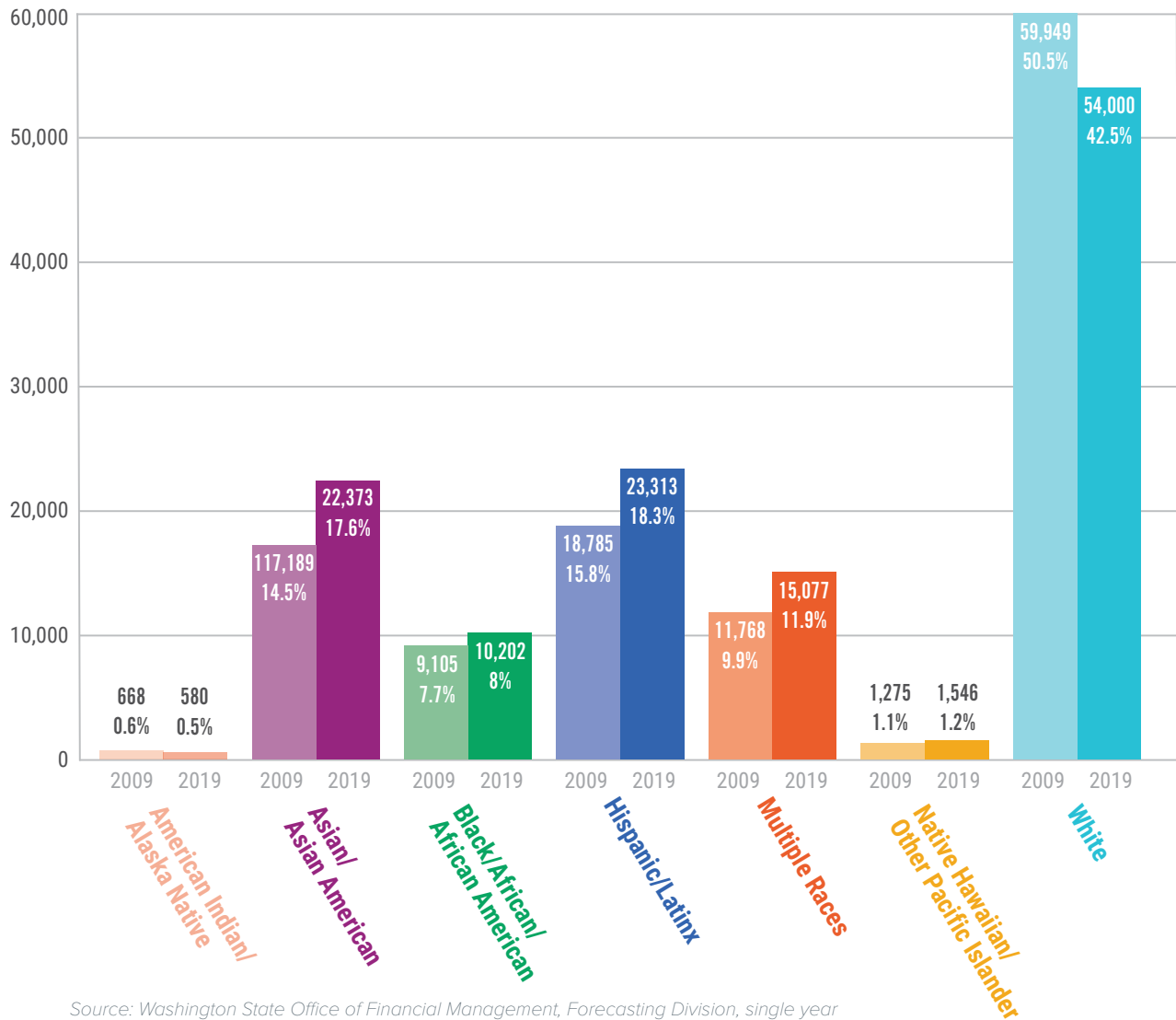
—King County parent

Children and families in King County by the numbers

Nearly 130,000 children under the age of 5 live in King County.¹¹ In Washington, there are approximately 454,000 children under the age 5, making King County home to nearly 30% of Washington’s youngest children. Five of the largest cities in the state are in King County (Seattle, Bellevue, Kent, Renton, Kirkland), making it the most populated county in the state.

Over the last 10 years, the racial diversity of King County’s young children has increased. The similarities and uniqueness of racial and ethnic cultures are strengths in families and communities. The growth in racial and ethnic diversity over the last decade has elevated the importance of centering Black, Indigenous, and people of color (BIPOC) experiences and voices—and has created opportunities to improve services to meet their individual needs.¹²

Figure 3. King County Children Under Age 5 by Race/Ethnicity



Source: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001–2019, Community Health Assessment Tool (CHAT), March 2020.

Legacy: Washington State Department of Health and Krupski Consulting, 1990–2009 Population Estimates and Population Estimates for Public Health Assessment, 1990–2011, Community Health Assessment Tool (CHAT), December 2012.

“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.”

—King County parent

Over 14,000 people in King County have tribal affiliation.¹³ Indigenous peoples represent a diverse and dynamic group of families, communities, and nations—each possessing unique cultural norms, characteristics, and languages to be passed on from generation to generation. The cultural and linguistic traditions within Indigenous communities are firmly grounded in generations-long histories and deep connections with land, ancestors, and one another. It is through these traditions that young children of Indigenous families impart pride and connection to their identity and heritage.¹⁴

Over 20% of the population of King County are immigrant or migrant families.⁴ The assimilation process to new environments and new ways of being can create opportunities for families, but it can also create complex hardships and compromise family well-being. Families who seek to connect with community and develop a sense a safety can reduce feelings of isolation. More than 1 in 5 families are immigrant or migrant families, and this elevates the importance of having services that can meet their specific needs.

“The majority of people in my community are immigrants or refugees. Immigration isn’t easy. Having pillars in the society that gives immigrants and refugees hope and supporting them is essential.”

—King County parent

What do people sacrifice so their children can get a quality education ... **SELAM'S STORY**

“My parents left their home in Ethiopia so that my sibling and I could have a chance at a better education and life. Now as a mom, I make the similar sacrifice so that my son has an equal opportunity as his counterparts. For me paying the amount I do for childcare is insane, especially being a single mom that works in the nonprofit world. However, when I think of his future, it's essential to me that his foundation is solid, which starts from his early education.”

—King County parent



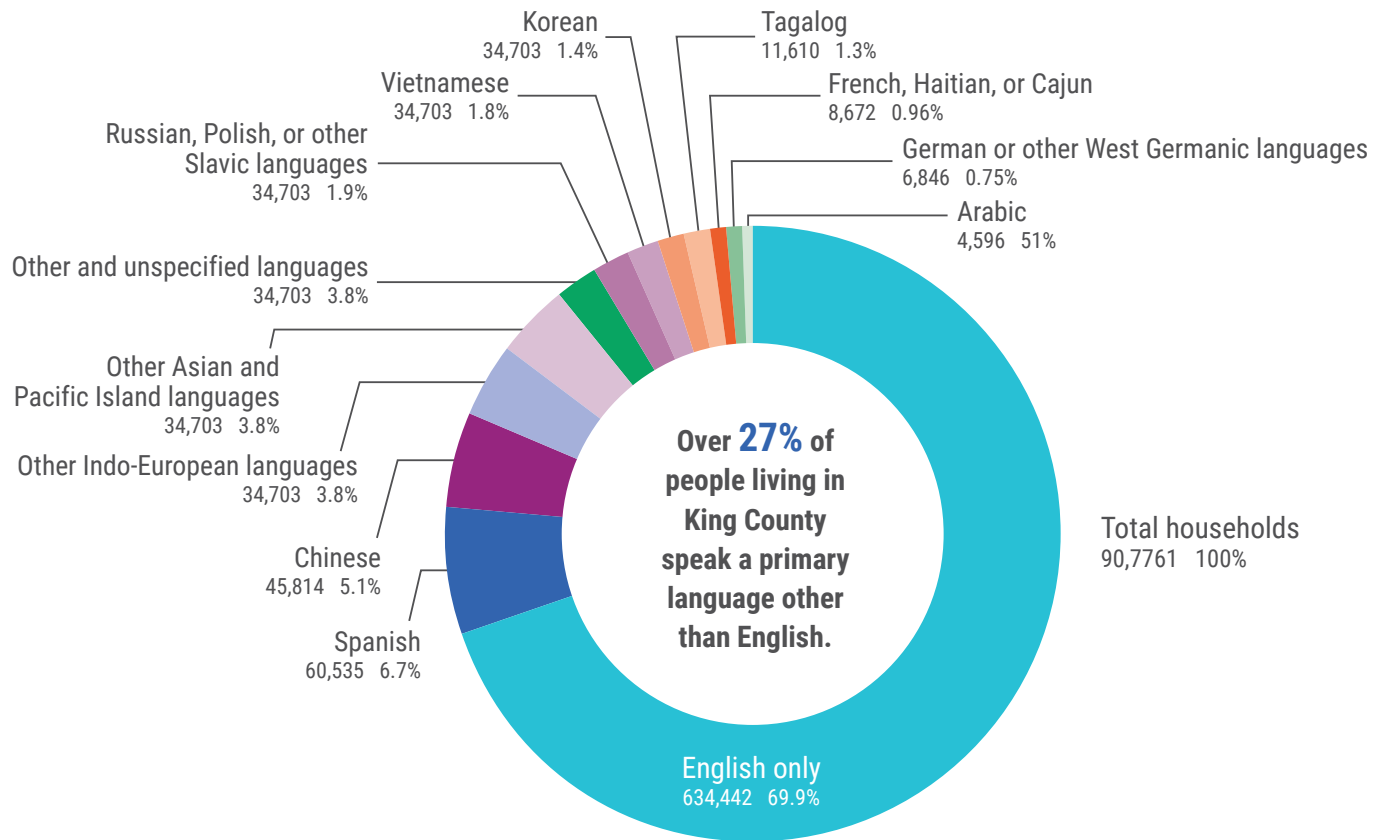
“There definitely needs to be more housing and resources because everybody’s struggling to get those last few spots. When you want to move, you can’t, because there’s nothing to go to. Then you’re on the wait list. When your lease is up, well it’s too bad because your waitlist number came up two months ago.”

—King County parent

“All we want is for the system to meet us halfway and understand that it’s bad enough we must learn a new language, but to also raise our children in a country that’s very different from our customs, and childhood is hard. Mental health was not a subject that was ever touched on in Somalia, and we want more services geared toward addressing these difficult topics in a lighter way.”

—King County parent

Figure 4: Primary Languages in King County Other Than English in 2019



Over 27% of people living in King County speak a primary language other than English.¹⁵ For young children, being bilingual is a gift parents pass on to them. Language, social, and emotional development are closely linked together as relationships require both verbal and nonverbal communication between young children and their caregivers. Young children and families speaking more than one language benefit from an Infant and Early Childhood Mental Health community of providers that has more linguistic and cultural matches.

Over 18,000 children under the age of 5 (14.6%) in King County are living in poverty.¹⁶ Due to centuries of systemic racism, Black, Indigenous, and Latinx children are more than 3 times as likely to be living in poverty or near poverty compared with white children.¹ Though parents and caregivers are resilient, creative, and determined, living in poverty is an adverse community experience, one that can negatively impact the mental health and well-being of families.

About 3% (nearly 4,000) of King County children under age 5 have no health care coverage.¹⁷ Children who are not covered by health insurance are less likely to access continuous and preventive health care, with the result being a decrease in children’s access to developmental screenings through health care providers. This lack of access can impact access to timely supports and services. King County continues its efforts to ensure all pregnant parents, infants, and young children have access to and utilize health care coverage.

“For the lasting three years I had to decide between having my own place and paying rent or my son getting quality child care. A lot of families in Washington and all over the country have to make that similar decision. The families I work with also go through the challenge between wanting to go to school to better themselves or having to work to provide for their children. I believe quality childcare and education should be available to everyone and it should not cost them their livelihood.”

—King County parent

The apartment was making them sick ... **ROCIO'S STORY**

"There was a family in my program with three children living in an apartment with two rooms. I was first starting to know the family and began making connections and observing the environment. Mom began canceling visits saying the children were sick or she was not feeling well. This was a new family for me, and I was not exactly sure what was going on. Mom commented that the children would have a runny nose or stomach problems. Sometimes they would have fever. The [health care] provider told her that the children had a regular cold. For herself, she had frequent headaches that were not helped with Tylenol. Sometimes the headaches lasted for days.



My concern was that the apartment was making the children sick. I was in the process of contacting the public nurse to help get extra medical professional "eyes" on the children, but mom ended up saying no. Mom was afraid to include more people, thinking that it might get her in trouble with her property owner and affect her housing stability.

I think what is important for people to understand about this is that the housing conditions where families live and pay rent need more attention. This is where young children live and breathe. This is where pregnant women live. I could see how this mom struggled every day to take care of her children. She tried to find a way for the provider to help them, but she was not successful."

—King County parent

Over 95% of people living in King County reside in an urban area.¹⁸ The uneven distribution of resources across urban, suburban, and rural communities is a significant factor when it comes to accessibility and range of resources for children and families. These resources include those that support overall family stability and functioning (such as jobs and availability of housing and transportation), the degree of connectedness that families have to their communities and social networks, and the supply and proximity of services. When it comes to accessing a broad range of resources, families living in more urban areas tend to have more opportunities closer to home.¹⁹

An estimated 55,000 kids (17 and younger) live in unincorporated King County,²⁰ an area that includes suburban and rural areas outside of incorporated cities.

Even families living in urban areas described challenges such as the distance of services from their homes, gas expenses, traffic barriers, and ineffective bus transportation options. Work and child-care schedules and locations also impact families' access to services.

“Everything is in Seattle ... resources are far away from people that actually need [them]. They're not accessible, and if they are, they're limited.”

—King County parent

Vashon Island: idyllic and challenging ... **CHRISTINE'S STORY**

"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 ... 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."



—King County parent

A Rainy Night: Struggling with Transportation ...

SIERRA'S STORY

"Transportation in Seattle is changing—more cars on the road, less bus routes, and new tracks for the light rail being laid all around. While some people only have walking as a means of transportation, others have the choice to catch the bus, train, or drive.

As a parent with a young baby, being able to get around comfortably and safely is important. When it was just me by myself, I don't mind walking or using public transportation in the rain. Now that it's my baby and I, I'm driving everywhere. This picture makes me think about the families that don't have a car or might not have the means to use public transportation. Walking in the rain at night with a young baby can be dangerous and uncomfortable. While there are services like Lyft and Uber, what if they don't have a smart phone or a bank account to link to their account to pay? Everyone should have access to safe and comfortable transportation."

—King County parent



Around 6% of families reported living in neighborhoods that are characterized as violent or unsafe.²¹ The stability of communities and quality of environments where children grow up have a clear impact on children's social and emotional outcomes and overall well-being. The lack of access to safe and vibrant community spaces where children can play and learn can limit children's healthy development. Children growing up in communities with unstable economies and chronic violence are more likely to face disruptions to healthy social and emotional development and exhibit challenging behavior, depression, anxiety, and low self-esteem.²² Systemic racism creates barriers in neighborhoods where living conditions can add additional stress and worry for families with young children.

Roughly 3% of children in Washington State are living in kinship care.²³ Children under 1 year represent 26% of the children entering foster care in Washington, and children ages 1 through 5 years represent another 29% of the children in foster care.²⁴ Infants, toddlers, and children of color are the most likely to be removed from their homes as a result of contact with the child welfare system. Also, as a result of historical systemic and institutional racism and implicit bias in the child welfare system, children of color in King County are more likely than white children to come in contact with the system and more likely to be removed from their homes.²³ Young children are highly vulnerable to disruptions in care at a time when one of their most important developmental tasks is establishing strong attachments to their primary caregivers.



More than 1 in 4 pregnant people in King County experience perinatal depression.³ Research shows that mental illness, both during and after pregnancy, is fairly common in birthing people and can result from physical and hormonal changes as well as the emotional toll of this significant life change.²⁵ Depression and anxiety during pregnancy can have a negative impact on birth outcomes (e.g., birth weight and full-term births) and delay the important task of the parent/caregiver and baby forming a strong bond. The combination of these challenges can significantly disrupt young children’s social and emotional development.²⁶

Institutional racism and implicit and explicit bias from providers compound barriers and stressors for BIPOC, contributing to depression and anxiety.³ At the same time, Black, Indigenous, Latinx, and Asian mothers are 2 to 4 times less likely than white mothers to have access to mental health services and other supports that could potentially alleviate the impacts of depression and anxiety.

Many interconnected factors influence the social and emotional foundation of young children’s development. The health and stability of families and communities, sense of safety, access to vital resources, and overall quality of life are all influential elements. Broken systems, however, create challenges and effects such as poverty, intergenerational trauma, and lack of access to essential resources. These systemic failings create barriers for families to support their children’s social and emotional development, and while these barriers can affect all families, they exert more profound impacts on families of color. Systemic racism and chronic under-resourcing in communities of color create family and community hardships for many.

It Takes a Village ... SELAM'S STORY

“Even though it’s a little kids’ soccer game, it feels amazing that we are able to come together to support Josiah on things that matter to him. I believe in “it takes a village to raise a child!” We are able to pull each other up and show up when it matters and show our young king that he is supported at every stage of his life.

After different situations, it has taken this family a long time to heal and come back together. For us, it was very important to be a unit for Josiah. A lot of families that migrate to this country go through the transition of coming from a big family or community or village to where they feel very alone.

It’s important to celebrate and acknowledge the different forms of a family. This is what resilience looks like for my family and me.”

—King County parent



What do families know about Infant and Early Childhood Mental Health? How do they find out more?

Informs Strategic Plan Priority 1



Families already have important knowledge, skills, capacities, and strengths that enable them to thrive in the face of challenges. At the same time, families need access to information and resources to support their children’s well-being. Developmental screenings are one way that families can access information about their child’s specific strengths and potential areas of concern. In addition, effective screening and referral processes can be the first steps for a family toward accessing Infant and Early Childhood Mental Health services.

What families know

Families find strength and resilience in extended family and community support systems as well as connections to faith, tradition, and culture that can serve as protective factors to address adversity and promote resilience. King County families also need access to specific kinds of resources and information to support their children’s social and emotional development.

73.2% of families in King County reported having knowledge of child development and 71.7% of families reported having someone they could turn to for emotional support with parenting or raising children.²⁷ The degree to which families rely on the formal and informal resources available in their communities is a significant protective factor. For families, knowing where to turn for support on child-rearing and the challenging parts of family life has a positive impact on children's development, well-being, and quality of life. For an evolving Infant and Early Childhood Mental Health system, this means continuously assessing information and access to resources to ensure parents and caregivers are easily able to connect when they need.

72.1% of families regularly read, sang, and engaged in other learning opportunities with their children.²⁸ When families spend time reading, singing, talking, and learning together, they reinforce positive relationships and strengthen children's connections to their language and cultural traditions. Family involvement also leads to stronger language and literacy skills, improved concentration, and a lifelong love of learning in children.²⁹ These activities involve parents and caregivers giving time to their young children, time that can inspire love for family, learning, and self.



Water Their Roots ... SELAM'S STORY

"We were at a high school friend's wedding watching this newly married couple do a cultural dance while four little girls watch in front, and everyone else was surrounding them to encourage what was going on.

It was beautiful to see two different cultures coming together, but more than that to see the little girls be so excited to see a positive representation of their culture and people who look like them was remarkable. They are the future and when they grow in a community that waters their root by taking time to celebrate and pass down its traditions ...

Lots of families that come to this country are told one way or another to assimilate, which causes the family and kids to lose their connection to who they were and in turn go through identity crises as they grow up.

It's important to me that we are giving space and encouraging that girls and boys, like the ones in the picture, are being told that they matter.

We strive to continue our legacy by sharing our beautiful culture with our children even when society tries to tell us otherwise."

—King County parent

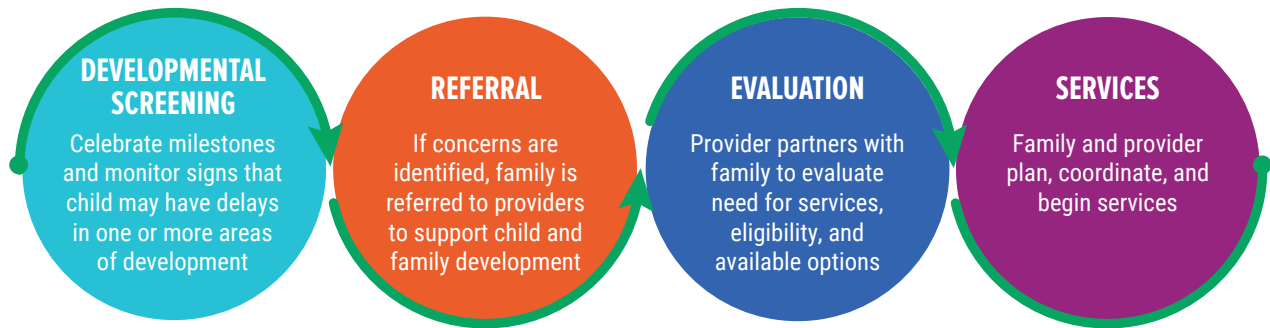
For many families and communities, there remains a deeply held stigma around mental health in general; this stigma is often particularly prevalent in communities of color. The historical and systemic racism in the United States, resulting in race-based trauma, has eroded many communities' trust in the health care system, especially in the mental health sector. Persistent racism in the mental health community has led to chronic misdiagnoses and mistreatment of Black, Indigenous, and people of color.

“ I feel like the [terminology] used is really strong for a family—especially for the African American community where counseling services [and] mental health are something that we don’t address. People are becoming more open to it, but [we need] a different way to [describe it] to the family so they’re not feeling like you’re saying that there’s something wrong [with them] so families are more open to receiving services.”

—King County parent

While families have existing knowledge about ways to support their children’s social and emotional development, they often need more culturally and linguistically relevant information—and in ways that resonate. King County has made progress, but there are still more families to reach and connect with about the importance of social and emotional child development. Early access to information and services will promote opportunities for caregivers to learn more about Infant and Early Childhood Mental Health. One way that families can learn about their own children’s needs is through developmental screening, partnered with referral to meaningful services.

Figure 5: Screening, Referral, and Evaluation Steps



In an effort to better understand the screening and referral process in King County, Best Starts for Kids partnered with nonprofits Cardea Services and WithinReach to conduct a developmental screening and referral landscape analysis. The [2019 Prenatal to Five Developmental Screening, Referral, and Connection to Services in King County: A Report From a Participatory Landscape Analysis](#) revealed a clear need to work toward more culturally and linguistically responsive screening tools and practices in order to attain meaningful results and make appropriate referrals.

Developmental screening

Screenings are a low-cost first step providers use as a tool to help ensure young children are meeting developmental milestones in their motor, communication, adaptive, cognitive, social, and emotional development. Combined with referrals and appropriate assessment, screening fosters early identification and connection with Infant and Early Childhood Mental Health services to address social and emotional concerns.



In recent years, King County’s Developmental Promotion strategy has increased access to developmental screenings by funding community-based pilot projects. Best Starts has channeled significant investments to training all kinds of providers to conduct screenings and make referrals. The effort to increase developmental screening overall is balanced with the recognition that mainstream screening tools and approaches rely heavily on white-centric, dominant-culture assumptions that fall short of meeting the needs of culturally and linguistically diverse children and families. For that reason, Best Starts has invested in innovative, community-driven, culturally nuanced solutions to ensure that the screening process is accessible to all children and families and that it yields valid and meaningful results.

For example, community-based developmental screening pilots (through August 2020) included:



Mother Africa hired community leaders to offer culturally and linguistically programs that included the Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2) screening tool and referrals for African and Middle Eastern immigrants and refugees in South King County.



Open Doors for Multicultural Families managed a translation and cultural vetting project with community members to adapt the ASQ:SE-2 screening tool into five languages: Somali, Chinese, Korean, Vietnamese, and Arabic.



Somali Health Board engaged the local Somali community to co-design culturally relevant services for families of young children with autism. In response to community guidance, separate parent support groups for mothers and fathers were offered, many new forms of psychoeducation to dispel myths and stigma about autism were initiated, and the Modified Checklist for Autism in Toddlers (M-CHAT) screening tool was adapted to include social and behavioral symptoms of autism that are predictive for the Somali community.

In many instances, health care providers are still not offering culturally, linguistically, and age-appropriate screenings. According to 2019 Best Starts’ Health Survey data, only 19.7% of children 9 months to 5 years received a developmental screening from a doctor or other health care provider in the last 12 months. Only 46% of primary care providers who responded to the survey reported offering screenings in Spanish, and only 19% reported offering screenings in a language other than Spanish or English.

Implicit and explicit bias in the screening and referral process means families are not always being seen as experts and treated as partners when it comes to their own children. Families are essential partners in Infant and Early Childhood Mental Health—holding unmatched wisdom and context about their children’s needs. Within the 2019 developmental screening landscape analysis and through the current Infant and Early Childhood Mental Health landscape analysis process, families shared that when discussing developmental concerns with health care providers, they often do not feel heard or believed, which creates costly delays in screening, assessment, and service delivery.

Referral to services

Once screening occurs, many families work hard to follow up and navigate a complex network of service providers. Lack of coordination and errors in the referral process, however, can cause frustration for families, which then result in delayed access to the supports that young children urgently need. Recognizing that screening and referral are key entry points to Infant and Early Childhood Mental Health services, providers agree that the process must function well for children and families to get the knowledge, tools, and supports they need.

Currently, King County families have difficulties getting accurate information and connecting to the limited services available. In the absence of trusted formal sources of information, parents look to their extended family, other parents

in their communities, faith-based institutions, and community organizations for guidance and support in identifying and accessing programs. While these informal networks are important and highly valued, families are also looking for integrated approaches such as coordinated access of reliable information about what services exist and how to qualify.



Community-Based Programs Support Developmental Screening ... CAROL'S STORY

"This picture was taken at an event organized by Mother Africa called Flourishing and Resilient Children's Project. This program does developmental screenings for children between 2 months and 5 years in communities speaking English, Swahili, French, Arabic, and Dari/Farsi.

I thought that this was a very sweet moment between a mother and a child, who was very insistent on the mother paying attention to her while she "saved them" (trees). They were connecting. Growing up in my home country (Kenya) and interacting with a lot of people from African countries, sometimes there is this shared sense that parenting means giving birth to the child, feeding, clothing, making sure they have shelter, and taking them to school. A lot of growing up was left to me, as the child, to figure it all out in school, especially as boarding schools are mandatory when a child turns 12 in Kenya.

I barely remember being in a program (or seeing one) that sent out different screeners for various language-speaking groups, doing necessary developmental screening for children. I didn't know how isolating that felt until I came to America and made mental comparisons on how inclusive parenting and raising children here is as opposed to back in my home country.

To be in King County, where they allocated funding to community-based organizations like Mother Africa, to do needed services and create events where parents are required and expected to engage with their children, was just very refreshing. This, I believe, will consequently affect the holistic development of the child and the child's relationship with her mother/guardian(s)."

—King County provider

“ There’s really a lack of access to it [Infant and Early Childhood Mental Health]. You don’t get access to it unless you get referred. If you don’t, then: ‘How do I get referred?’ ‘Well, you need to talk to somebody that’s a specialist, that can send you over here.’ ‘Well, my clinic told me I had to come here.’ It’s really hard to access.”

—King County parent

“ After I got to Children’s Hospital and I waited for an hour, the doctor talked to me for 15 minutes, told me they gave me the wrong referral, and I had to go to someone else. This is just typical. I get annoyed, and then the process gets delayed for like six months because I just won’t call back, I’m just annoyed with them already. It’s like a bad relationship already.”

—King County parent

WithinReach

STATE AND COUNTY-LEVEL SPOTLIGHT



WithinReach is the organizing entity and state affiliate for the Help Me Grow system in Washington state. It leads the expansion of the Help Me Grow Washington system by working with local communities to plan and implement the initiative in ways that align with the needs and resources of their regions. WithinReach also serves as the statewide coordinated access point for families seeking support.

The state-to-local implementation of Help Me Grow is a promising strategy for creating responsive systems change.

Building from WithinReach’s statewide efforts, Best Starts has adapted the Help Me Grow framework. The Help Me Grow King County (HMG KC) strategy is implementing the framework at the county level through a network of community partner organizations. Together, these programs are striving to meet families’ needs, when and however services are needed. Embedding equity and building on values of self-determination, strength, and resilience, HMG KC was informed by family and community partnerships, including ethnocultural community liaisons who worked to ensure engagement reached a variety of racial, ethnic, and cultural groups. The network emphasizes warm connections and a “no wrong door” approach.

Help Me Grow King County is organized around four core components:

- **Coordinated Access**—A network of organizations provide families and communities with culturally and linguistically matched services and resources.
- **Family and Community Partnerships**—Authentic relationships with families and communities ensure King County families define the HMG KC system.
- **Data Collection and Evaluation**—Quality information about services available to families results in increased access to information. Bidirectional communication means a better understanding of how families interact with services.
- **Service Provider and Professional Partnerships**—Collaborative relationships with early learning, health/mental health, social service providers, and community health workers strengthen coordination and the ways people get information.

While families need access to meaningful referrals, providers need to know the range and types of services that are available and how to make referrals effectively.

“When it comes to connecting families to resources, I spend a lot of my time just researching what’s out there for families. It’s going to take just as long as if they walked by themselves. It feels like we could decrease the wait time by at least knowing where to send people.”

—King County parent

“It was advocating for myself. I saw something was wrong, he [my child] wasn’t speaking. It wasn’t easy, it took forever. Even just to get him diagnosed with autism, it’s just waiting on the list for Children’s [Hospital] and getting referral after referral. It’s a headache.”

—King County parent

Any referral system can be effective only to the extent that there are services available. In the case of Infant and Early Childhood Mental Health, families need access to promotion, prevention, and treatment services. Yet as the following section describes, Infant and Early Childhood Mental Health services are not yet widely available enough to address the needs of all children and families in King County.

Linking child and adult mental health at the Center for Human Services

KING COUNTY SPOTLIGHT



The Center for Human Services is a community-based, nonprofit family services agency offering a range of mental health and well-being resources for children and families: outpatient treatment for substance misuse, play-and-learn groups, parent education groups, kinship support groups, and clinical behavioral health. In addition to offering behavioral health supports on-site, the Center for Human Services also embeds mental health workers in local health clinics as a way to streamline families’ connections to mental health services as needed. Through these multiple entry points, center staff have the opportunity to begin conversations about family mental health, including how adult mental health can affect any children at home. The center can make referrals for additional relationship-based services.

Too often, providers of adult mental health services fail to ask whether there are children at home—creating a missed opportunity to prevent adverse childhood experiences (ACEs) and other disruptions to children’s social and emotional development and the overall well-being of the family. Establishing communication loops between pediatric and adult mental health providers is an important strategy to expand access and streamline connections to the mental health services that families need.



Consider the Approach of the New York City Department of Health and Mental Hygiene Project LAUNCH

“Building awareness for Infant & Early Childhood Mental Health”

What does the program look like in practice?

As a part of the [NYC Project LAUNCH](#) (Linking Actions to Unmet Needs in Children’s Health), the New York City Department of Health and Mental Hygiene initiated a mental health public education campaign to increase public awareness about early childhood mental health, parental mental health, developmental milestones, developmental screenings, and the prevention of toxic stress and ACEs. The initiative designed and disseminated information to families on how to promote social and emotional development through healthy relationships, how to assess growth through developmental milestones, and the importance of developmental screenings.

The goal was to reach the broadest number of people. The project administrators cast a wide net, reaching out to programs and agencies across sectors including health and mental health, education, social services, housing, and child welfare. Administrators also engaged community- and faith-based organizations and trusted institutions in communities as ambassadors of key messages and resources. Additionally, NYC Project LAUNCH developed a

City Health Information bulletin with guidance for health care professionals on early childhood developmental screening, social and emotional development, and maternal depression. The bulletin circulated to more than 27,000 health care providers.

How is the work supported?

The work of NYC Project LAUNCH is now embedded within the NYC Department of Health, which continues to provide a series of resources accessible through their website, the 3-1-1 telephone information system, and a Facebook page—Our Littlest New Yorkers—designed to provide information to parents and caregivers. Together, these platforms continue the project's goal of linking families with valuable local resources and information.

How does NYC Project LAUNCH promote social and emotional well-being?

The project was designed to build the capacities of adult caregivers of young children to promote healthy social and emotional development; to prevent mental, emotional, and behavioral challenges; and to identify and address behavioral concerns before they become more serious. The program provided easy access to the types of information families, providers, and other community partners need to deepen awareness of social and emotional well-being and what is needed to support it.

What are family experiences with accessing services for Infant and Early Childhood Mental Health?

Informs Strategic Plan Priority 2



Families theoretically can access Infant and Early Childhood Mental Health services in a broad range of settings (childcare, preschool, and medical clinics). Our landscape analysis, however, demonstrated that not all families who need services are gaining access to Infant and Early Childhood Mental Health services but instead experience a variety of barriers.

“*Early intervention services, medical and dental care, early childhood mental health consultation, parent education programs, public library services, public housing assistance, and job assistance programs ... I have never accessed any of these services for my child because I don't know where to go. I just want to access services that understand my needs and can get past my language barriers in a nonjudgmental way.*”

—King County parent

The availability of services for Infant and Early Childhood Mental Health does not meet families' needs.

For every 10,000 children in King County, there were approximately 11 pediatricians, 8 psychiatrists, 23 family medicine providers, 25 social workers, and 23 psychologists who offer behavioral health services.³⁰ Clinical providers who offer some of the most commonly needed child and family mental health services are also limited and distributed across a variety of settings. Prior to Best Starts' funding of home-visiting programs, the supply of services remained inadequate, with only 1 slot available for every 7 income-eligible children.³⁰



Our community needs more services for children and services need to be easier to access ...

ERIC'S STORY

"This is my son in treatment for feeding therapy at Children's [Hospital]. 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.')

Waitlists 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!)."

—King County family



Families reported a variety of barriers that make accessing Infant and Early Childhood Mental Health services more challenging.

Some of the most persistent barriers families mentioned were inconvenient hours of operation, duplicative intake appointments, long wait times, and a lack of programs located close to where they live. Transportation challenges affected consistent and timely access to services.

Families shared that they experience barriers to pursuing their own well-being and connecting with other families for support.

When families get opportunities to care for their own health and well-being, they might also be better able to care for their children. These opportunities include meeting their own needs for connection and support from their respective communities. Isolation can be a significant source of stress for families that can lead to mental health challenges such as depression and anxiety. Amid two pandemics—COVID-19 and violent acts of racism—families are at an even greater risk of isolation.

“ *I think there's a lot of value to self-care. I also think that resources run out. Like one of the other moms was saying, things are really expensive. There's not always money left for us.”*

—King County parent

More than just NICU neighbors ... ERIC'S STORY

"This is my son on a swing with a girl who was born a few weeks after him and lived in the next room in the NICU (neonatal intensive care unit). This family went through many of the same experiences that we did and can relate to our stresses in a way that no one else can.

People going through a child mental health experience need to connect to people who have been through the same. Having a special-needs child is isolating and peer support means a huge deal and it is hard to get. Providers have lots of patients who could support each other, but HIPAA [privacy laws] places obstacles in the way of their communication. Providers should come up with ways to help with peer support that are also HIPAA compliant."

—King County family



Opportunities to get and stay connected are vital for families. Families can benefit from a variety of approaches to reducing isolation and increasing social connections and peer supports. Feelings of community and having peer supports grow from informal networks and specific services. Examples include home-based programs and community classes where families can learn along with their children. Often programs intentionally build on families' natural propensity to form supportive peer networks, share information and resources, and learn together from sharing experiences on their parenting journeys.

Families made clear the important role of trusted local organizations in providing information and resources to support family life. Connecting with families in the context of their local community has the potential to increase the cultural responsiveness and relevance of information and resources, while enabling families to access these services in the places they most often go in the community.

Families value peer-to-peer supports ...

CHRISTINE'S STORY

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

I facilitate this group and feel that this kind of peer-to-peer support with a facilitator is life-changing for people, but we have no funding to support it. Parents who participate regularly tell us they don't know how other parents manage without this kind of regular support. They make connections with other parents that have similar-aged friends, and this becomes their community. They also get ideas from many sources for how to handle tantrums, sleep issues, aggression, and much more. It is powerful to witness people become more resourced and move toward a life where they feel empowered and supported. Our organization funds this weekly group because it provides so much support and is aligned with our mission, but it is hard because it causes the program financial strain. Investing in these types of groups makes sense and has a huge impact. It makes for more resourced parents who can then deal with the stresses of parenting from a place of greater patience and love."

—King County family



“With my 3-year-old daughter, things changed a lot because I had a baby and ... [I] get very stressed. I don't know what my 3-year-old needs or how to help her. I don't have the confidence to ask. I feel embarrassed because it's very private. I don't want it to be heard as complaining when I talk about my feelings. I spend a lot of time alone during the day and I need to talk to someone.”

—King County parent



Kaleidoscope Play & Learn is a neighborhood-based, evidence-informed practice that brings parents and caregivers together to support their child's early learning and healthy development through hands-on activities and play. In addition, KP&L brings caregivers together to build social connections and alleviate caregiver stressors.

Child Care Resources designed KP&L with the guidance and expertise of community members across King and Pierce counties. In 2013, KP&L was designated a "Promising Practice" by the University of Washington's Evidence-Based Practice Institute. Our Best Starts' evaluation of KP&L showed:

90% of participants surveyed reported feeling more supported as parents or caregivers in their community.

80% of caregivers surveyed expressed an increased understanding of their role in helping their child be kindergarten-ready.

In King County, we need more coordinated services that address families' needs for integrated approaches.

According to families receiving ESIT and early learning programs that provide comprehensive wrap-around resources, an integrated approach plays an important part in alleviating parent stress and anxiety. Even still, many King County families interacting with Infant and Early Childhood Mental Health services report challenges such as:

- frustration with redundancy in intake processes and forms,
- inconsistencies in the ways diagnoses and treatment plans are described and carried out, and
- competing priorities and demands from each of their service providers.

Such challenges have the most profound negative impact on children and families who have historically lacked access to Infant and Early Childhood Mental Health services and supports, especially BIPOC families, immigrants, non-English speakers, and families in rural communities.

While providers recognize the value of multiple types of settings offering a wide variety of supports for children and families, many also express the need to work together to create a more coordinated approach to Infant and Early Childhood Mental Health. Providers know that more collaboration across organizations is needed to sustain programs and create positive change in service delivery and outcomes.

“*I feel services are just not integrated. Mental health services here, occupational therapy here, and speech [therapy] here. It's hard to get them all in the same room. When it's all in the same room with the services coming in and out, I feel like my kid is really getting all the things he needs.”*

—King County parent

“*Families need programs that integrate social and emotional development and at the same time provide families with information and supports they need as part of a family-centered approach. He [my child] needed speech [therapy], then he had some anxiety. He seems more confident [now] and so I'm hoping that that will continue and that he'll have the confidence to navigate in the world and be okay and have his needs met.”*

—King County parent

Creating synergy through integrated services ...

KATHY'S STORY

"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 melt downs. 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, '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."

—King County parent



“Getting it all integrated ... right now the system is so reactive ... if we can get a proactive thing, it'll take a while, but suddenly our caseloads will go down. If we can [provide services] earlier and more consistently across multiple environments ... that would make such a difference.”

—King County provider

“Communities tend to do better when you have spaces where multiple providers are coming together to solve one issue. Whether that is a mental health therapist advising a home visitor who's also advising someone who is providing them with stable housing ... you cannot solve these issues if you're not talking to one another. Because they are so dependent. A healthy child, a healthy development ... [it is] so critical for a healthy mother ... how are we bridging the gap between? That is ... something ... very needed and kind of unknown.”

—King County provider

Throughout the landscape analysis process, families made it clear how helpful it can be to pursue caring for their well-being and to find interaction and support from other parents and adults in the community. Such opportunities, however, are not always available or accessible. Families face barriers such as financial and time constraints, lack of options for child care and transportation, and an inability to prioritize self-care over meeting the basic needs of their families. Families also named the importance of trusted community-based organizations and integrated service approaches. Addressing these elements will be foundational to ensuring that Infant and Early Childhood Mental Health services are high quality as well as culturally and linguistically relevant.



As a comprehensive facility with medical, dental, and mental health services, Odessa Brown Children's Clinic removes barriers for families by incorporating and normalizing mental health supports. Having a multidisciplinary team working to care for families not only provides wraparound support but also makes reaching out for mental health services a more natural extension of the services that families are already accessing. The clinic staff work to meet families where they are by:

- **Promoting a health app called *VROOM*** designed for caregivers of young children to access reliable, research-backed information about child development. The aim of *VROOM* is to help caregivers to engage their children in meaningful learning experiences. Though *VROOM* was originally established as a parenting app, Odessa Brown Children's Clinic has expanded its use to clinic staff, preparing all those who care for young children to support developmentally appropriate, "brain-building" interactions.
- **Offering a 10-week parenting education course called *Attachment Vitamins*** in local child-care programs. The course focuses on recognizing the impacts of stress and trauma, making meaning of children's behavior, and promoting secure attachments.
- Engaging the community through **recreational activities and events** such as health fairs to help build relationships and increase awareness of services available in the community.

Integrating mental health services into other settings and contexts can go a long way to reduce the logistical barriers and stigma that often prevent families from seeking out the information and supports they need. In addition, community engagement events like those offered by Odessa Brown Children's Clinic can be an effective and community-specific way to promote awareness and overall community well-being.



Consider the approach of MOMobile in Philadelphia

"Meeting moms where they are"

What does the program look like in practice?

Philadelphia is home to the [Maternity Care Coalition](#), a nonprofit, community-based organization focused on neighborhoods with high rates of poverty, infant mortality, health disparities, and immigration. A key offering of the Maternity Care Coalition is MOMobile, a program that travels throughout the city and offers a suite of services designed to improve birth outcomes and support positive nurturing relationships with infants where expectant and new moms and parents can most easily access them.

MOMobile services include supports for pregnant people with chronic health conditions; advocates for healthy births and strong attachments, prevention of low-birth weight and other adverse birth outcomes; offers therapeutic services to reduce maternal depression and other family mental health challenges; and performs home visitation services for children who are at risk of ACEs.

How is the work supported?

The Maternity Care Coalition is a 501(c)(3) and is supported through grants, partnerships, and contributions from philanthropy and other donors.

How does it support social and emotional well-being?

The MOMobile suite of services provides essential connections for families experiencing a variety of issues and challenges that are known to compromise mental health and well-being for both mother and baby. Designed primarily to support healthy pregnancies and births, MOMobile recognizes the critical importance of

early parent–child relationships and integrates strategies to promote attachment in all that families do. The initiative reduces access barriers by meeting families where they are and prioritizing the communities with the least amount of access to these essential services.

What did we learn about high-quality, culturally relevant services in Infant and Early Childhood Mental Health?

Informs Strategic Plan Priority 3



There is a need for baseline standards of quality and equity-informed care for all providers. As Infant and Early Childhood Mental Health is embedded within multiple systems of care, programs and services are governed by a variety of state and local entities. There are neither clear and consistent quality measures nor accountability processes across all systems of care and their practices.

While there has been foundational research and discourse about service delivery and practices in Infant and Early Childhood Mental Health, there remains a need for an approach to share best practices and emerging practices with the broader community of community-based providers and clinicians. The need to advance equitable practices stands out as a priority.

Families described feeling judged, stereotyped, and being met with dismissive attitudes when discussing their concerns with providers. Families shared their experiences with misinformation, implicit biases, and discriminatory policies and practices. Parents and caregivers commented that they are not always seen as experts on their own children and families. When discussing concerns with health care providers, families named that they often did not feel believed or heard and as a result had difficulty accessing services. Trusting relationships are foundational elements to the Infant and Early Childhood Mental Health approach.

“*I have a 1-year-old ... and I still breastfeed him, and [some providers ask] 'Oh, Black women do that?' Yes, we do. So, all different scenarios, assumptions don't help anyone. Just take the facts and let's go from there.*”

—King County parent

A necessary first step toward rebuilding trust would be to create and reinforce a culture of providing human-centered services that respect each individual and honor racial and cultural identities and linguistic needs.

Service providers named the challenge of existing white-dominant culture approaches and the need to emphasize cultural relevance as a key component of quality. Providers expressed that for programs and practices to be considered high quality, there should be deep reflection and planned action to align with the relevance and positive impacts on racially, linguistically, and culturally diverse communities.

“*What models are we choosing and why? We're wrestling with the fact that fundamentally Infant and Early Childhood and Mental Health is a pretty white-centric model about relationships and how do we tie the Infant and Early Childhood Mental Health work with our racial equity work and really recognizing both require reflection and an understanding of what we bring to the work and being able to have difficult conversations about that.*”

—King County parent

While many providers use interpreters to ensure families can access services, there are not enough trained interpreters available across all the needed languages, plus other challenges arise.

“ Interpreters [have] been an issue for us and continue to be. The standardized testing during the evaluations ... hard to translate, even when we’re all doing our best in English to give examples and then for it to be translated ... it’s not landing how it should.”

—King County parent

Offering families a cultural and linguistic match of Infant and Early Childhood Mental Health service providers is key. Providers, leaders, and other partners across the Infant and Early Childhood Mental Health field emphasized that developing trusting relationships with families is at the heart of effective service provision. Many programs and agencies seek to build trust by ensuring that the workforce is racially, culturally, and linguistically reflective of the families in their care. This aspect is particularly important in home-based settings where families are asked to extend a great deal of trust and vulnerability to work with service providers in the context of their own homes.

As a demonstration of the commitment to meet families’ needs, Best Starts’ home-based services have been offered in 37 languages; in 2019, 84% of families were matched with culturally relevant staff.³¹ While community-based home-visiting programs routinely offer families a cultural and linguistic match of service providers, many agencies and programs rely heavily on interpreters and would need to recruit, hire, support, and retain a workforce reflective of communities to ensure that cultural and linguistic matches are available.

“ We need more diversity of providers to connect with families in different ways and get that messaging, especially when we’re talking about social, emotional, and all layers of cultural understanding. And ... as much as I can learn about my own culture, where I come from and how I’m communicating with others ... I think we have too many white folks trying to work in communities that aren’t reflective and it’s often doing more damage than good.”

—King County parent

Working with people from my own community ...

CAROL'S STORY

“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 ... 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 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, and have credible work experience from well-known companies/ international organizations, etc.”

—King County parent

King County communities informed local innovations and documented Infant and Early Childhood Mental best practices that center racial equity. Best Starts' Innovation Fund supported pilot programs and start-up efforts designed and implemented by communities to address their own community-identified priorities. This approach is grounded in the firmly held belief that communities possess the wisdom and skills to meet the needs of children and families. Multiyear projects were able to access funding and capacity-building supports to design, pilot, and implement learnings through a continuous cycle of innovations. Next, we describe one example of a community-designed project that embedded unique Infant and Early Childhood Mental Health approaches.

Cowlitz Tribal Health and **Partners for Our Children** adapted an existing “home-visiting” curriculum to become more culturally relevant for American Indian/Alaska Native parents with young children ages 0–5 in and out of foster care. The new curriculum represents Native values and cultural teachings, the nuances of Native identity, and the richness of the Native community living in the King County area. Through this Family Time pilot program, families have support to build on and enhance their relationship during their earliest years.³²

King County families and community members make these efforts possible by generously sharing their wisdom and perspectives, and by the commitment of Best Starts to intentionally elevate and respond to their voices.

Efforts to strengthen the quality of Infant and Early Childhood Mental Health services need to be guided by traditional research in best and emerging practices but also incorporate culturally and linguistically

“ *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 and 15 years old who either were born in or grew up in a refugee camp and then resettled in the US and everything is so foreign to them ... then having a space for them like at Mother Africa where they can not only connect with but also integrate with people who speak their language, life in the US gives them a sense of belonging you know? Because immigration is hard!*”

—King County parent

Relationship-based pediatric therapy at Encompass

KING COUNTY
SPOTLIGHT



Supports for families at Encompass are driven by a core belief that supporting families strengthens communities. Encompass provides a broad array of early learning, ESIT, pediatric therapy, and family enrichment programs to the Snoqualmie Valley and greater Eastside area for children of all abilities and their families.

The pediatric therapy program engages specialists who use a range of evidence-based treatment models grounded in the critical early connections between infants and their caregivers. This emphasis on promoting family relationships is strongly rooted in research and built on the belief that the most effective treatments for young children take place in the context of secure and healthy child–caregiver relationships. As a specific pediatric therapy offering for children in out-of-home placements, CHERISH (Children Encouraged by Relationships in Secure Homes) is a trauma-informed practice designed to build caregiver knowledge and skills to meet the social and emotional well-being needs of young children in the foster care system.

The evidence is clear that the health and well-being of young children is built upon foundational relationships in the early years. Therefore, strategies to address children’s behavioral and occupational needs are strengthened by trauma-informed approaches that support strong child and family relationships.

relevant services and community-informed learning and innovations. Quality, equitable services are needed across the spectrum of programs and agencies that interact with children and families. For services to be most effective, it is important that they are delivered by trusted individuals who are responsive to the strengths, needs, and lived experiences of the communities they serve.

The Partnership Access Line (PAL) for Moms

STATE-LEVEL SPOTLIGHT



In Washington, maternity care, family practice, and pediatric providers have limited access to mental health providers skilled in diagnosing and treating mothers with depression, substance use, or other mental health problems. PAL for Moms works to narrow this gap by offering a fully funded program providing perinatal mental health consultation, recommendations, and referrals to health care providers.

Any provider in Washington state who cares for pregnant or postpartum patients can access the service. Supports include consultation and information to identify and address perinatal depression and other mental illnesses; counsel families through pregnancy loss and other difficult life events; weigh the risks and benefits of psychiatric medication during pregnancy; conduct and interpret mental health screenings; and connect families to resources.

Families need and deserve approaches to care that address the complexity of factors that contribute to physical, social, and emotional well-being and prioritize the treatment of the whole person. PAL for Moms represents an important step toward a more human-centered approach to health care.



Consider the approach of Project DULCE in Los Angeles “Blending resources for stronger family outcomes”

What does the program look like in practice?

[Project DULCE](#) (Developmental Understanding and Legal Collaboration for Everyone) is a pediatric-care-based intervention that fosters collaboration between the early learning, health care, and legal systems to transform the way families engage with pediatric care and address the social and economic challenges they encounter. With family partnership as its core tenet, DULCE uses an interdisciplinary team approach to supporting families. DULCE teams consist of a specialized community health worker (called a Family Specialist), a medical provider, a legal partner, an early childhood representative, a mental health representative, a project lead, and a clinical administrator. DULCE draws on and incorporates components of the medical–legal partnership model that recommends a legal partner help children and families get the comprehensive services they qualify for and improve the functioning of systems for the broader community.

As an initial step, the Family Specialist conducts screenings for concrete supports and mental health needs. The team then meets weekly to review screening results and identify appropriate services or resources to assist families. Because the cross-disciplinary team is caring for families during a crucial period of relationship building between parents and their infant, they receive training in Touchpoints, an evidence-based relational approach to increase the family’s knowledge of child development and enhance the relationship between the parent and infant to support parent resilience and confidence.

How is the work supported?

The program is currently part of a pilot conducted by the Center for the Study of Social Policy with the nonprofit child advocacy organization First 5 LA as one of many local partners. Additional support for the local effort is provided through First 5 LA and is funded via a tax levy.

How does it promote social and emotional well-being?

The program is designed specifically to prevent and mitigate the impact of toxic stress on young children and their families by strengthening the protective factors, addressing social determinants of health, and transforming systems to better support families. In alignment with a goal of advancing equity, DULCE places the highest priority on serving families with low-incomes, families of color, and immigrants. By establishing the program in pediatric clinics, the approach allows for a stronger relationship between the family and health system and is well-positioned to reach a higher number of families and children. This cross-disciplinary approach to family-centered case management leverages the differing strengths and capacities of multiple sectors to improve the quality of care provided to families.

What does the workforce say about Infant and Early Childhood Mental Health?

Informs Strategic Plan Priority 4



The Infant and Early Childhood Mental Health workforce encompasses a broad range of leaders and practitioners across multiple systems and disciplines who serve young children and their families. The workforce includes those who support children and families' social and emotional well-being (for example, those who work in early care and education, medical or clinical settings, and a variety of home-based and community-based programs). These cross-disciplinary providers share the responsibility to meet families with compassionate, relationship-based care that promotes strong social and emotional outcomes for young children.

“You have to have a heart to be brought into the room, to be present with clients and parents. To be able to hold their trauma and their experience ... A lot of the time, you end up being in pieces because it can be triggering to your own experience ... I want to see the support being given to children who can benefit from it, but it requires a lot of support to be able to do this work long term. I think that is not emphasized enough in the field.”

—King County parent

Providers in the Infant and Early Childhood Mental Health field must feel supported, appreciated, and valued for the work they do with families. Inconsistencies in supervision and oversight practices, both within and across setting types, undermine professional growth and are among key factors leading to lack of job satisfaction and burnout. Reflective supervision, for instance, has been clearly identified as a best practice for supporting Infant and Early Childhood Mental Health providers. According to a survey of clinicians, less than half of providers in King County report that this is a regular practice in their settings.

Relationship-based mental health services can take a heavy emotional toll on providers and contribute to secondary trauma and burnout of providers, especially for those who have faced trauma of their own. This is particularly true for providers of color, who in addition to the stressors of the job often face discrimination and unjust treatment within their workplaces and in the larger Infant and Early Childhood Mental Health field.

“How would our outcomes look different if we invested in providing weekly reflective supervision to every child welfare worker? I have to believe it would dramatically change the system.”

—King County parent

When the adults who care for and work with young children have been negatively impacted by experiences with trauma, be they ACEs or adverse community environments, their capacity to create caring and supportive

bonds may be disrupted. This data point is reflective of people from all backgrounds. Policies and practices embedded in systems of white supremacy have created social, economic, and institutional conditions that put BIPOC at an increased risk of experiencing trauma. These persisting conditions, together with perpetual cycles of intergenerational trauma, threaten the overall health and well-being of communities. In King County, more than 20% of adults report having three or more ACEs. Some of the most compassionate, resilient, creative, and brilliant people experienced an ACE early in life. People with three or more ACEs are identified as at greater risk of health and mental health challenges when these are not addressed or remedied.

“ We have a group that is just specifically for people of color and we unpack everything about the system, the dominance, and the white culture. Because a lot of time, we’re so tired of having to explain ourselves. The experience is real, the frustration is real, the trauma is real. It’s a great opportunity for people of color to come in together and just build each other up, taking back our power and celebrate each other.”

—King County parent

Support for healing, resilience, and repair can transform daily life and long-term impacts for children, families, providers, and communities.

Mental health and well-being supports for Infant and Early Childhood Mental Health providers at Navos

KING COUNTY SPOTLIGHT



Navos is a community-based integrated health care facility designed to provide holistic, trauma-informed care to young children and their families.

Recognizing that providing these services can take a heavy emotional toll on those who commit themselves to this challenging work, Navos provides tangible supports to increase the well-being of providers. Navos leadership works to secure grant and donor funding for supports not available through Medicaid reimbursement. This additional funding includes foundational training for all clinicians, strategies to reduce caseloads, additional hours allocated during the intake process, compensation for travel time, and both group and individual reflective consultation.

Creating channels to meet the most often overlooked needs of providers is an important way to demonstrate that the system values these committed individuals—and show them that how they are is as important as what they do.

Grounded in equity, Best Starts’ Infant and Early Childhood Mental Health Strategy channels investments toward high-impact and foundational professional learning opportunities. The strategy supports professional capacity-building workshops on topics relevant to social and emotional well-being including attachment as well as trauma-informed, healing-centered, and therapeutic practices. These workshops create opportunities for providers to learn together, be in a community, and dialogue with others about our work.

Social and emotional well-being is developed and understood by the relationship between young children and caregivers, and the relationship between caregivers and providers. This parallel process makes the professional development for providers pivotal to support positive social and emotional outcomes for children. We highly encourage providers to take their learnings from trainings and workshops and implement the learnings into their practice. At the same time, we keep in mind that the Infant and Early Childhood Mental Health field is relatively young and constantly evolving. As new research and discourse continue to emerge and current thinking and practices shift, it is an absolute necessity to make ongoing learning workshops available for providers across settings and sectors. Providers have offered positive feedback on our learning journey together and continue to partner with us as change agents in the Infant and Early Childhood Mental Health field.

Inconsistencies in professional standards and compensation create a challenge for programs seeking to hire and retain skilled providers. Providers and leaders in the Infant and Early Childhood Mental Health field recognize the importance of ongoing professional learning and continuing education. In recent years, as part of the effort to build a competent workforce, qualification requirements and professional expectations have steadily increased. The amount and quality of competency-aligned professional learning offered is inconsistent across sectors. Furthermore, compensation levels for providers within public settings have remained largely the same.

“The goal particularly with the therapists was to bring in folks who had existing infant and early childhood mental health expertise. It became clear very quickly that was not going to be realistic ... the therapist role has been the hardest to hire for by far ... getting qualified applicants, period, is a real challenge and getting qualified applicants who have any exposure to infant and early childhood mental health is like unicorns.”

—King County provider

“There’s so many amazing careers out there that if you know about ... get exposed to, you benefit from others’ connections and relationships ... We have to have pipelines for externships, internships, more than we do, and provide for tuition reimbursement in an easier way than what we have done. It has to be multiple facets to creating a more diverse workforce. And I don’t mean just ethnic, I mean gender, etc.”

—King County provider

Overall, and especially within public and nonprofit agencies, low compensation creates a challenge for programs seeking to hire and retain skilled providers. This reality forces qualified professionals to leave publicly funded and nonprofit programs—the settings where children and families with the highest needs are most likely to be served—and move into private practice or leave the field altogether. In addition, there also exist significant disparities in professional standards and compensation levels based on location and setting, even among providers with similar degrees and job functions.

“I don’t think our years of experience is taken into consideration ... if we are grant funded, there’s a cap, you’re not going to get a raise in a year. You’re still required to do the same amount of work”

—King County provider

“The work we do, it’s hard, and ... people ... should get compensated well. It’s a detriment to this work because we have really good clinicians and they only stay for so long because they’re not compensated in the way that they should be because the work is really hard.”

—King County provider

“Part of the reason the system is broken and not serving kids and families and outcomes by every indicator is because there are too many small providers that aren’t able to keep up ... the system reinforces that. More and more of these early learning programs and therapy programs and early intervention programs—their hearts [are] all in the right spot, but they can’t scale to the point of actually addressing the problems that they exist to solve.”

—King County provider

“Pay is a big thing ... it’s not just the hour that we spend with a client and a family. We’re working with doctors ... social workers, we’re out traveling, we’re home-based. I really wish that was more understood. We’re in our cars a lot of the time and that alone takes a lot of toll on our bodies, our mental health, our physical health. Our pay ... [reflects] work with families as the services that we’re providing ... we spend more than those hours. We’re thinking and working with our clients, even if we’re not face-to-face with them.”

—King County provider

Providers called for compensation levels that reflect the complexity and value of their work so that talented, passionate individuals remain in the field. Rather than having to personally assume the costs, providers noted that compensation should include payment for nonbillable hours, such as time spent driving to home visits, reimbursement for mileage, and other expenses associated with working in human services.

“It has to start when people are getting their education, that they’re supported ... to be able to move forward. Having a stipend to come for practicum is helpful, but then it’s part of a bigger picture. People walk out with school loans, which are ... extensive. How do you pay that back if you’re working in community health where you pretty much need every penny to pay the bills? That just doesn’t line up for people. Some people are not going to choose a field... they may want... because they can’t see it working out economically. How do you alter that? That’s a multiple step process. It requires collaboration between educational institutions and programs, and it requires ... really deep-level commitment to equity and be willing to serve high-risk populations.”

—King County provider

Considering these challenges alongside low compensation, it is understandable why there is an undersupply of providers. This shortage leads to heavy caseload burdens, frequent turnover, and discontinuity of service provision for children and families.

The Behavioral Health Needs Assessment

STATE-LEVEL SPOTLIGHT



The 2017 Washington State Behavioral Health Workforce Assessment developed by the Washington Workforce Training and Education Coordinating Board and the University of Washington Center for Health Workforce Studies provided recommendations for expanding and supporting the behavioral health workforce in the coming years.³³

Among key recommendations in this report were: reimbursement and incentives for programs supervising and participating in the professional preparation of interns and other trainees; improvements to supervision structures and processes; competency-based training to support providers in moving along career pathways; portability of licensure between states; and improving background check processes to remove undue barriers to professionals entering the field.

In 2019, 78% of mental health professionals in King County identified as white and English-speaking.³⁴ Despite what is known about the increasing racial and ethnic diversity of King County families and the benefits of racial, cultural, and linguistic matching between providers and families, the workforce of treatment providers is not as diverse as it could be. A workforce that does not fully reflect the multicultural diversity of King County families puts the system at risk of overlooking important cultural and community contexts, thereby undermining the effectiveness of services.

Black, Indigenous, people of color, and linguistically diverse individuals experience systemic barriers to entering and advancing in the field. The current representation of workforce diversity can be attributed partially to barriers and inequities that many providers face. Barriers include stringent degree requirements coupled with a lack of financial and practical supports for individuals pursuing the degrees and certifications needed to enter or advance in the mental health field. These issues disproportionately impact BIPOC and those whose primary language is other than English. As a direct result, BIPOC and linguistically diverse populations are underrepresented in the Infant and Early Childhood Mental Health workforce in general, and in higher-paying and decision-making positions specifically.

“When it comes to communities of color, there’s already so much natural talent, and experience, and things that people have that can be utilized, and passion that they have for mental health, or for home visiting, or for education. How do we kind of greenlight them to get whatever certification they need? ... [By] providing training, or funding their way, or making just minimum qualifications for being able to apply, and not putting so many caps on.”

—King County provider

Both a mom and an infant mental health provider ...

MARA'S STORY

“A first seizure for Solie at age 3 was a whirlwind and left many unanswered questions. A second seizure 9 months later meant she technically had epilepsy and the neurologist suggested medication but agreed that with such space in-between seizures we could hold off. A third seizure though, made it all so real. I was fearful and I didn’t have control over this thing. And yet here was my sweet daughter looking at me with so much trust. I was holding all those logistics and what-ifs—wires and nodes on her head their visual representation—so she could feel safe with us. I was doing it really well, but it was a heavy load.



As a clinical social worker/infant mental health therapist, I try to support families in achieving this with their young ones when necessary and it is a common need for intervention for children in the child welfare system. Supporting the adult’s ability to hold the love while they face the fear is right at the center of the work of protecting the child. I see these uncontrollable and scary things being experiences like oppression, racism, and poverty as well. To know that there are events and forces in the world that can act this adversely on a child is to potentially be crippled by the fear. And so parents must just courageously move forward. Love them and build them up to resiliently and with as much strength go out in the world.

What helps me do this work is strong reflective capacity and a network that helps me nurture that capacity with many different viewpoints. At home it is a network of people including my mom, sisters, husband, and close friends. At work, it is fed by an incredible reflective supervisor and supportive co-workers. I also carry with me the positive relationships of past reflective supervisors who helped me grow. Once you have experienced a transformational relationship with somebody, it builds you up and moves along with you.”



King County's Best Starts for Kids Infant and Early Childhood Mental Health Strategy launched the Black, Indigenous, and People of Color (BIPOC) Community of Leaders in Reflective Practice (BIPOC CoL) in early 2021. BIPOC CoL aims to intervene on the racial and ethnic disparities in access to equity-centered, culturally, and linguistically responsive reflective practice for BIPOC providers in the field of Infant and Early Childhood Mental Health in King County, Washington.

Despite the growing recognition that the 0-to-5-year period is a crucially formative time for children's social and emotional development, racial, and ethnic inequities—demographic mismatches between providers and families and between providers and reflective consultants, implicit bias in provider decision-making, and systemic barriers to professionalization and endorsement—persist. Among other benefits, reflective practice is a demonstrably effective intervention to interrupt providers' implicit racial bias and decrease burnout.

As part of their involvement in BIPOC CoL, participants engage in individual and collective leadership development through quarterly large group trainings, monthly small group circles, reflective journaling, and interacting with the learning community through Padlet, which is a way to have a digital conversation.

By building individual and collective reflective capacity and leadership among BIPOC providers, the BIPOC CoL seeks to change the landscape of Infant and Early Childhood Mental Health practice in King County.



Consider the approach of Irving B. Harris Early Childhood Mental Health Training Program in Oakland, California

“Cross-disciplinary training to promote social and emotional well-being”

What does the program look like in practice?

The University of California San Francisco Benioff Children's Hospital in Oakland, California, offered the Irving B. Harris Early Childhood Mental Health Training Program to a cohort of family support professionals. This group was composed of nonclinical community providers working in programs serving families with infants and young children. The goal of the program was to create a core group of family and child support providers who were able to integrate Infant and Early Childhood Mental Health principles and practices into their ongoing work with young children and families.

By offering training to providers working across multiple sectors and services (including early care and education, home visiting, child welfare, and public health), the program was able to build a common set of skills and shared understanding around Infant and Early Childhood Mental Health. In addition, an important part of this training program was to promote both individual and institutional learning that begins with a participant and leads back to positive change within agencies. All program content was aligned with the revised California Training Guidelines and Personnel Competencies for Infant–Family and Early Childhood Mental Health, with a clear emphasis on increasing cultural responsiveness.

How is the work supported?

This training is supported by the Irving B. Harris Foundation, a private foundation based in Chicago, Illinois, with a major focus on the healthy development and care of young children. The effort also draws on public funding from Title IV-E of the Social Security Act, which provides funds to states and tribes to support spending for foster care services. Prioritizing participation of providers working in child welfare and child protection enabled the program to expand its cross-sector presence and to combine public and private funds.

How does it promote social and emotional development and well-being?

Areas of learning are deeply focused on what providers need to know and be able to do to support social and emotional development and the well-being of young children and families. Training topics range from building understanding of trauma and its impact on children and families, to developing strategies to support parent-child attachments, to increasing provider skills in cultural competence, reflection and self-care, and beyond. This cross-sector training prepares a multitude of care providers to give families the support they need even when Infant and Early Childhood Mental Health may not be the primary focus of their work.

What do we know about King County's emerging network in Infant and Early Childhood Mental Health?

Informs Strategic Plan Priority 4



Programs and providers need more opportunities to connect with and learn from one another.

Undoubtedly, providers who work to advance the social and emotional well-being of young children and their families are dedicated to their work. They recognize the value and importance of high-quality service delivery to achieve positive child and family outcomes. Many providers, however, operate within their own settings without a sense of connection to or robust awareness of other programs and services.

“The opportunity to engage other people who are doing the work across fields and disciplines is so important. I've had the chance to go to the Zero to Three national conference a few times, and that was phenomenal. It's nice to have people understand. It's nice to be able to talk with other people where there can be an emotional and intellectual kind of resonance, so that we can dig deeper into what we're seeing and experiencing.”

—King County provider

“It's not ... outside-the-box thinking. It's thinking about it in a collective, community way ... all the systems work together for a common good. Instead of thinking of ourselves as one community, we tend to think of ourselves as agencies that do specific things and don't step out of our areas. I think that's a lot of the problem.”

—King County provider

Providers made it clear that their programs are strengthened when they have opportunities to learn from and connect with other professionals in their field. Providers can interact with others in their own program but have fewer opportunities to engage across the spectrum of programs and systems. As a result, service providers can miss opportunities to support children and families in holistic ways.

“It takes focus ... it takes coordination ... it takes leadership. We don't currently have any kind of community structure that provides that. We don't have a children's council or a place where people who are serving children come together, I don't think you can do system building without that, some place where people are coming together and seeing. It's not our sole responsibility as an agency, it is this collective thing that has multiple facets. We all need to be working together and understanding what each other does.”

—King County provider

Currently, systems coordination, funding structures, and investments in Infant and Early Childhood Mental Health are limited in King County. Underinvestment and disjointed funding structures impact our county’s capacity for Infant and Early Childhood Mental Health systems coordination. Currently there are no primary funding streams for Infant and Early Childhood Mental Health. The complex funding environment makes it difficult to sustain Infant and Early Childhood Mental Health services; lack of funding and impacts each setting uniquely.

For example, in some child care programs, the costs are passed onto families so programs can provide Infant and Early Childhood Mental Health promotion services for a longer time. In other early learning programs, however, Infant and Early Childhood Mental Health services are built in, and therefore do not affect the cost for families. Treatment program services can face other funding challenges related to the need for diagnoses as well as meeting Medicaid and insurance requirements to be reimbursed.

Funding-related challenges can perpetuate white-dominant institutional values by creating a culture of resource scarcity and undermining needed collaboration across agencies. Providers acknowledge the need for additional resources to sustain and build capacity within community-based programs. In particular, providers identified the needs for dedicated funding as well as support in managing the administrative components of their work. Together, these resources would enable them to focus on their programmatic missions and reduce barriers for families.

“ *Finding sustainable funding sources is absolutely key. I don’t want to keep chasing different funding sources every two years ... Because the last thing we want to do is keep building this really nice program that the community says they want and need and then it doesn’t exist.”*

—King County provider

We need to support community-based organizations to sustain the integration of Infant and Early Childhood Mental Health services without compromising other programs.

There is a need for improved data collection, data usage, and a comprehensive system to track progress and support shared decision-making. The 2015 King County Youth Action Plan called on leaders to establish a common set of child outcomes that would guide the strategic efforts of all agencies, including Infant and Early Childhood Mental Health systems of care, that serve children and families. While Best Starts’ data dashboard represents an important step forward, there is a clear need to increase the availability, quality, and use of data across agencies and systems.

Program administrators identify data as one of the most critical resources needed to build high-quality programs, assess and demonstrate impact, and secure ongoing funding. Furthermore, if the county considers social and emotional well-being efforts a lever for advancing equity, then the need for meaningful and disaggregated data cannot be overstated for the role data play in both measuring progress and in decisions about channeling resources.



Infant and Early Childhood Mental Health as a focal point for Washington's early childhood system

STATE-LEVEL SPOTLIGHT



In 2019, Washington was one of several states awarded federal Preschool Development Grant Birth to 5 (PDG B-5) funding to support strategic planning for and implementing a coordinated statewide early childhood system. Recognizing the importance and urgency of Infant and Early Childhood Mental Health for Washington's children and families, the state included "mental health and trauma-informed consultations and practices" as a key feature of these efforts.

Through this opportunity, the state of Washington is developing an Infant and Early Childhood Mental Health Consultation (IECMHC) system and has established a Trauma-Informed Care Advisory Group to expand services and improve providers' responses to vulnerable children. To expand IECMHC and trauma-informed practices, the Washington State Department of Children, Youth and Families (DCYF) plans to develop a regional health consultation model across the state to support infant, toddler, and preschool providers. One-on-one consultations will be designed to build provider capacity to understand common trauma responses and effective strategies to create a safe and nurturing environment for young children who have experienced trauma.

Family-centered approaches to data at Childhaven

KING COUNTY SPOTLIGHT



Childhaven is a community-based organization focused on preventing and responding to childhood trauma through relationship-based mental health services. By offering a range of services for children, families, and communities along the continuum of promotion, prevention, and treatment, Childhaven works to set children up for lifelong well-being.

As a trusted community-based agency working among a network of health care providers and other community organizations, Childhaven is leading the way on family-centered approaches to data collection and messaging. Current efforts are focused on integrating the measures of success that are most important to families alongside indicators that align with state-defined health, resilience, and education outcomes. To do so, Childhaven is leveraging funding from Best Starts to increase data collection and conduct family focus groups to better understand what outcomes families value the most.

A key part of this work will be to create alignment between state-defined and family-defined measures of success. It is also important to communicate clear, family-informed measures of impact to funders, donors, and the state. The voices of families are essential to defining successful outcomes. Partnering with families to define, collect, communicate the meaning of the data, and decide how to act on the data are important steps toward a system that prioritizes equitable, human-centered Infant and Early Childhood Mental Health services.



Consider the approach of the Baby Bundle in Bridgeport, Connecticut "Collective impact driven by data"

Bridgeport Prospers is a collective impact effort that has launched a multiyear strategy to increase the number of infants and toddlers on track by age 3. Leaders of the initiative recognized early on that Bridgeport had many disparate programs for infants and toddlers but few systemwide supports to enable coordinated, comprehensive care. Therefore, they initiated a strategy called the Baby Bundle that focuses on providing the tools needed to build a coordinated, systematic approach to supporting pregnant individuals, infants, toddlers, families, and other caregivers.

To drive systemic change, the Baby Bundle approach requires that actions to support both programmatic efforts (such as expanding screening, improving quality) and systems improvement efforts (such as advocacy, data integration) occur simultaneously. While each individual strategy was important to the success of the overall initiative, the coordination of all activities together ultimately would bring about a sustainable ecosystem of supports for infants, toddlers, and their families. This effort was designed to be implemented over multiple years: a long-term approach that involved listening to community members and identifying transformational strategies that center young children and their families.

How is the work supported?

Bridgeport Prospers worked with Connecticut’s Medicaid redesign team to fund parts of the Baby Bundle strategy. Supplementary funding for the strategy was raised through private philanthropy using strategies such as “Baby Scholarships” and through events such as “Brunch for the Babies” to engage donors in the greater Bridgeport area.

How does it promote social and emotional well-being?

Because no single program can improve health, mental health, and developmental outcomes for young children, the Baby Bundle strategy strengthened services at the community level for children, families and organizations. The importance of this strategy, however, extended beyond programmatic improvements and worked to create the infrastructure for a strong and healthy ecosystem in which young children can grow, learn and thrive.

To advance a thriving community that values and supports social and emotional well-being will require strategic and consistent leadership to make data-driven and equity-informed decisions, plus ongoing public support to ensure adequate resources. These essential components are key to building an effective network of Infant and Early Childhood Mental Health supports within King County, which is a necessary condition for the success of all actions described in the Strategic Plan on the following page.



SECTION 4: Strategic Plan for Infant & Early Childhood Mental Health in King County

King County's landscape analysis represents a multiyear effort to listen, learn, and generate approaches that center children and families. Findings from this effort informed this strategic plan for Infant and Early Childhood Mental Health in King County, which was developed with input from community partners and the King County Strategic Planning Committee. The five priorities and strategies below are grounded in the [vision and values](#) described earlier and are directed toward deep sustained and systemic change. Let's take a closer look at each priority.

King County Infant & Early Childhood Mental Health Strategic Plan Overview



PRIORITY 1: Promote social and emotional well-being for all children and families

- 1.1:** Increase community awareness about the importance of social and emotional well-being, dispel common myths, and reduce stigma around Infant and Early Childhood Mental Health.
- 1.2:** Ensure that families and communities receive comprehensive, up-to-date information in their home languages about topics related to child and family well-being.
- 1.3:** Ensure children have access to social and emotional developmental screenings and referrals that are culturally and linguistically responsive.



PRIORITY 2: Connect more families with services for Infant and Early Childhood Mental Health, including promotion, prevention, and treatment

- 2.1:** Expand and enhance relationship-based approaches with trusted community-based partners.
- 2.2:** Ensure equitable access for families to Infant and Early Childhood Mental Health services, including supportive transitions and coordination among services.
- 2.3:** Identify and address systemic barriers to ensure that children and families farthest from opportunity can access services.



PRIORITY 3: Provide high-quality, culturally relevant services that meet the needs of families

- 3.1:** Create clear expectations and accountability for high-quality, culturally, and linguistically responsive Infant and Early Childhood Mental Health services across all programs serving children and families.
- 3.2:** Strengthen the capacity of BIPOC-led community-based organizations to continue expanding high-quality, culturally, and linguistically relevant services for young children and families in their communities.
- 3.3:** Increase collaboration and communication among programs and agencies that deliver Infant and Early Childhood Mental Health services.



PRIORITY 4: Support all direct service providers across the continuum of care

- 4.1:** Support well-being, professional growth, and retention of Infant and Early Childhood Mental Health providers.
- 4.2:** Improve and expand access to equity-centered Infant and Early Childhood Mental Health learning opportunities, skill building, and reflective practice.
- 4.3:** Create intentional and supported leadership pathways for BIPOC providers across all program types.



PRIORITY 5: Build and strengthen a network of Infant and Early Childhood Mental Health services countywide

- 5.1:** Support well-being, professional growth, and retention of Infant and Early Childhood Mental Health providers.
- 5.2:** Increase data-driven decision-making, policies, and practices that promote Infant and Early Childhood Mental Health and center racial equity.
- 5.3:** Ensure that resources are allocated for children, families, and communities with the least access to high-quality, culturally relevant Infant and Early Childhood Mental Health services.

PRIORITY 1:

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



Opportunity

To provide culturally and linguistically relevant messaging, resources, and supports that promote infant, early childhood, and family well-being and mental health across King County.

Why is this important?

There is a need for culturally and linguistically relevant communication to reach diverse families, communities, and service providers with clear messaging about resources that promote social and emotional well-being for young children and their families.

How can King County create change?

Information should be strengths-based, universally available, and offered in ways that are culturally, linguistically, and community tailored. Special attention will be required to build trusting relationships and promote Infant and Early Childhood Mental Health and well-being within communities that are most affected by historical and persistent racial trauma.

Strategy 1.1: Increase community awareness of the importance of social and emotional well-being, dispel common myths, and reduce stigma around Infant and Early Childhood Mental Health.

While the importance of social and emotional well-being for children's long-term success is widely understood, misconceptions about mental health for babies and young children persist. For King County, increasing awareness among families, communities, and providers is an important strategy toward reducing stigma and promoting positive social and emotional outcomes for young children and their families.

Potential implementation steps:

- Convene a workgroup to develop a public awareness and engagement strategy.
- Engage community listening sessions to gather stories and perspectives from families and communities on child–caregiver relationships and social and emotional well-being.
- Develop literature, audiovisuals, and other materials to reflect and share family stories and key messages that are relevant and accessible to communities.

Strategy 1.2: Ensure that families and communities receive comprehensive, up-to-date information in their home languages on topics related to child and family well-being.

Families play an important role in supporting their children's healthy growth and development. As such, most families are eager for helpful resources and information. Trusted community-based organizations, including neighborhood or faith-based groups, libraries, stores, community centers, and playgrounds are essential partners. These groups and community gathering places have the potential to increase the reach and relevance of vital information and to help meet the needs families have expressed for connection and peer support. In addition, these relationships provide important channels of communication with both families and community-based organizations to help assess the effectiveness of messaging and contribute to continuous improvement.

Potential implementation steps:

- Identify and mobilize community-based organizations as hubs to disseminate and promote information on Infant and Early Childhood Mental Health topics such as relational health and mental health, family supports, and child development.
- Engage families and communities in ongoing feedback loops to assess the reach, effectiveness, and relevance of information and materials across languages and cultural identities.

Strategy 1.3: Ensure children access social and emotional screenings and referrals that are culturally and linguistically responsive.

The importance of appropriate screening tools and practices for each child cannot be overstated. For families and providers to identify and meet the needs of a child, it is vital to see the full picture of the child’s development within the context of their culture, language, and age-appropriate expectations.

Potential implementation steps:

- Partner with the King County Best Starts for Kids developmental promotion strategy, grantees, and training opportunities to expand social, emotional, and behavioral screenings.
- Establish and support community-based service networks to increase awareness among providers about available services in the community, and to coordinate outreach, screening, and referrals.
- Partner with Help Me Grow King County to address providers’ need for coordinated access for referrals.
- Develop provider and family-facing materials offering culturally and linguistically relevant information on the screening processes, referrals, and eligibility for services.
- Identify and address administrative burden, time constraints, and other barriers that prevent trained providers from regularly implementing screenings, making appropriate referrals, and following up with families.
- Partner with institutions of higher education to conduct research and inform decision-making on culturally relevant and developmentally appropriate screening processes and assessment tools.

Outcomes of promoting social and emotional well-being for all children and families will show an increase in:

- Culturally and linguistically relevant information shared with families about Infant and Early Childhood Mental Health and related topics.
- The number of diverse families, providers, and community members reached with key messages.
- Participation in culturally and linguistically relevant parenting and family supports.
- Public and private investments in Infant and Early Childhood Mental Health “promotion-level” programs.



PRIORITY 2:

Connect more families with services for Infant and Early Childhood Mental Health, including promotion, prevention, and treatment



Opportunity

To increase equitable access to Infant and Early Childhood Mental Health services for children and families who could benefit from focused social and emotional support countywide.

Why is this important?

The types and amounts of available Infant and Early Childhood Mental Health services do not meet current needs. Children and families often experience significant barriers in accessing existing programs and services. Children and families who are farthest from opportunity usually face even greater barriers to accessing services. We need to ensure availability and access to screenings, referrals, and services designed to meet child and family needs including promotion, prevention, and treatment.

How can King County create change?

From the challenges and frustrations that families expressed, improving the rate at which children and families gain access to Infant and Early Childhood Mental Health services will require a multifaceted approach. Action steps will need to include improving access to culturally and linguistically responsive screening and warm referral practices, ensuring equitable access to services, and addressing obstacles that result in undue frustration and delays in services for families.

Strategy 2.1: Expand and enhance relationship-based approaches with trusted community-based partners.

Agencies and organizations that serve families are well-positioned to support healthy connections between parents and children. In addition to sharing information, the places where families and children routinely gather can be a natural context in which to provide “promotion-level” supports. These supports include parenting groups and resources that help to sustain the family. Supporting community-based organizations to expand their offerings could address the needs of families for accessible resources, reduce stress, and improve effectiveness.

Potential implementation steps:

- Invest in organizations that currently offer parenting and family supports to build on strengths, improve effectiveness, and expand reach.
- Conduct a countywide survey to identify additional community-based organizations seeking to promote Infant and Early Childhood Mental Health through programming. Determine what resources are needed for organizations to assume this role.
- Secure and allocate additional funding to expand parenting and family supports informed by survey findings, with an emphasis on building capacity in established and trusted organizations within communities.

Strategy 2.2: Ensure equitable access for families to Infant and Early Childhood Mental Health services, including supportive transitions and coordination between services.

King County families will benefit from improved referral practices that honor the realities and lived experiences of families, position families as key partners and experts in the care of their children, and emphasize the preparedness of providers to make and follow through on referrals. King County has an opportunity to build on existing efforts to streamline the processes for connecting families with Infant and Early Childhood Mental Health services and continually evaluate these efforts.

Potential implementation steps:

- Train, mobilize, and provide ongoing evaluation and support for community navigators to conduct peer-to-peer outreach linking families with Infant and Early Childhood Mental Health services.
- Provide resources, messaging, and other supports to ensure that providers are aware of and address implicit biases in their family partnership practices.

Strategy 2.3: Identify and address systemic barriers to ensure that children and families farthest from opportunity can access services.

Systemic barriers such as undersupply of programs, uneven program distribution, and cumbersome eligibility and enrollment practices have created significant challenges for families to engage in Infant and Early Childhood Mental Health services. Addressing these barriers will require immediate and informed action on the part of King County, as well as ongoing advocacy for more broad-based change. This will involve a commitment to continuously listening to, responding to, and elevating the voices of the families, community members, and providers most impacted.

Potential implementation steps:

- Host community-specific listening sessions to deepen awareness of barriers that families face in accessing and staying connected with Infant and Early Childhood Mental Health services. Through these sessions, generate potential solutions.
- Advocate for funding, resources, and service coordination to implement local solutions for engaging with and retaining families in Infant and Early Childhood Mental Health services (e.g., transportation, co-located services, more frequent follow-up, extended hours of operation).
- Elevate landscape analysis findings and ongoing family and community feedback to allow diverse voices to influence more broad-based solutions to access at the state level, including addressing eligibility requirements, reducing administrative and financial burdens, reducing lag times and service gaps, and increasing overall supply of Infant and Early Childhood Mental Health services.

Outcomes from connecting more families equitably with Infant and Early Childhood Mental Health services: promotion, prevention, and treatment. These actions will show an increase in:

- Number and diversity of caregivers and providers trained to implement screenings.
- Number of screenings provided in the family's home language using culturally relevant tools.
- Assessments and appropriate placements resulting from referrals, especially among families farthest from opportunity.
- Meaningful family engagement with Infant and Early Childhood Mental Health services.
- Timeliness of children moving through screening, referral, and assessment to beginning services.



PRIORITY 3:

Provide high-quality, culturally relevant services that meet families' needs



Opportunity

To ensure that Infant and Early Childhood Mental Health services are guided by best practices—including family-centered, culturally, and linguistically responsive approaches—across a spectrum of programs and agencies that interact with children and families.

Why is this important?

There is a need for increased support to ensure that services meet high standards of quality, including a focus on evidence-based as well as emerging, culturally relevant, and trauma-informed healing-centered practices. Child and family outcomes are greatly influenced by the quality and consistency of Infant and Early Childhood Mental Health services, including meeting the true needs of children and families.

How can King County create change?

King County and our partners are committed to ensuring high-quality Infant and Early Childhood Mental Health services and addressing the challenges raised by families and providers. Conceptions of quality and best practice will need to center racial equity and include foundational research and knowledge of effective practices. These conceptions must acknowledge that practices are evolving to more deeply reflect the needs of young children and families across cultures, languages, and communities. Multiple perspectives—including families, caregivers, providers, and community partners—are needed to inform quality improvements.

Strategy 3.1: Create clear expectations and accountability for high-quality, culturally, and linguistically responsive Infant and Early Childhood Mental Health services across all programs serving children and families.

Upholding high standards of quality will require engagement across all programs and roles. Programs will need to include practices that are evidence-based or emerging; culturally and linguistically relevant; and trauma-informed and healing-centered. In a multipronged and coordinated effort, services in all levels of the continuum of care (promotion, prevention, and treatment) adapt to equity-centered practices and approaches. There needs to be a shared language and understanding across multiple provider settings and sectors, along with clear expectations of how to meet families' cultural and linguistic needs.

Potential implementation steps:

- Deepen understandings among systems-level and program-level leaders of the impacts of language, culture, trauma, healing, and other factors on Infant and Early Childhood Mental Health through available literature, professional learning, and ongoing mutual communication with families, providers, and communities.
- Establish and provide clear definitions and expectations to community-based organizations and service providers around culturally and linguistically responsive, evidence-based, trauma-informed, and healing-centered practices as they relate to Infant and Early Childhood Mental Health.
- Engage families and providers in regular and ongoing evaluation of Infant and Early Childhood Mental Health services by integrating child and family outcomes data, family stories, and provider perspectives alongside emerging research in the evolving Infant and Early Childhood Mental Health focus area.

Strategy 3.2: Strengthen the capacity of Black, Indigenous, and people of color-led community-based organizations to continue expanding and improving high-quality services that are culturally and linguistically relevant for young children and families.

Capacity-building needs may be unique for each BIPOC-led organization. Some organizations that are already providing services with young children and their families might wish to strengthen their focus on integrating Infant and Early Childhood Mental Health principles across their programming. Some organizations might need additional resources, strategic planning, or financial supports to grow their programs.

Potential implementation steps:

- Create opportunities for BIPOC-led organizations to identify their capacity-building needs related to expanding Infant and Early Childhood Mental Health.
- Create opportunities and platforms for providers from BIPOC-led organizations across multiple sectors to share lessons learned and effective strategies.
- Provide resources to support reflective capacity and reflective supervision within BIPOC-led organizations.
- Invest in evaluation of community-based approaches to ensure continued growth, sustainability, and equitable distribution of resources.

Strategy 3.3: Increase collaboration and communication among programs and agencies that deliver Infant and Early Childhood Mental Health services.

It is the role of service providers to offer a timely, family-centered experience in order to support children and families so that they can thrive. For individual service providers with time and budget constraints, though, cross-sector and cross-agency collaborations might not always surface as a priority. County leaders, therefore, can play an important role in creating infrastructure and offering concrete supports to increase collaboration and improve communication.

Potential implementation steps:

- Share definitions of Infant and Early Childhood Mental Health and related topics to establish a common language as well as support partnerships and collaboration with community-based organizations, including those with earliest touch points (for example, prenatal classes, OB-GYN clinics).
- Partner with families, agencies, and the community to establish shared outcomes and indicators of Infant and Early Childhood Mental Health.
- Support cross-agency partnerships that create efficiencies, reduce duplication of services, and enable service providers to focus on quality (such as shared services, co-location, etc.).
- Integrate existing convenings of child- and family-serving organizations to enable coordinated outreach, streamlined implementation of initiatives, as well as sharing of best practices and lessons learned.

Outcomes from providing high-quality services that are culturally and linguistically relevant and that meet the needs of families will show an increase in:

- Families reporting a streamlined, supportive, and meaningful experience interacting with Infant and Early Childhood Mental Health service providers.
- Number of individual programs and the number of sectors represented at local convenings of Infant and Early Childhood Mental Health service providers.
- Shared learnings about culturally and linguistically relevant best practices in Infant and Early Childhood Mental Health.
- BIPOC children and families accessing Infant and Early Childhood Mental Health services across the continuum of care: promotion, prevention, treatment.

PRIORITY 4:

Support all direct service providers across the Infant and Early Childhood Mental Health continuum of care



Opportunity

To recruit, engage, support, and retain a well-prepared and thriving Infant and Early Childhood Mental Health workforce reflective of and responsive to our diverse communities in King County.

Why is this important?

Systemic factors undermine the supply, diversity, preparedness, pay, and well-being of professionals who provide Infant and Early Childhood Mental Health services across the spectrum of programs. All providers who interact with children and families on a regular basis have opportunities to positively influence children's social and emotional development and outcomes. Caregivers and professionals do their best work when they are adequately supported with knowledge, tools, resources, and respect. Coordinated efforts at a systems level could increase the availability of cultural and linguistic matches, strengthen provider performance, address capacity challenges, increase provider well-being, and promote career longevity of people engaged in this human-centered work.

How can King County create change?

Meeting the needs of children and families through supportive Infant and Early Childhood Mental Health services will require a commitment from systems to support the workforce to increase knowledge, skills, and career longevity. The opportunity for King County to strengthen the workforce includes creating accessible entry points and career pathways, ongoing professional learning, fair compensation, and holistic support for the individuals who devote themselves to this important work.

Strategy 4.1: Support well-being, professional growth, and retention of Infant and Early Childhood Mental Health providers.

For the workforce who engage in human-centered, relationship-based work with children and families, there are a variety of ways the same principles can be applied to supporting providers professionally and personally. Accessible reflective supervision, healthy organizational culture, and supportive agency policies that value the overall well-being of providers are essential for a thriving workforce.

Potential implementation steps:

- Build organizational capacity to embed reflective supervision and peer reflective groups in early childhood settings such as home visiting, ESIT, child care, early learning programs and early childhood mental health consultation.
- Implement proactive and responsive local/program-based supports for the well-being of Infant and Early Childhood Mental Health providers, including opportunities to connect with other providers, learning communities, and other means of reducing the effect of secondary trauma and burnout.
- Elevate King County landscape analysis findings and local provider voices to influence more broad-based solutions to provider well-being at the state level (including, for example, policies and practices around caseloads, reimbursement, and paid time off).

Strategy 4.2: Improve and expand access to equity-centered Infant and Early Childhood Mental Health learning opportunities, skill building, and reflective practice.

For service providers across multiple settings to support families effectively, there must be a foundation of shared knowledge and expertise. All providers and agencies that offer Infant and Early Childhood Mental Health services need access to continuing education and practices for supporting social and emotional well-being as well as focus on centering racial equity.

Potential implementation steps:

- Continue prioritizing Infant and Early Childhood Mental Health trainings with the workforce development strategy within Best Starts for Kids in King County.
- Allocate resources to increase opportunities for reflective practice, cross-system training, and technical assistance.
- Strengthen collaborations with Infant and Early Childhood Mental Health organizations and institutions that provide learning opportunities for a broad range of providers.
- Provide Infant and Early Childhood Mental Health learning opportunities in partnership with countywide child and family services and systems (such as Washington WIC Nutrition Program, Child Protective Services, housing, child care).

Strategy 4.3: Create intentional and supported leadership pathways for BIPOC providers across all program types.

When we have a well-prepared and supported workforce reflective of communities, King County is more able to ensure equitable access to Infant and Early Childhood Mental Health services, more effective services, and improved positive social and emotional outcomes for young children and their families. King County leadership needs to support pathways and address existing barriers to diverse and talented individuals entering and advancing in the field.

Potential implementation steps:

- Partner with providers, agencies, and communities to design and implement local strategies to encourage diverse, talented individuals with entry, career pathways, advancement, and leadership opportunities in the Infant and Early Childhood Mental Health field.
- Examine and address systemic barriers that prevent BIPOC and linguistically diverse people from entering, remaining in, and advancing along a leadership pathway in Infant and Early Childhood Mental Health-related professions.
- Convene a work group to define, develop, and implement career pathways in Infant and Early Childhood Mental Health, including participation by providers, higher education, professional organizations, funders, as well as state and county agencies focused on workforce development issues.
- Influence more broad-based, cross-systems approaches to address issues such as compensation, caseload, and access to training and professional preparation.

Outcomes from supporting the well-being, professional growth, and retention of Infant and Early Childhood Mental Health providers will show an increase in:

- Racial, cultural, and linguistic diversity represented at all levels of the Infant and Early Childhood Mental Health workforce.
- Providers across settings and sectors benefiting from training, peer support, and technical assistance.
- Provider satisfaction and career longevity within their roles and organizations.
- New roles, promotions, and leadership opportunities across the Infant and Early Childhood Mental Health workforce.

PRIORITY 5:

Build and strengthen a network of Infant and Early Childhood Mental Health services countywide



Opportunity

To create a coordinated, well-resourced, and navigable network of Infant and Early Childhood Mental Health programs and services.

Why is this important?

The work of Infant and Early Childhood Mental Health reaches across many systems, including early learning, health care, relational health, and all other family support systems. Therefore, there needs to be a robust cross-systems network to ensure that families have access to services and providers with integrated Infant and Early Childhood Mental Health capacities.

The network of programs and systems is currently fragmented, under-resourced, and poorly aligned, which most deeply impacts children and families farthest from opportunity. The accessibility, consistency, and overall success of Infant and Early Childhood Mental Health services can be greatly enhanced by intentional connections across agencies and programs to catalyze a more effective network.

How can King County create change?

In order to build and sustain an effective network of Infant and Early Childhood Mental Health services within King County, Best Starts is uniquely positioned to equip key actors and advocates to move from intention to action. The effort to expand and enhance social and emotional well-being both across and within systems of care will require strong leadership, accessible and meaningful data, and adequate funding—along with a shared commitment to intentionally allocate resources to create a more equitable Infant and Early Childhood Mental Health system.

Strategy 5.1: Strengthen collaboration across community-based partners and systems to integrate Infant and Early Childhood Mental Health services into a broad range of settings.

Building on prior efforts, there are clear opportunities to re-imagine systems in ways that promote cross-sector collaboration. To do so, King County leadership and key partners must provide the influence and support needed at multiple levels to streamline and create connections among Infant and Early Childhood Mental Health systems of care.

Potential implementation steps:

- Increase staff capacity among key partners to provide leadership and collaboration across agencies at the county level.
- Regularly convene systems leaders at the county level to enable streamlined implementation of county and state-led initiatives.
- Ensure that those who are “at the table” for collaboration and decision-making are racially and culturally diverse and include community partners who represent all parts of the Infant and Early Childhood Mental Health network, including families and providers.

Strategy 5.2: Increase data-driven decision-making, policies, and practices that promote Infant and Early Childhood Mental Health and center racial equity.

Leaders need access to meaningful high-quality qualitative and quantitative data to make good decisions about where to channel resources and how to advance equitable policies and practices. Furthermore, the use of data to tell stories of impact and need is essential to securing ongoing funding and creating sustainability within programs and agencies.

Potential implementation steps:

- Conduct an in-depth analysis of existing countywide data to identify opportunities for growth and to clarify additional information needed to make data-informed decisions about Infant and Early Childhood Mental Health services.
- Create a plan to address the county’s unanswered questions related to availability of and access to Infant and Early Childhood Mental Health services.
- Build adequate capacity and the necessary infrastructure to collect, share, and use data to drive key countywide decision-making and to guide the process of continuous improvement.
- Disaggregate data and use geographic mapping to understand the extent to which disparities exist. Also, advance the use of data to inform decisions that lead to equitable outcomes for children and families.
- Increase opportunities to engage with local communities to inform data collection, contextualize data analysis, and develop responsive approaches to communicate findings from data analysis.
- Support local programs to strategically use data to inform messaging to key audiences. Messaging will spotlight successful strategies, meaningful stories from families and providers, and identified needs for additional resources.

Strategy 5.3: Ensure that resources are allocated for children, families, and communities with the least access to high-quality, culturally relevant Infant and Early Childhood Mental Health services.

The gaps in availability and accessibility discussed in this report suggest that there are not enough resources available now to create an Infant and Early Childhood Mental Health network that meets the needs of all children and families. There might be opportunities to create efficiencies within existing funding streams as a first step toward alleviating resource scarcity. A viable strategy to realizing a well-funded, equitable Infant and Early Childhood Mental Health network requires King County to continuously expand its investment in social and emotional well-being supports, while increasing efficiencies wherever possible.

Potential implementation steps:

- Conduct a cost study to better understand supply and demand and identify what it would take to fully fund an effective Infant and Early Childhood Mental Health network.
- Create mechanisms to consistently prioritize funding to communities and parts of the system that have the highest need and the least amount of access.
- Build administrative capacity and business acumen among the agencies that serve children and families. This capacity will help agencies to effectively manage funding streams and create efficiencies within and across programs.

Outcomes from building and strengthening a network of Infant and Early Childhood Mental Health services countywide will show an increase in:

- Successful cross-sector initiatives guided by input from families, providers, and communities.
- Accessible data that meet the needs of providers, community partners, and leaders; data relates to supply and demand of Infant and Early Childhood Mental Health services, workforce characteristics, child and family outcomes, and availability of cultural and linguistic matches.
- The amount invested in Infant and Early Childhood Mental Health services and resources across public and private funding streams.
- Data-driven decisions that center racial equity in distribution of resources.

Looking ahead

The first five years of life are especially important for building a strong social and emotional foundation within each child. Every adult who is a part of a young child's life has the potential to positively influence the child's social and emotional well-being. Families, communities, cultures, and traditions all provide opportunities for relationships supporting a young child's development.

As we continue to address the layers of systemic racism and heal from the negative effects of historical and persistent racial trauma in our communities, we must transform the Infant and Early Childhood Mental Health landscape for young children, families, and providers in King County. We have a duty to strengthen and create a system that will meet the needs of young children and their families to receive equitable and culturally relevant Infant and Early Childhood Mental Health services.

There are many possibilities for transforming Infant and Early Childhood Mental Health in King County. Babies, young children, families, and communities need our providers to build culturally responsive and trusting relationships, to draw on cultural strengths, and to explore vulnerabilities exacerbated by individual and collective trauma.

As the landscape analysis and strategic planning phase concludes, King County leaders and others entrusted with this work now turn their attention to implementing the activities described in this plan. But they cannot do this implementation without support. This plan represents a commitment to action for children and families as well as an invitation to all King County communities.

This strategic plan is intended as an important starting point that outlines priorities and activities to transform the field of Infant and Early Childhood Mental Health. Through these activities, we can strengthen the network of services available in King County. The strategic plan serves as a guide and a living document that will need to be revised and improved on as more is learned.

We are called on to envision and work toward a higher standard of well-being for King County's youngest and most vulnerable population. In doing so, we improve the well-being for all who call King County home. We all have a stake in this important work and we each have a role to play in advancing the well-being of children, families, our communities, and the county as a whole. Children and families are the building blocks of a vibrant and dynamic King County. Our collective work to implement the Infant and Early Childhood Mental Health Strategic Plan will be a significant step toward ensuring that all young children and their families are healthy, safe, happy, and thriving.



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