Elevating Prevention and Promotion in Early Childhood Mental Health

Innovative and Exemplary Approaches: An Overview of a Case Study Series

2024

Authors: Ana Maria Meléndez Guevara, Megan Streeter, Sonia Alves, Eileen Gao, and Danielle Rockman
Project Officers: Alayna Schreier, Philip Steigman, and Tasha Owens-Green

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Introduction

Early life stress and adverse childhood events can affect the mental and physical health of children. Mental health for young children includes how they understand, express, and manage their feelings and how they create and sustain healthy relationships.[1] Various stressors such as physical abuse, family instability, unsafe neighborhoods, and poverty can cause children to struggle with regulating their emotions and can reduce their social functioning.[2] The COVID-19 pandemic further worsened mental health issues for children and families, and increased the gaps in mental health access by race and socioeconomic status.[3]

Much attention has been dedicated to the urgent mental health needs among young children, but there has been limited focus on identifying practices and programs to prevent mental health difficulties in the first place and to promote positive mental health outcomes. Such efforts are crucial for supporting healthy early childhood social-emotional development and well-being.[4] The Elevating Prevention and Promotion in Early Childhood Mental Health project has identified innovative or exemplary practices across the country that support mental health in young children. We conducted case studies of five organizations with programmatic efforts to improve early childhood mental health. More information on our methodological approach can be found in Appendix A.

Key Findings

This summary brief presents key themes across the five case study organizations and their efforts to support young children's mental health through promotion and prevention. Our analysis focuses on facilitators of and barriers to successful implementation as well as lessons learned across the case study sites. The five key themes are as follows:

1. Prioritizing relationships and collaboration between providers and families and among providers and agencies

2. Supporting early childhood workers' well-being with self-care and capacity building

3. Ensuring mental health services are available, accessible, and empowering to families and providers

4. Using data to measure success, drive decision making, and inform continuous quality improvement

5. Building sustainable funding to support ongoing and consistent service provision

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[1] Zero to Three. "Infant and Early Childhood Mental Health." 2024. https://www.zerotothree.org/issue-areas/infant-and-early-childhood-mental-health/.

[2] See https://harvardcenter.wpenginepowered.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf.

[3] Thomeer, M.B., M.D. Moody, and J. Yahirun. "Racial and Ethnic Disparities in Mental Health and Mental Health Care During the COVID-19 Pandemic." *Journal of Racial and Ethnic Health Disparities,* vol. 10, no. 2, 2023, pp. 961–976.

[4] Izett, E., R. Rooney, S.L. Prescott, M. De Palma, and M. McDevitt. "Prevention of Mental Health Difficulties for Children Aged 0–3 Years: A Review." *Frontiers in Psychology*, vol. 11, 2021, 500361.

Case Study Sites

1. **Best Starts for Kids: Infant and Early Childhood Mental Health Strategy (IECMHS)**

   King County, Washington

   An initiative funded by a voter-approved levy that supports early childhood mental health providers, caregivers, and families by prioritizing access to early intervention for all children and families regardless of their background, building on community strengths, and advocating for policy and systems change.

2. **Boys and Girls Club of the Valley (BGCAZ): Whole Child Approach (WCA) Program**

   Phoenix, Arizona

   A public-private partnership with a local behavioral health agency that promotes mental health by integrating mental and behavioral health supports into all existing BGCAZ structures and activities for children and youth.

3. **Center for Advancing Dyadic Care in Pediatrics (CADP)**

   San Francisco, California

   The center encourages a relationship-focused model of health care that highlights the importance of nurturing caregiver-child and provider-family relationships for promoting mental health in early childhood and provides technical assistance to implement such care in publicly insured pediatric primary care settings.

4. **Nebraska Children and Families Foundation (NCFF): Rooted in Relationships (RiR)**

   Nebraska

   An initiative to strengthen the early childhood system of care through tailored collaboration and partnerships at the state and local levels as well as communities' implementation of the Pyramid Model—a framework of evidence-based, prevention-focused approaches to promote young children's social and emotional development.

5. **WeGo Together for Kids**

   Chicago, Illinois

   An initiative convening more than 60 partners across multiple agencies to provide after-school programming focused on the health, safety, and social-emotional learning of children and families as well as services such as parent-child workshops, home visiting, and case management.

Innovative or Exemplary Practices in Prevention and Promotion to Support Early Childhood Mental Health

The five case study organizations implement direct services, technical assistance, or systems-level efforts to support early childhood mental health. Based on lessons learned from these efforts, we describe the five key themes (Exhibit 1) that may have implications for other early childhood mental health prevention and promotion efforts.

Theme 1: Prioritizing relationships and collaboration between providers and families and among providers and agencies

A key similarity across all five case study sites is their dedication to prioritizing relationships and collaboration at all levels: between adults and children, between providers and parents or caregivers, among providers, across systems, and within communities. Because children thrive in safe and predictable environments, strong relationships are critical to implementing effective efforts to

> **Exhibit 1. Key themes across the study sites**
>
> 1. Prioritizing relationships and collaboration between providers and families and among providers and agencies
> 2. Supporting early childhood workers' well-being with self-care and capacity building
> 3. Ensuring services are available, accessible, and empowering to families and providers
> 4. Using data to measure success, drive decision making, and inform continuous quality improvement
> 5. Building sustainable funding to support ongoing and consistent service provision

support mental health in early childhood.[5] Strong relationships also help organizations collaborate with communities and other partners. This can lead to a more accurate understanding of a community's needs, increase transparency on resource allocation, avoid duplication of services, and build the capacity of organizations to offer solutions that match the community context.

Relationships between adult staff and children. Meaningful relationships between children and caring adults provide the foundation for healthy attachment, emotional regulation, and social interactions and can buffer young children from the adverse effects of toxic stress.[6, 7] The prevention and promotion practices highlighted in the case studies emphasize the importance of adult-child relationships in service delivery. For example, the Whole Child Approach (WCA) at Boys and Girls Club of the Valley (BCGAZ) focuses on creating a secure and supportive environment where children feel comfortable expressing and managing their emotions with peers and trusted adults. As an example, staff members

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[5] Center of Excellence for Infant and Early Childhood Mental Health Consultation. "10 Elements Comprise the Essential Core of an Effective Consultative Stance." n.d. https://www.iecmhc.org/wp-content/uploads/2023/04/CoE_Resource_Consultative-Stance.pdf

[6] Bailham, D., and P.B. Harper. "Attachment Theory and Mental Health." In *Promoting the Emotional Well-Being of Children and Adolescents and Preventing Their Mental Ill Health: A Handbook*. Jessica Kingsley Publishers, 2004, pp. 49–68.

[7] Center on the Developing Child. "Early Childhood Mental Health." n.d. https://developingchild.harvard.edu/science/deep-dives/mental-health/.

engage in a daily warm welcome routine, ensuring that every child is greeted and can interact with staff. Similarly, Rooted in Relationships (RiR) from the Nebraska Children and Families Foundation (NCFF) helps providers and coaches learn how to cultivate genuine, safe, and positive relationships with children. These practices help nurture secure and supportive relationships, which are fundamental for children's social-emotional well-being.

Relationships between providers and parents or caregivers. The Best Starts for Kids (BSK) Infant and Early Childhood Mental Health Strategy (IECMHS) is also intentional in fostering relationships and building trust through service interactions. This helps families feel safe and encourages them to participate more fully in services by creating a space where they feel comfortable sharing concerns related to mental and behavioral health. Providers are then able to teach additional communication and parenting skills that can enhance the caregiver's ability to promote positive child social-emotional outcomes. Similarly, the Center for Advancing Dyadic Care in Pediatrics (CADP) promotes a dyadic care model that simultaneously nurtures the child-caregiver and provider-family relationships.

Relationships among providers. Some of the initiatives we examined encourage providers to regularly participate in communities of practice, such as provider networks or learning collaboratives. For example, RiR creates peer support networks for child care providers and coaches to better equip them with the tools needed to support children's healthy social and emotional development. Supportive environments where positive relationships can flourish can have a cascading effect, benefiting both the providers themselves and ultimately the children and families they serve. CADP invests in building collaborative relationships between behavioral health and pediatric health care providers who work together with families. Through this collaborative approach, providers create welcoming environments and model positive and safe interactions for families.

Cross-systems collaboration and partnership. Collaboration across the child-serving system—health care providers, educators, nonprofits, and community-based organizations—enables partners to sustain efforts in mental health promotion and prevention and achieve community-based outcomes they likely could not accomplish on their own.[8] RiR exemplifies this approach through its deep and enduring connections with community organizing agencies. RiR leverages its extensive network and statewide community partnerships to integrate evidence-based social-emotional curriculum into early childhood systems of care. These collaborative efforts have resulted in shared practices across early childhood mental health initiatives and alignment of cross-agency activities.[9] Similarly, WeGo Together for Kids (WGTK) builds coalitions and networks to support positive early childhood mental health based on community-identified needs and priorities. WGTK convenes organizations to facilitate dialogue and collaborative planning, which helps establish shared priorities in areas such as mental and behavioral health. Because these organizations share responsibility for

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[8] Grant, A.K. "Patterns of Cross-Sector Collaboration in Local Health Departments: A Cluster Analysis." *Health Promotion Practice,* vol. 23, no. 1, 2022, pp. 128–136. doi:10.1177/1524839920972982.

[9] See https://www.nebraskaaeyc.org/uploads/1/1/0/7/110768979/2021_rir_annual_report_final.pdf.

service delivery, they can meet the needs of families more holistically. As an example, WGTK partners with a community-based organization in the Chicago metro area that connects social workers with families to help them access needed resources for their social well-being.

Engagement with the community. Early childhood mental health is a concern for families nationwide, but mental health needs and solutions have local nuance. The case studies emphasized the need for organizations to lead with a community-centered approach to identify gaps and solutions that best fit local contexts by grounding their efforts in the firsthand experience of community members. RiR, for instance, provides technical support for completing a comprehensive community assessment, so communities can identify their strengths and gaps, determine what they need, and create a plan that aligns with their assets and values. Depending upon a community's focus, priorities, and needs, the RiR initiative actively engages various child-serving systems, including local businesses and community spaces such as local libraries, to maximize the impact and relevancy of supports that contribute to child and family well-being.

Theme 2: Supporting early childhood workers' well-being with self-care and capacity building

Adults in the early childhood workforce are central to the creation of safe, supportive, and healthy environments where young children's mental health can be nurtured. The well-being of those caring for children has a significant impact on how effective and responsive they are at attending to the needs of young children as well as on their workforce retention, rates of burnout, and professional satisfaction.[10] The case study sites show that effective prevention and promotion in early childhood mental health requires an intentional investment in supporting the well-being of early childhood workers through self-care, wellness training, reflective practice, and ongoing capacity building.

Self-care and wellness skills for providers. Many things can impact a provider's well-being, including structural factors such as barriers to education and professional development, lack of community resources, and limited organizational support.[11] To lessen such barriers, the WCA program bolsters staff members' wellness with training to support their mental health through self-care, meaningful connections with others, and strengthening their own emotional regulation skills. These skills can help providers achieve healthy attachments with children in their care. The peer support strategies also help staff develop safe and supportive relationships with each other and reduce burnout. Another way to support provider's well-being is through the implementation of reflective practices. Both the IECMHS and RiR incorporate reflective practices within their training and coaching initiatives. Providers engage in guided self-reflection about the thoughts, feelings, beliefs,

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[10] Negussie, Y., A. Geller, J.E. DeVoe, and National Academies of Sciences, Engineering, and Medicine. "Fostering Caregiver Well-Being Toward Healthy Child Development." In *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*. National Academies Press, 2019.

[11] See https://www.edweek.org/teaching-learning/whats-happening-to-teacher-stress-levels/2023/06.

and intentions underlying their work. This allows providers to problem-solve and learn alongside their peers. Reflective practice helps in fostering safe spaces in which positive relationships can be nurtured, and positive communication can be modeled, which can in turn enable better communication between parents or other caregivers and their infants, ultimately promoting healthy social and emotional development.

Ongoing and comprehensive technical assistance to build provider capacity. Skilled and well-supported providers can deliver more effective services that promote early childhood mental health. To help providers stay up-to-date with evidence-based approaches, the CADP and RiR embed ongoing and multiyear comprehensive technical assistance within their professional development activities. The CADP provides a range of technical assistance services for pediatric care settings looking to implement and sustain dyadic care models to address children's behavioral health needs and prevent or mitigate the effects of trauma and toxic stress. For example, CADP has supported pediatric primary care settings in developing a two-to three-year project focused on improving clinical services, developing staff skills, and evaluating practices. Similarly, RiR has offered ongoing technical assistance during a three-year implementation period by leveraging statewide collaborations with other coaching networks. Systems-level collaboration across technical assistance efforts has the potential to enhance implementation, reduce service fragmentation, and contribute to the overall improvement of early childhood mental health.

Theme 3: Ensuring services are available, accessible, and empowering to all families and providers

Achieving positive early childhood mental health outcomes involves maximizing accessibility and empowerment for all families and providers. Without access to the necessary supports for all populations—regardless of their sociodemographic characteristics—the impacts of prevention and promotion may be limited.[12] Providers and agencies can improve access for all families by removing structural barriers and prioritizing services that are accessible, inclusive, and responsive to cultural and community needs.

Services that are inclusive and responsive to all families and cultures. The programs we examined took steps to ensure that services were available and accessible to all families, regardless of language, socioeconomic status, culture, or other factors. As an example, the RiR engages interpreters to reach communities where spoken English is a barrier to service accessibility, while the IECMHS translates materials and curricula into at least nine different languages. Similarly, WGTK hires providers who match the sociodemographic and linguistic characteristics of the population being served. The IECMHS was also created by and for mental health providers who are underrepresented in the field but who are representative of the racial and ethnic groups in the communities they serve. This fosters family trust and equips providers to deliver supports that are reflective of the values and needs of their

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[12] Schoch, A.D., and D. Gal-Szabo. "Advancing Racial Equity in Early Childhood Through Infant and Early Childhood Mental Health Consultation." Child Trends, 2023. https://doi.org/10.56417/9248r9864l.

communities. These types of approaches to make sure that all families—regardless of language, socioeconomic status, or culture—can access services are crucial for mental health promotion because they help ensure that services are attuned to the community's priorities and needs.

Training that helps providers make services accessible and empowering. Providers may benefit from professional development to help them ensure that services are inclusive, accessible, and responsive to all families. For example, the RiR leads professional development to increase coaches' and providers' capacity to implement culturally sensitive practices that build respectful and empowering relationships with families. Similarly, the IECMHS helps providers understand how to ensure the families they serve feel welcomed and respected—partly through training that includes specialized modules on infant and early childhood mental health and partly by addressing implicit bias in prevention services such as home visitation. For this professional development to be effective, it must also be accessible and empowering for providers. Both the IECMHS and RiR strive to break down barriers to professional development by offering no-cost training opportunities to early childhood service providers. The RiR goes further by compensating providers for their time, which increases accessibility and supports workers' well-being through financial assistance.

Theme 4: Using data to measure success, drive decision making, and inform continuous quality improvement

Many types of data can inform efforts to improve early childhood mental health initiatives. Being intentional about gathering and using data from providers and the communities they serve can help organizations better understand how their work prevents negative mental health outcomes and supports positive mental health. Data can also identify opportunities for continuous quality improvement. These bidirectional feedback loops enable programs to better understand and meet communities' evolving needs.

Using multifaceted data to measure success and improve services. A common theme that emerged from the case studies was the intentionality in gathering data from multiple perspectives and elevating the voices of those more directly impacted by approaches that support positive mental health. For example, the IECMHS gathers input from the community through participatory research methods, including community-led needs assessments. Providers who participate in IECMHS activities are invited to shape how the initiative collects data to ensure that the approach to promoting healthy social-emotional outcomes in children (such as surveys and focus groups) is relevant and relatable to the King County community they serve. The IECMHS also engaged a group of community members and early childhood mental health advocates to design a strategic plan after the second approval of levy funding for the initiative, which marked a notable shift from the initial practitioner-led strategic plan and elevated the voices of community leaders. The RiR is also intentional about uplifting community voices. The RiR collects quantitative data (for example, coaching satisfaction surveys, child care suspension rates, and social-emotional well-being surveys)

and qualitative insights through observations and focus groups with child care providers, coaches, families, and community members. Testimonials and feedback from child care providers are considered indicators of success for the initiative's coaching model. The RiR also seeks feedback from families to understand what is working well at the child care centers it supports and what could be improved, creating a bidirectional feedback loop that informs continuous quality improvement. Similarly, WGTK values the perspectives of the community and continuously seeks input on common goals across partnerships to ensure it is addressing community needs.

Leveraging partnerships to enhance capacity for data collection and analysis. A common strategy for the effective use of data was to partner with agencies or external evaluators who have the capacity to collect and analyze community-level data. For example, the RiR engages a third-party evaluator from the University of Nebraska Medical Center to assess the effectiveness of its initiative. The evaluator and the RiR collect quantitative and qualitative data throughout the year to monitor progress and measure outcomes on both the Pyramid Model implementation and community-based engagement efforts. CADP also has a unique team that collects and analyzes data to track its work and measure its successes and outcomes, which helps staff think through how to gather and utilize data meaningfully, assess the impact of their work, and identify areas for change. To optimize data collection efforts, CADP incorporates data collection into its technical assistance activities using a digital whiteboard that allows for collaboration in real time to capture training discussions and collect survey data after training sessions.

Theme 5: Building sustainable funding to support ongoing and consistent service provision

Sustainable funding ensures that organizations can consistently and reliably deliver mental health promotion services and supports, increasing the likelihood of positive outcomes for children and their families.[13] Blending and braiding available funding or leveraging innovative funding mechanisms can create a sustainable financial future that increases an organization's ability to maintain or grow a network of positive mental health supports and prevention services for families. Developing partnerships or coalitions with funders, service providers, government entities, and nonprofits can align efforts and may foster provider well-being, improve service integration, and help organizations achieve their common goals to improve early childhood mental health systems.

Blending and braiding funding sources. The selected case studies emphasized blending funding sources as a strategy to sustain program implementation. For example, the RiR ensures long-term sustainability by leveraging funds from both public and private sectors to maximize effectiveness with limited resources, especially in areas with underdeveloped

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[13] Landry, S.H., K.E. Smith, P.R. Swank, M.A. Assel, and S. Vellet. "Does Early Responsive Parenting Have a Special Importance for Children's Development or Is Consistency Across Early Childhood Necessary?" *Developmental Psychology,* vol. 37, no. 3, 2001, pp. 387–403. https://doi.org/10.1037/0012-1649.37.3.387.

infrastructure for early childhood mental health. Specifically, the initiative strategically applies for grants that align with its goals and activities—including the Buffett Early Childhood Fund, Nurturing Healthy Behaviors, and grants from the Nebraska Department of Education and the local Department of Health and Human Services. Federal funds from the American Rescue Plan Act and the Coronavirus Response and Relief Supplemental Appropriations also enabled the initiative to scale up its work across the state. Similarly, the WCA combines government grants and private funding to operate its programs throughout the year without interruption. The WCA is also a 21st Century Community Learning Center partner with school districts. Through this partnership, students at the clubs can receive additional academic enrichment activities in safe spaces that also encourage physical activity and healthy habits. This partnership enhances the sustainability of the WCA by providing extra resources and opportunities for community connections to students and families.

Leveraging innovative funding mechanisms. Some sites also use innovative approaches to secure resources. For example, BSK is funded through a voter-approved levy that has financially supported the IECMHS initiative since its inception in 2015. BSK has maintained voter interest by fostering critical relationships within the community, such as participating in provider coalitions and legislative subcommittees. CADP was also developed in partnership with multiple philanthropic and public partnerships. It leverages Medi-Cal benefits to receive reimbursement for the pediatric dyadic care provided to families.

Implications and Recommendations

Communities may consider ways to enhance the implementation of prevention and promotion efforts that support early childhood mental health. For example, service systems and service providers could bolster organizational structures that facilitate the collaboration and development of strong and supportive relationships among providers and between providers and families. Positive relationships grounded in trust have the potential to enhance service effectiveness and provider well-being, which is critical for supporting children's mental health in the long term. Ensuring that services are accessible, inclusive, and culturally responsive by elevating the voices of communities can build trust and ensure that promotion and prevention efforts align with and respect the communities' values and priorities.

Decision makers could consider ways to ensure that funding and policies promote access to accessible and empowering mental health supports for all families—for example, through policies that enable and encourage cross-agency collaboration to reduce service fragmentation and facilitate implementation. Program leaders can also allocate resources for the ongoing professional development and well-being of early childhood workers and for the data collection to measure success and inform continuous quality improvement.

Finally, to further build the evidence base for effective promotion and prevention efforts in early childhood mental health, researchers and evaluators could focus on understanding differences in who can access and benefit from early childhood mental health prevention and promotion initiatives. Further investigation of the effects of relationship-centered models on mental health

outcomes for children in both early care education settings and out-of-school contexts would benefit the field. Lastly, additional research efforts could examine the link between provider well-being, service effectiveness, and early childhood mental health outcomes and the effectiveness of efforts that support service provider well-being.

Acknowledgements

We extend our heartfelt gratitude to the staff and participants from our five case study organizations who shared their experiences, knowledge, and lessons learned. Thank you for your time and your ongoing dedication to improving systems of care for young children and their families.

Appendix A

A. Methods

We conducted case studies to elevate evidence-based, innovative, and exemplary practices and programs that support positive mental health for children. Specifically, we engaged in two stages of information gathering. First, we conducted an environmental scan to identify state or local efforts—including, organizations, agencies, and programmatic initiatives—focused on early childhood education and out-of-school programs that leverage federal, state, local, and philanthropic funding to support mental health for children. Second, we conducted key informant interviews to gain a deeper understanding of these efforts and the context supporting their implementation.

1. Environmental scan

We used tailored searches to scan relevant literature and websites for organizations, agencies, and programmatic initiatives that met the criteria for consideration. Box A.1 summarizes the inclusion criteria applied in our program and practice scan approach.

> **Box A.1. Inclusion criteria for program and practice selection**
> - Focus on prevention and/or promotion
> - Provide relevant services to children in an out-of-school, after-school, early care, or education setting
> - Support children from the prenatal period through age 12
> - Focus on at least one mental health–related outcome—for example, mood disorders, trauma, and behavioral or relational difficulties

Our scan identified about 120 potentially eligible programs or practices. We then engaged in a three-step review process, beginning with an initial eligibility screen. A second, more detailed review extracted information to determine final eligibility, including identifying cross-sector, equity-focused, and data-driven approaches to prevention or promotion efforts. In a third review round, we prioritized eligible programs and practices based on the selection criteria (Box A.2).

> **Box A.2. Criteria for selecting programs and practices for case studies**
> - Geographic variety among U.S. regions
> - Range of sectors
> - Cross-sector approach, strong equity focus, and data-driven
> - At least one after-school or out-of-school program
> - At least one program or practice includes screening strategies
> - At least one program or practice features education for parents, caregivers, or families

2.   Key informant interviews

Based on the environmental scan in the project's initial phase, we identified five case study sites to conduct semi-structured key informant interviews. Participants included key program staff who delivered the program and individuals with lived experience—for example, families participating in the program, community advocates, or providers receiving training. We developed interview protocols for each type of respondent.

Informed by a literature review and the environmental scan, the project team developed a list of questions that mapped to the research questions and study constructs of interest. The semi-structured interview protocols were organized by the constructs of interest. For each construct, we developed a set of high-level questions and a series of secondary questions designed to capture the details of each element.

The interview protocols were designed so that some questions were only asked of specific respondents. Although all respondents were not asked each question in the protocol, the full protocol was covered across all the interviews. Team members recorded notes during each interview.

We conducted the key informant interviews between April and May 2024. We completed a total of nine interviews across the five selected case studies, with five program staff and four individuals with lived experience. Each interview lasted from 60 to 90 minutes. We also collected relevant documents provided by interview participants (for example, program annual reports) as well as publicly available documents to complement the information gathered.

After collecting the data from the interviews, we developed a coding scheme to facilitate theme identification. First, the project team developed a codebook that aligned to the major headings in the interview protocol. This allowed the team to efficiently complete the analysis on the interview notes and determine domains to be coded. Each site was analyzed separately. An analysis matrix was also developed to identify common themes across sites.