

# Understanding and strengthening Minnesota's Infant and Early Childhood Mental Health System of Care

## Perspectives of key stakeholders

January 2022

---

Over the last several decades, there has been a growing awareness of infant and early childhood mental health. Very young children, including infants, can exhibit a variety of mental health issues, including anxiety and depression. These issues can be effectively addressed, but services need to be appropriate and effective for this age group. Typically, mental health interventions for young children are designed to serve the children and their parents together.

While effective services exist, there may be challenges in meeting the needs of this population. Mental health service providers need specialized training to provide appropriate interventions. Family members, child care workers, or others who support the family may not recognize the unique ways that mental health issues may appear in early childhood, or know how to seek support for these concerns.

Over the last several decades, there has been a growing awareness of the importance of supporting the social and emotional well-being of young children and their families. Through a public-private project, [Building Strong Foundations for Families](#)<sup>1</sup>, Minnesota's team developed policy recommendations to strengthen the infant and early childhood mental health (IECMH) system and recommended a systems map of the current system. These report recommendations were derived from interviews with 19 stakeholders representing the Minnesota's early childhood mental health system, including advocates, state government staff, early childhood educators, mental health professionals, pediatricians, and others.

The interviews explored four issues:

- The structure of the infant and early childhood mental health (IECMH) system;
- Equity within the mental health system;
- Pathways parents and service providers use to learn about and access early childhood mental health services; and
- Recommended strategies to increase awareness and improve access to services.

---

<sup>1</sup> [Building Strong Foundations for Families • ZERO TO THREE](https://www.zerotothree.org/our-work/building-strong-foundations-for-families#:~:text=Building%20Strong%20Foundations%20for%20Families%20(BSFF)%20is%20a%20state%20technical,opportunities%20they%20need%20to%20thrive) ([https://www.zerotothree.org/our-work/building-strong-foundations-for-families#:~:text=Building%20Strong%20Foundations%20for%20Families%20\(BSFF\)%20is%20a%20state%20technical,opportunities%20they%20need%20to%20thrive](https://www.zerotothree.org/our-work/building-strong-foundations-for-families#:~:text=Building%20Strong%20Foundations%20for%20Families%20(BSFF)%20is%20a%20state%20technical,opportunities%20they%20need%20to%20thrive))

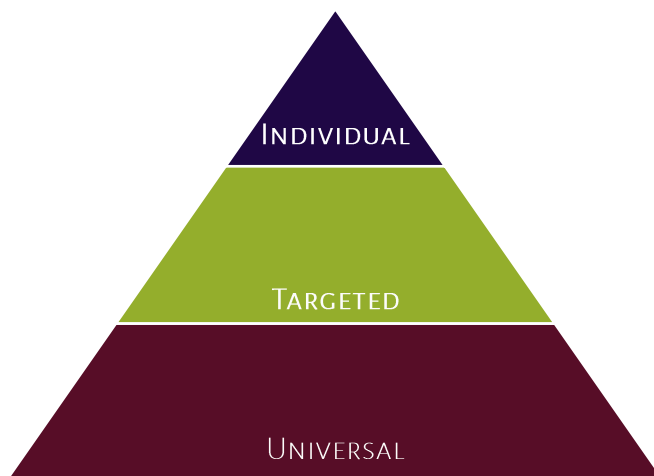


## What is included in Minnesota's Infant and Early Childhood Mental Health (IECMH) system?

---

Respondents were first asked to define the IECMH system, and to describe the types of services and entities that are included within this system.

**The Minnesota Department of Human Services (DHS) is building infrastructure for a variety of evidence-based interventions for young children and families**



It can be helpful to think about infant and early childhood mental health services as a multi-tiered system. Some individualized services are needed by a relatively small number of children exhibiting clear signs of social-emotional distress.

While these individualized services are a critical part of the system, it is also important that universal and targeted services are available.

Universal services are those that should be available to help all young children achieve positive social and emotional well-being. Targeted services may include early intervention or preventive services for children with emerging challenges or children who may be at higher risk of developing concerns.

The Minnesota Department of Human Services (DHS) has been building capacity for IECMH services. While some of this work has focused on training and supporting child care workers (which may be considered a targeted intervention), much of this effort has focused on training mental health professionals to work effectively with very young children and their families.

This initiative has trained providers to use the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5), a developmentally appropriate assessment process for children ages birth through five-years-old. They have also been building capacity of the system to provide several different evidence-based interventions for young children and their families. These services include:

- **Attachment Bio-behavioral Catch-up (ABC)**: a treatment that supports parents in building a strong attachment with their young children;

- **Child Parent Psychotherapy (CPP)**: a family-based trauma treatment that treats the parent and child’s trauma at the same time; and
- **Parent Child Interaction Therapy (PCIT)**: a family treatment that supports parents in building a strong relationship with their children and provide clear directions for disruptive behavior.

## Interviewees described the DHS-funded services as high-quality, though some argued for broader access to training opportunities

There was consensus that the services promoted and supported by DHS are high quality and effective services. At the same time, some people expressed concern that the list of supported interventions is fairly narrow, and not universally available across the state. While the number of providers trained to deliver these services has increased, some people expressed concern about the pace of dissemination and the time and cost required to obtain and maintain certification. Some felt that the definition of “evidence-based early childhood mental health services” should be expanded to include other promising approaches, and that providers needed more access to training. Several people highlighted the value of having other training opportunities, such as those offered through the Minnesota Association for Children’s Mental Health (MACMH).

*“[The DHS-funded services] include **only the best services**, not ‘junk.’ ”*

*“Originally, I was very much in the world of the elite group of DHS grantees providing evidence-based services. There are a lot of other providers who do not have DHS grant funding. We need to **look at other available registries** available for evidence-based service models and **broaden our lens.**”*

## There was widespread agreement that specialized mental health services are not widely available in rural areas

One of the most common concerns raised by interviewees was that specialized early childhood mental health services are not available in rural areas. They identified a number of reasons for the shortage, including:

- **Limited numbers of providers** with specialized training in meeting the mental health needs of young children and their families
- **Transportation barriers**, as families may have to travel long distances to receive services
- **Wait lists**, with families often needing to wait months to receive an appointment for an assessment or services.

*“There are **access and availability issues** depending on where you are. There may be only one agency providing diagnostic services, or it’s 3 hours away. ”*

“Services in rural areas are **less capable** of dealing with high-end mental health needs of kids.”

“Access can be a barrier in rural areas, due to a **lack of workforce**. The goal is to be accessible statewide, but that’s not necessarily the case.”

## The IECMH system should be seen as including a full continuum of supports to promote positive mental health/well-being

In addition to specialized early childhood mental health services, interviewees felt that a number of other systems play a vital role in supporting early childhood development and socioemotional well-being. Four systems were described most often as being a critical part of the early childhood mental health system:



Child care/early childhood education



Schools



Health care



Public health/early childhood home visiting

These four service sectors were seen as especially important in the early childhood mental health system, as they represent services and supports that engage many young children and their families. Given their access to families, and their role in providing care and support to these populations, they were described as critical partners in the early childhood mental health system of care. Not only do these systems provide a context for directly providing services and supports, but they also play important roles in recognizing early childhood mental health issues and providing education or resources to parents.

“I would describe the system as **promotion and prevention and early intervention and treatment** directed at children, families, and communities. Whatever services fit into those categories – they are all really important.”

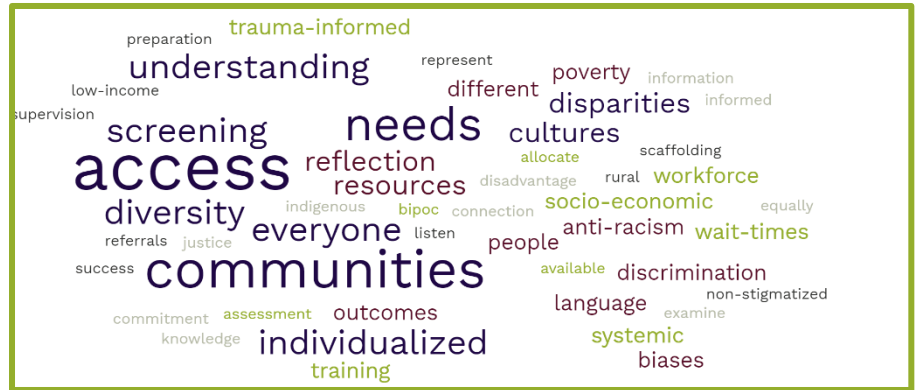
“Anyone serving young children and families should be part of the system and should have the knowledge and skills to do the work. We need to focus on the full spectrum through **promotion, prevention, intervention, advocacy, etc.**”



## What does an equitable mental health system for young children look like?

---

Interviewees were asked to share their visions of what “equity” means for early childhood mental health, and what an equitable system of care would look like in Minnesota. Four primary themes emerged from their responses.



### Services should be individualized, so that every child has access to services to meet their specific needs

The first theme was that equity requires services to be tailored to meet the needs of each child and family. This individualization ensures that service approaches are not “one size fits all”, but are designed to meet the child/family’s individual support needs and appropriate based on factors such as race/ethnicity, gender, language, socioeconomic status, and other factors.

*“Equity means that **everyone gets what they need when they need it**. We know that there are different needs for different populations due to disparities within the community.”*

*“Equity means accessing services to meet **individual needs of children and families**. Equity doesn't mean equal - what one child and family needs is different from another (based on socio-economics, language, academic needs, etc.).”*

### The system requires a diverse workforce, which is especially challenging to achieve in rural communities

Second, many interviewees highlighted the importance of having mental health professionals who reflect the diversity within the overall population of families. Several noted that it can be challenging to find providers of color who are trained in specialized early childhood mental health protocols. Several described specific barriers to strengthening workforce diversity in rural communities, based on factors such as isolation and bias/discrimination.

*“We’re not there yet, but having **professionals who reflect the communities that they serve** is incredibly important.”*

*“African American children should be served by African American therapists. **There aren't enough of them in the state** for us to be able to do that. I don't actually know anyone in rural MN who fits that bill...and it's a finite number in the Twin Cities.”*

## **Equity requires early childhood mental health resources to be culturally-adapted and translated into multiple languages**

Third, multiple informants talked about the importance of ensuring that written materials related to early childhood mental health or available services are accessible to all families. This includes not only translating materials and making them widely available, but also adapting the material as needed to ensure that the information and presentation are culturally-relevant and accessible. Interviewees had varying perspectives regarding the current success of these efforts. Many felt that the importance of this work was clearly understood, but not always carried out in practice.

*“Providers who identify with different populations translate materials – sometimes literally but also translating culture. In terms of resources and access, **we’re nowhere near where we need to be.**”*

*“We need to create awareness of the **importance of cultural adaptations** with the people creating materials, to help them understand whether the resource is friendly from a DEI lens.”*

## **It is important that providers and systems serving young children and their families address racism and bias**

Fourth, stakeholders emphasized the importance of ongoing work at individual and systemic levels to understand bias and combat racism. At the individual level, several people talked about the need for all providers working with young children to deeply reflect on their own perceptions and biases, and to develop strategies for ensuring equitable services. At the system level, it was noted that the early childhood has a disproportionately high number of White female workers. Several interviewees noted the way that this limited workforce diversity can result in bias being inadvertently built into services, resources, and policies.

*“We’re a bunch of white women creating systems and plans. Those barriers that we’re putting in place as we create resources is unintentional. **We need to be aware or else we will perpetuate the bias.**”*

*“We need to help providers examine their own biases. This is hugely important...having providers do their **own work and reflection.**”*



## How do parents learn about and access IECMH services?

---

### Parents are often referred to IECMH through child- and family-serving programs

There was strong consensus that many families first learn about early childhood mental health and available support services through the four systems described above: child care/early childhood education; health care; schools; and public health or home visiting programs. Staff from these agencies play a vital role in recognizing potential mental health concerns, addressing these concerns within their own systems, and connecting parents to other specialized services. Parents who are concerned about their child's development or behavior often talk first to providers in these systems, making them an important "first responder" in early childhood mental health.

*"Pediatricians have a lot of access to families and can be a great referral system."*

*"Parents access services through a referral process. A lot of times, parents come through the **early childhood education** system."*

*"Parents access services through **public health** – if they are involved in home visiting or receiving any family health service, that is a big referral source and access point for families."*

### Some parents are also connected to services through Child Protection

While no interviewees initially identified the child protection or child welfare system as a core component of the early childhood mental health system, several noted the unique role that this system can play specifically in recognizing emerging mental health issues and connecting families to care. Several people described potential inequities in access to care, with children of color or children living in poverty being more often identified for support through child protection, rather than through other child-serving systems.

*"[Access is] often through CPS. CPS may have been involved and the **family may be "highly encouraged" to seek out help.**"*

*"**People of color are more likely to be connected through CPS, while people who are white access services privately or separately from a CPS situation.**"*

*“Honestly, if you are not actively searching out support, **the only way people enter [the system] is through CPS.** This is especially true for kids who are younger or have parents who lack support.”*

## Screenings and Help Me Grow referrals are also important access points

Several interviewees highlighted the importance of early childhood screening as a pathway towards identifying children and families in need of support and referring them to available services. Help Me Grow was seen as an important service for screening families, even though the focus of these screenings is more broadly related to developmental status.

*“Many providers direct families to Help Me Grow to get a **basic sense of what services families may qualify for.**”*

*“[When parents] go through screenings through public health or school districts, they **may be given resources.**”*

*“Help Me Grow is helpful in identifying children and **getting them referred** for additional assessment or services.”*

## Existing services provide trusting relationships within which to make and receive referrals, but families who are not connected to services are also less likely to be identified and referred for IECMH services

Some interviewees emphasized the importance of families having trusting relationships with service providers, such as pediatricians, child care workers, or home visiting nurses. Having these connections in place helps ensure that families have someone to turn to with questions or concerns about their child.

*“Families look to us for guidance on resources. They **build that trust with community organizations** to help them build connections and access services.”*

*“There is a lot of good information out there online from state agencies, but **uptick is better if it comes through local relationships**, especially for families who don’t trust government agencies.”*

On the other hand, several people noted that not all families have these relationships with community providers. Some families are less connected to formal services in general, using more informal supports when needed. Some families may have a lack of trust in the system or face other systemic barriers to connecting with community resources (such as services that do not align with their cultural/language background).



*“There can be challenges [connecting to services], especially if people are further from social and economic opportunities. **They may have ‘system fatigue’.**”*

*“When people sign up for other services, that’s a time when they can sign up to mental health support. However, it **may not be a way to reach those who are not connected** to services.”*

## Many parents rely on their own research and word-of-mouth contacts to learn about IECMH services

While some families may connect to IECMH services through service providers, interviewees agreed that many families who are concerned about their child must do their own research to learn about services. Many parents turn to the Internet or to friends or family to look for help. Several interviewees highlighted this as an equity issue as well, noting that parents with more time and resources (and fewer language barriers) will be better equipped to do this research.

*“If families happen to talk to someone, they **may be connected through word of mouth**. They may learn enough to make the connection on their own.”*

*“You **have to do your own research**. This feeds into the inequity issue – families with more time and resources can do this.”*



## How do child- and family-serving providers learn about and access IECMH services?

---

### Some providers lack knowledge about IECMH

Child- and family-serving providers play an important role in supporting child well-being and providing resources to parents. However, interviewees felt that some of these providers (such as child care workers, home visitors, or pediatricians) may not have strong knowledge related to infant and early childhood mental health. They may not consistently have the knowledge or experience needed to recognize and understand potential mental health concerns, or to provide appropriate guidance to parents.

*“Parents often know that something is off, and **providers will think that parents just need to learn more about discipline** and how to parent their child.”*

*“Pediatricians would be a natural place to share information about IECMH, but **I don’t think they have received training** to identify when there might be some presenting issues.”*

## Many providers do not know about available services

Similarly, these providers may not have the knowledge needed to refer parents to mental health services or supports. Interviewees described several factors that can contribute to difficulty knowing what is available in the community:

- **Siloed service systems:** If providers receive training, this training may be limited to resources within their own service sector. For instance, pediatricians may learn what other resources are available through their health care network, but are less familiar with other community-based programs.
- **Changing array of available services:** Services may evolve due to changes in funding, staffing, or local initiatives. It can be difficult for providers to stay abreast of services that are being added or discontinued.
- **Lack of consistent training:** Several interviewees felt that it was difficult for providers to receive training, such as continuing education opportunities. While some trainings may be offered, it was seen as inconsistent and not centrally coordinated or managed.

*“The **process for educating professionals isn’t well-defined**. There isn’t one entity that takes the lead and does education for the providers.”*

*“**I can’t keep up** with who is available because programs come and go so quickly.”*

*“We’ve **become pretty siloed** in our disciplines and not aware of all the systems that are available.”*

## Some supports help providers learn about services, but they are not universally available

Interviewees did identify several strategies that help child-serving providers learn about infant and early childhood mental health services. Several highlighted the importance of child care consultation, which is a model supported by the MN Department of Human Services. This model engages trained consultants to support child care workers and some others in promoting the social emotional development of young children through training and reflective consultation. While the primary focus of consultation is not to make referrals to community agencies, several interviewees felt that these local trained consultants played an important role in helping child care providers know what services were available to support families.

Other interviewees described a variety of locally-driven initiatives that helped providers know what services exist in their community for families. Some highlighted the role of local mental health or early childhood collaboratives, which brought people together to share information and

resources. Some mentioned local resource directories, with compilations of available services. These resources were described as very helpful, but also difficult to maintain over time. Finally, some people highlighted the importance of local outreach and relationship-building, describing proactive steps that they (or other local providers) have taken to share information about available services.

*“Providers can use the **resource guide** on our website to learn about available services.”*

*“[My agency] did **a lot of outreach** to educate clinics about the services that we offered.”*

*“[Local coalition] meets frequently and **shares information** about resources”*

*“For child care providers, **mental health consultation** has been a resource for finding services.”*

## Most providers need to do their own research to learn about local service options for families

As was the case for families, many interviewees felt that providers were ultimately required to do their own research to learn more about service options that may benefit their families. Some saw this as a critical part of the professionals’ roles, to take the time to learn about community services and supports. Others described this as a challenge, as providers struggled to learn what was available and how to access it, often needing to do this research outside of their regular work responsibilities.

*“We have staff who **intentionally conduct outreach** [to learn about available services]. It’s an individual priority that doesn’t have continuity from district to district.”*

*“A lot of the time the professionals **need to do the research** themselves.”*

*“If people are invested in and care about the work that they do, they will **look for the resources** to help their families.”*



## How can we improve awareness of and access to IECMH services?

---

Interviewees offered a wide array of recommendations to improve awareness of, and access to, IECMH services. These recommendations fell into four broad categories.

## **1 Support families to understand infant/early childhood mental health and access services when needed**

The first recommendation is that services and supports should be provided to families, to help them better understand infant and early childhood mental health, and to make it easier for them to access screening or services when desired. Several strategies were suggested:

- **Develop resources for parents**, with easy-to-understand information about child development, infant and early childhood mental health, and local resources.
- **Provide navigation supports** through child-serving systems, such as health care and early childhood, to assist families in identifying and accessing services for their child and family
- **Support parental health and well-being**, with a goal of increasing opportunities to identify parents who may be experiencing stress or other issues and connect them with resources
- **Provide parenting education/support services**, to increase parent understanding of child development, build awareness of IECMH, and connect families to care as needed

## **2 Increase access to specialized IECMH services**

The second category of recommendations focuses on building the community of mental health professionals who are able to provide developmentally-appropriate and effective interventions to young children and their families. Specific recommendations include:

- **Increasing the number of trained providers** in Minnesota, with a particular focus on building capacity in rural communities
- **Diversifying the early childhood mental health workforce**, to ensure that all families can receive care from a member of their own cultural community when desired
- **Reducing cost/time barriers to training** in evidence-based practices, to make services more accessible and to make it easier for providers to maintain certification in evidence-based practices.

## **3 Increase provider knowledge of IECMH services and capacity to provide referrals**

The third category of recommendations is to build the capacity of child- and family-serving professionals to understand IECMH and refer parents for services. Specific recommendations included:

- **Compiling and disseminating information about available services**, such as by creating resource directories to help providers identify potential supports
- **Supporting and expanding Minnesota's Help Me Connect system**, with requests that the system be inclusive of a wide array of supports to promote early childhood social and emotional well-being,
- **Building capacity** to understand IECMH, conduct screenings, and make referrals

## 4 Promote broader system change to enhance IECMH services

Finally, interviewees made several recommendations for strengthening system-level support for IECMH services. Areas to consider include:

- **Expanding/supporting local collaboratives**, since local collaborative efforts were seen as an important strategy for sharing information and building relationships across entities invested in early childhood mental health
- **Strengthening coordinated state-level planning**, by ensuring (a) that there is joint strategic planning and oversight across state agencies and (b) that the topic of early childhood mental health is included in planning and advocacy efforts related to family well-being, children's mental health, and early childhood development.
- **Creating a social marketing campaign** to build general awareness and support for IECMH and reduce stigma.

This public-private project was conducted on behalf of the Minnesota's Building Strong Foundations for Families (BSFF) team, with support from the Children's Defense Fund.

For more information about the stakeholder interviews or this report, contact:

Cheryl Holm-Hansen, PhD  
Principal consultant

Community Research Solutions

[cheryl@community-research.solutions](mailto:cheryl@community-research.solutions)



**Community research solutions**

Consulting and research to make a difference

For more information about the BSFF initiative and next steps, contact:

Debra Fitzpatrick

Director of Research and Policy  
Children's Defense Fund

[dfitzpatrick@childrensdefense.org](mailto:dfitzpatrick@childrensdefense.org)



**children's  
defense fund  
minnesota**