PROMOTING SOCIAL EMOTIONAL DEVELOPMENT AND EARLY CHILDHOOD MENTAL HEALTH IN YOUNG CHILDREN

A ROADMAP FOR LONG ISLAND

January 2022
Executive Summary:

In October of 2021 three institutions dedicated to the health and well-being of children declared a National Emergency in Children’s Mental Health. This roadmap provides Long Island’s policy and decision makers with the knowledge and a path forward to start promoting mental health and social emotional well-being. Many long-term mental, emotional, and behavioral health problems take root in the first five years of life. However, despite heightened awareness of the importance of social emotional development and increased early identification of mental health problems, Long Island communities continue to face barriers in the promotion of social emotional development and the prevention of mental health problems.

Examples provided in this roadmap show that excellence exists on Long Island. The 5 outstanding programs reviewed here are exemplars of what is achievable with a mixture of leadership, funding, and commitment. However, it is widely acknowledged by stakeholders on Long Island that this is not enough. Excellent accessible mental and social emotional supports for young children need to be the norm, not the exception. This roadmap proposes next steps to guide the Island in building systems that ensure all young children are supported to reach their optimal development by strengthening existing programs and building new evidence-based initiatives to fill gaps and scale up.

Invest in Proven Programs:

1) Secure a pipeline of trans-disciplinary trained professionals to address social, emotional, developmental promotion, and the prevention of mental, emotional, and behavioral issues (MEB)

2) Build a consortium of Pediatric Residency Programs to intentionally integrate competencies of Infant and Early Childhood Mental Health

3) Invest in embedding mental health professionals trained in evidence-based approaches and interventions in existing clinics and community practices

4) Ensure that Article 31 clinics can offer children under the age of 5 evidence-based models such as Child-Parent Psychotherapy or PCIT

5) Encourage cross-systems collaboration in the justice systems that encounter families with young children

6) Expand integration of co-location of behavioral health into pediatric primary care offices

7) Train Early Intervention providers on social emotional development and the prevention of MEB issues

8) Adopt evidence-based models for parents with young children that need preventative support

9) Expand early childhood mental health consultation in child care

A wish list is easy to make, but how do we get there? Below are broad-based strategies that are necessary to make these recommendations a reality. Long Island can achieve the above goals by working together in the following ways:

helpmegrowny.org/long-island/
**Build cross-systems funding:** Adopt a cross-system, flexible funding approach that seeks to expand the service array to include social emotional development, and that draws on a variety of revenue streams that support a range of outcomes, including promoting social emotional development.

**Develop a constituency base committed to social emotional development:** Create a base of support for instituting social emotional development as a core component of programming focused on positive outcomes for children in early and middle childhood. Form this movement by establishing relationships with local government, families who will benefit from services, and private/philanthropic organizations. Initiatives and strategies should be seen as an integral part of the community and demonstrate results.

**Recognize that there is no magic involved:** Successful projects that support social emotional development cited here emerged because of hard work, persistence, and research. Even so, their “success” and “sustainability” are only in relative terms. Local communities and programs need to understand the risks involved and plan accordingly.

**Develop strong leadership and cultivate broad support:** Individual leadership proved an important factor in many of the examples cited here, especially in developing new systems and accessing new opportunities. However, building broader consensus is central to supporting sustainability and enabling broader growth. Systems that are dependent on individual leaders may be disrupted by personnel changes and political shifts. In the absence of consensus, communities will have to look for individual leaders to build an initial financing structure to support social and emotional development.

**Demonstrate results as often as possible:** Link outcomes to financing as closely as possible. Both funders and potential funders want to know what outcomes to expect. Each of the initiatives profiled can point to outcomes from their work related to social emotional development.

Applying these themes and enacting the listed recommendations will be challenging for Long Island, which is already behind other regions in the state. The road will not be straight or easy. Still, by better leveraging existing federal and state initiatives on Long Island in conjunction with clear local strategy, a path forward to better addressing social emotional development is possible. The only way to get there is to make it a priority across all systems that serve young children and their families.
**INTRODUCTION:**

This roadmap explores how Long Island can build a comprehensive framework for the promotion of social emotional development and the prevention of mental, emotional, and behavioral (MEB) health problems in children from birth through the age of five. In order to accomplish this task we: 1) review the benefits of promoting social emotional development and preventing MEB health problems; 2) review examples of excellence that exist on Long Island; and 3) explore gaps in services and present recommendations for Long Island to become a leader in New York State and the nation in the promotion of social emotional development and the prevention of MEB health problems through supporting young children and their families in the first five years of life.

There is a consensus among individuals engaged in early childhood research, policy, and practice that promotion of optimal development early in life merits serious investment. Research demonstrates that successfully supporting a strong foundation for child development in the early years creates benefits that are manifested as individual fulfillment (in happy and productive lives) and reduced public expenditures (in educational, health and mental health, criminal justice, and welfare systems).

Of the domains of child development, the social emotional domain is most important to the integration of the others in an organizational capacity serving as a fulcrum to successful development and resilience. The nomenclature for social emotional development and infant and early childhood mental health is acknowledged to be “jargony”; however, for the Long Island audience that this roadmap is intended for, policy makers and decision makers, we will consider them synonymous. Another term that will be used throughout this document is mental, emotional, and behavioral (MEB) disorders or problems. These are what early support for social emotional development and early childhood mental health prevent or ameliorate. Box A provides a summary of these definitions for clarity.

**Box A**

<table>
<thead>
<tr>
<th>Definitions for Terms Used in Roadmap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Social Emotional Development?</strong></td>
</tr>
<tr>
<td>Social emotional development in young children encompasses how young children feel about themselves, how they behave and how they relate to people close to them, such as caregivers, teachers, and peers. The term social emotional development illustrates the importance of prevention and early intervention.</td>
</tr>
</tbody>
</table>

**What is Infant and Early Childhood Mental Health?**
Infant early childhood mental health (IECMH) is the developing capacity of the child from birth to 5 years of age to form close relationships, manage and express emotions, and explore the environment and learn.

**What are mental, emotional, and behavioral (MEB) disorders and problems?**
MEB disorders: A diagnosable mental or substance use disorder
MEB problem: Difficulties that may be early signs or symptoms of mental disorders but are not frequent or severe enough to meet the criteria for a diagnosis.
Despite the evidence and general agreement about the importance of supporting social and emotional development and mental health in early childhood, systemic actions across Long Island to address them remain elusive. Currently, initiatives and services fail to measure up to the scale of need across the Island. Funding for these programs can be fragile and uncertain. Where funding exists, it is often the result of multiple attempts to bundle the patchwork of divergent funding streams into a cohesive financing strategy. The limited success of these efforts may be attributed to the following factors:

1. No single entity is responsible for ensuring the promotion of mental, emotional, and behavioral health or the prevention of mental, emotional, and behavioral health problems.6
2. It is difficult to attribute benefits to specific programs. Benefits may be seen years later, or may result in savings in different systems rather than the one implementing a given program.
3. The necessary data systems to measure or track outcomes over time are not in place and are difficult to establish at the community level.7
4. Prevention activities reside in multiple systems and across the private and public sectors, from a family’s home to regulations at the state level.8
5. Competition for scarce resources is intense.9

**Define the Benefits of the Promotion of Social Emotional Well-being and the Prevention of Mental Emotional and Behavioral (MEB) Health Problems in Young Children on Long Island**

The importance of investing in promotion of social emotional development and in the prevention of MEB problems and disorders is well understood by those working in the fields of mental health and early childhood. Yet the current financing structures, available resources, and political support are inadequate to fully realize the potential of this knowledge base. A critical factor in advancing an agenda...
is to outline why prevention and promotion cannot wait; the time is now to act at the regional level. The rationale for promoting social emotional development and preventing MEB health problems has been well laid out by the Institute of Medicine (IOM) in their 2009 publication on the prevention of MEB disorders and is briefly summarized here:10

- Prevention and/or amelioration of MEB health problems is possible
- Support of optimal social emotional development allows individuals to reach their full capacity
- School success is closely linked to social emotional development and MEB health
- Devastating consequences in communities can be reduced (suicide, violence, family disruption, trauma) through social emotional promotion and the prevention of MEB problems
- Promotion and prevention allow us to decrease “downstream” resource requirements such as substance abuse treatment, child welfare services, trauma-related treatment, and intensive mental health related interventions

All of this was true pre-COVID19, but since the outset of the pandemic it has been clear that the stressors young children experience would become more intense and affect a wider population than under normal conditions. Figure 1 illustrates the numerous ways COVID can impact the developing child.11

Figure 1: Socio-ecological impact of COVID-19: Protective and Risk Factors

What are the opportunities to act?

There is a wealth of evidence-based and evidence-informed programs, practices, and initiatives that have been shown to be effective in promoting health, preventing problems, and supporting healing. Clearinghouses of evidence-based practices allow communities to select from numerous rigorously evaluated programs to create better outcomes. But individual programs are inadequate; at the community level, efforts to knit together a system of care that meets the needs of diverse families is increasingly recognized as best practice. Numerous cities and counties across New York State have had efforts in the past 2 decades to do this, including but not limited to:

- Westchester Project LAUNCH Cohort 1, Funding Period 2009-2014
- New York City Project LAUNCH Cohort 3, Funding Period 2010-2015
- BRONX Equity Integrated Care for Kids (BE-InCK) 2020-current
- Schenectady Project LAUNCH 2019-2024

Long Island, through Docs for Tots on behalf of Help Me Grow – Long Island (HMG-LI), applied for a Project LAUNCH grant in 2019, and although scored well, did not make the cut off for federal funding. Feedback on that application detailed the need for Long Island to organize more effectively and invest locally to be able to leverage federal funding in the future.

The Role of Localities

The communities across the state that have led the way have done so through leadership, innovation, and creative problem solving. Several lessons can be drawn from their approaches as Long Island embarks on its roadmap.

The advantages of this focus on the locality and community include:

- Proximity to the problem: having localities solve problems means that the solutions are rooted in the life issues of the local population, including knowledge of local conditions and context and an understanding of local political realities such as the challenges associated with bringing local partners together
- Growing local champions within communities
- The development of a local constituency around policy goals that remain constant in the face of changing external factors
- The ability to combine or coordinate a variety of funding sources and resources near the point of service delivery
The Role of Leadership

Publicly and privately funded programs that promote the social emotional wellbeing of children over many years are best characterized as “survivors,” able to transition to new fiscal supports when existing sources of funding are eliminated or shift in focus. Essential to such survival is leadership. Strong leadership allows programs to identify opportunities (in service delivery and funding) and cope with unsteady (or even dry) fiscal times.

Throughout the examples presented here, successful leaders have played a key role in communicating the purpose and outcomes of programs to build public support. While individual leadership is important, this roadmap is audacious in that Long Island needs to move beyond pockets of excellence to consistent and widespread social emotional and mental health supports for young children. For Long Island to move to universal promotion and prevention, it must have a broad consensus that builds on individual leadership, works across systems, takes advantage of a variety of funding sources, embarks on a disciplined long-term approach to developing a coordinated local system, and communicates our accomplishments. The development of this roadmap is the first step to convening and opening dialogue across systems to build the commitment needed to see services improve for the youngest children and their families on Long Island.

“Despite the evidence and general agreement about the importance of supporting social and emotional development and mental health in early childhood, systemic actions across Long Island to address them remain elusive.”
**Highlight Examples of Long Island Excellence**

The following are examples of excellence on Long Island that can be built upon to create a system that can meet the scale and need of the region. In order to identify the assets and needs of the region, a systematic approach was utilized, guided by Zero To Three entitled “Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities”.

Table 1 presents a summary of basic information on each example of excellence that will be detailed in the text. There was a runner-up program identified during our assessment, but due to space constraints it will be mentioned with less detail in Box B.

**Table 1. Snapshot of Excellence Examples**

<table>
<thead>
<tr>
<th>Name of Initiative(s)</th>
<th>Entity</th>
<th>Population of Focus</th>
<th>Year Established</th>
<th>Source(s) of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mental Health-Developmental Practice (IMH-DP) Master’s Program</td>
<td>Adelphi Institute for Parenting</td>
<td>Higher Education</td>
<td>2015</td>
<td>US DOE Office of Special Education Programs (OSEP)</td>
</tr>
<tr>
<td>FOCUS</td>
<td>Hope for Youth</td>
<td>Birth to 5</td>
<td>2019</td>
<td>SAMSHA Grant to Suffolk County Family Treatment Court</td>
</tr>
<tr>
<td>Pyramid Model Hub</td>
<td>Child Care Councils of Nassau and Suffolk, Choice for All &amp; others</td>
<td>Child care, PreK, Preschool Special education, etc</td>
<td>2020</td>
<td>State OCFS</td>
</tr>
<tr>
<td>HealthySteps</td>
<td>Nassau University Medical Center, NuHealth Long Island Federally Qualified Health Centers and Adelphi Institute for Parenting</td>
<td>Birth to 5</td>
<td>2018 (NUMC)</td>
<td>OMH grant. Training Scholarships from the Oak Foundation and Robin Hood Foundation</td>
</tr>
<tr>
<td>Early Childhood Mental Health Consultation</td>
<td>Child Care Councils, Docs for Tots, Adelphi Institute for Parenting</td>
<td>Early care and education providers including child care &amp; Head Start</td>
<td>2020</td>
<td>OCFS, Robin Hood Foundation, Head Start</td>
</tr>
</tbody>
</table>
Adelphi Institute for Parenting: Since its inception in 2005, Adelphi University’s Institute for Parenting has played a critical role in raising awareness of the importance of infant and early childhood mental health and filling gaps in the availability of high quality services for families with young children on Long Island. However, for the purposes of this roadmap, we will highlight one specific example of excellence because no other entity fills this need on Long Island.

Infant Mental Health-Developmental Practice Master’s Program – For 5 years the Institute offered a unique, tuition-free master’s degree to a diverse group of students in allied health and mental health professions who wanted to specialize in helping families with young children. As a 48-credit Master of Science degree, it did not lead to licensure, but offered students important additional expertise. Twenty-five students completed the program along with their degrees in social work, speech pathology, mental health counseling, and school psychology. Federal funding (US DOE Office of Special Education Programs [OSEP]) supported scholarships to these master’s-level students to promote this additional track of study; the final scholarship students graduated in Summer 2020. This program met a unique need because many higher education programs fail to provide adequate course time and practical experiences with young children under the age of five. The Institute for Parenting addressed this on several levels by:

- Providing foundational content and expertise in infant and early childhood mental health and development
- Exposing students to the unique approaches and knowledge needed for engaging with families and young children
- Serving as an anchor on Long Island for professionals already in the field of infant mental health to expand their learning through professional development opportunities and networking
- Supplying many of the programs listed below with a qualified workforce; in fact, post-graduate employment was 100% for this scholarship program as of May 2021.

Many lessons were learned during the 5-year grant from OSEP that are currently guiding adaptations for sustainable programs that will continue to prepare a highly skilled workforce in IECMH. Adelphi students can supply Long Island with the needed graduate-level pipeline of professionals to implement programs and approaches that are outlined in this roadmap. The Institute is revising courses to cluster in certificates focused on three main professional avenues: Infant and Early Childhood Mental Health – Clinical, Infant and Early Childhood Mental Health Consultation, and Infant and Early Childhood Mental Health – Early Intervention.

Hope for Youth: Three years ago, Hope for Youth, a Long Island-based social service and mental health provider with over 50 years of experience, began focusing on the needs of young children under the age of 5, making a commitment to address this under-served population by investing in training of a few staff in an evidence-based model designed for birth to five. During that first year, Suffolk County Family Treatment Court, specifically, the Chief Clerk and a lead Family Treatment Court Judge interested in making a commitment to this population, applied for a SAMSHA Court Improvement grant to expand the...
services offered in the already established Family Treatment Court. The grant helped create a new program within Family Treatment Court, Families Overcoming Crisis through Unified Services, which is commonly referred to as the FOCUS program. The FOCUS program initiative is a partnership between Suffolk County Family Court, Hope for Youth and the Suffolk County Department of Social Services-Child Protective Services. Additional community service providers also collaborate with the FOCUS program.

The FOCUS program initiative serves children birth to five who have parents involved in substance use/abuse cases before the Central Islip Family Court. It is a unique opportunity to promote, prevent, and treat early childhood mental health issues and build social emotional resilience. Every adult involved with a child under 5 gets assistance from a highly experienced psychologist trained in evidence-based Child Parent Psychotherapy. The therapist works in partnership with the judge, the prosecutors, and the family to make informed decisions about what is best for the children to promote a safe environment and to ameliorate impact of trauma for the children involved. Reception by the cross-disciplinary team at Central Islip Court has been so positive that there are plans already in place to replicate the program at the Riverhead Court for the same type of family court cases. This initiative is based on court-team models with strong empirical evidence of improving young children’s outcomes. This demonstrates how Long Island does not need to reinvent the wheel, but rather implement and adapt existing, effective programs to serve the unique populations and structures on Long Island. 

Hope For Youth addresses a full range of youth ages birth to young adulthood. Although the Child Parent Psychotherapist was initially brought on board for the court team, having such a specialist “in house” at Hope for Youth has brought about collateral internal changes. Issues with young children under 5-years-old that were previously unrecognized are now noticed. This is a well-documented effect: when you have a resource to address a problem, there is increased recognition and treatment of the problem. There are current efforts to build the capacity to serve young children and parents at Hope for Youth in a more proactive manner outside the court system. Bringing expertise in infant mental health can open existing services’ awareness of the need and opportunity to improve community outcomes by acting early with young children and their families.

_________________________________

“Strong leadership allows programs to identify opportunities in service delivery and funding while coping with unsteady or even dry fiscal times.”

_________________________________

Pyramid Model Long Island Hub: Since 2018 the New York State Council on Children and Families, Office of Children and Family Services, and Department of Education have invested in a statewide adaption of the Pyramid model, a national model of social emotional promotion for early childhood education settings. Initially the cohorts of trainers and training overlooked the need and large population of young children in child care on Long Island. As a region, Long Island registers the fewest child care or early education settings that have adopted the Pyramid model; when the state initially went to promote community implementation, Long Island volunteered but was not funded. Thanks to advocacy by the
Child Care Councils of Nassau and Suffolk, Choice for All, and other partners, a Long Island HUB for Pyramid Model implementation was piloted in 2019 and rolled out in 2020. This HUB allows for Long Island to create a community-specific approach to implementation of the New York State-endorsed model while addressing the specific needs that are unique to Long Island that include high program costs, lack of Pyramid trainers to spread the model through professional development, and a higher number of child care programs than other regions in the state.

HealthySteps: New York State Office of Mental Health made a large investment in co-locating early childhood mental health promotion in pediatric offices in 2016 using the HealthySteps model. Eighteen pediatric practices were selected across the state – one site was selected on Long Island: Nassau University Medical Center (NUMC). The evidence-based model of HealthySteps embeds early childhood mental health expertise by placing a HealthySteps specialist within a pediatric practice. Additional sites have been added across New York, bringing the total number in the state to 49. The NYC Health and Hospitals system has made a significant investment with their project 3-2-1 IMPACT; additionally, every federally qualified health center (FQHC) in the city now has a HealthySteps specialist. Since that time, the implementation of HealthySteps at NUMC remains the only implementation site on Long Island (until November 2021). Figure 2 shows the map of implementation sites across NYS.

The HealthySteps specialist, who is a master’s level mental health professional, ensures that all appropriate early childhood screenings, such as developmental, maternal depression, and social emotional, are completed and children that are at risk receive appropriate referrals. The Specialist can also work with individual children and their families within the clinic setting for mild to moderate concerns.

Long Island Federally Qualified Health Centers (LIFQHC) and Adelphi have completed preliminary work to spread the model to the 5 practices in Nassau where LIFQHC sees pediatric patients. However, ongoing funding has not been secured to sustain the HealthySteps model at this time.
**Figure 2: HealthySteps Distribution in New York State**

Bassett Medical Center  
Brookdale Family Care Center (**2 sites**)  
Charles B. Wang Community Health Center  
Community Healthcare Network (**2 sites**)  
Ellis Pediatric Care  
Jamestown Pediatric Associates  
Maimonides Medical Center  
Main Buffalo Pediatrics  
Montefiore Medical Group (**19 sites**)  
Mountain View Pediatrics  
Nassau University Medical Center  

NYC Health + Hospitals (**4 sites**)  
NYU Langone – Family Heath Centers (**2 sites**)  
New York-Presbyterian (**2 sites**)  
Open Door Family Medical Center (**2 sites**)  
Plattsburgh Primary Care Pediatrics  
Rochester Regional Health – Unity Pediatrics  
Ryan Health Women & Children’s  
Southern Tier Pediatrics Practice, P.C.  
St. Joseph’s Primary Care Center  
University of Rochester Pediatrics  
Upstate Pediatrics and Adolescent Center  
Wyckoff Pediatric Care Center
**Box B**

**IDEA Part C: Early Intervention**

**How Can Early Intervention Support Social Emotional Development?**

New York State published a report on how to support social emotional development and mental health in early intervention in 2017. However, systemic changes to Early Intervention (EI) in the past decade have made it difficult to focus on the quality and sustainability that implementing these social emotional recommendations requires. Nassau and Suffolk County EI systems have persevered despite the systemic challenges to support social emotional development and mental health in the following ways:

- Partnering with NYC to offer trainings to providers on Long Island, specifically on infant and early childhood mental health and general social emotional development
- Providing a psychologist for EI and Individualized Family Service Plan (IFSP) meetings if requested by family

**Early Childhood Mental Health Consultation in Child Care:** Early Childhood Mental Health Consultation (ECMHC) is an approach with strong evidence that it improves the social emotional environment of child care settings, thereby improving outcomes for all children and specifically for children at risk for MEB. This is the initiative that has perhaps the most diverse implementation on Long Island. There are currently at least 3 major efforts to support early care and education settings that include Head Start and child care (both center-based and family/group child care). This can be traced back to the leadership of the Child Care Council of Nassau post Superstorm Sandy which brought the first evidence-based model of early childhood mental health consultation to New York State from 2014-2017. Although that specific program was not sustained, it can be reasonably inferred that the subsequent local investments from the state OCFS and the Robin Hood Foundation are a legacy of that work, and demonstrates how bringing quality services to Long Island can reinforce further investments on Long Island. Of note, the Robin Hood Foundation does not generally fund activities on Long Island, but because of the strong experience and leadership an exception was made for this program to serve both Queens and Nassau Counties.

Currently, the Child Care Councils of Nassau and Suffolk have two ECMHC consultants (with capacity for 4) that work with infants and toddlers in all types of child care settings; Docs for Tots has an initiative working specifically with infants and toddlers in family and group settings; and Adelphi Institute for Parenting provides mental health consultation to Long Island Head Start programs in Suffolk County. Although it is encouraging to have so many initiatives in this area, it represents fewer than 7 full-time equivalents doing this work. In contrast, the state of Connecticut has a statewide system of consultation and employs over 20 consultants to serve a population of about the same size as Long Island.

helpmegrowny.org/long-island/
Explore Gaps in Services and Present Recommendations for Long Island

Long Island has some great initiatives that are working hard to support social emotional development and prevent mental emotional and behavioral problems in the future. Although we were only able to cover some examples, the take-home message is that every example is significant but small, and no single program can reach the full needs and scale required. That is why we must take stock of the gaps that are known. These fall into 3 large categories: parenting supports for promotion and prevention, professional development for a workforce informed to promote resilience and identify issues early, and access to evidence-based treatment for high-risk children.

Parenting Supports for Promotion and Prevention:

Evidence-based parenting supports, such as Triple P, Incredible Years and Circle of Security, are commonly used in the child welfare world and are also applicable to a general population of parents. Our review found that none of these programs were currently reliably available to parents on Long Island. There are several professionals qualified to provide Circle of Security, but those individuals have not found a funding mechanism that can sustain groups. All these programs are currently available in the five boroughs of New York City, further demonstrating the gap in services that exists on Long Island.

Help Me Grow – Long Island has existed for 3 years to help families connect to existing resources and has demonstrated success in promoting positive parenting. However, it currently serves a small fraction of what the anticipated need is.

Professional Development for Informed Workforce to Promote Resilience and Identify Issues Early

One of the recurrent themes that we encountered in our review was the need for a better prepared workforce. Adelphi’s Institute for Parenting Master’s program clearly demonstrated the need but cannot alone meet the scale required. It is not only a mental health workforce that needs to be trained and understand these issues – it is truly a trans-disciplinary issue. Professionals across pediatrics, early intervention, child welfare, mental health, early education, and many others need to have the fundamental knowledge to put high quality programs into action.

In New York City, specific training tracks for existing early intervention providers have been developed in addition to a pipeline within the CUNY system to create a workforce prepared for a holistic approach to early intervention services. This can be leveraged and/or replicated on Long Island.

Access to evidence-based treatment for high-risk children:

Article 31 Clinics: The term “Article 31” is used to denote the licensing of mental health providers by the NYS Office of Mental Health for the treatment of mental illness in NYS and represents the standards
governing the operations of facilities and programs specifically addressing mental illness in the state. Treatment of mental health issues can also occur in other facilities regulated under article 28 (health) and Article 29A (behavioral health), but Article 31 represents facilities that treat predominately mental illnesses. Traditionally, Article 31 clinics have not served children under the age of 5; however, the state has clarified that this can be done under the current regulations. This has not yet been adopted in many of the Article 31 facilities on Long Island. Barriers to adoption include the lack of clarity of the state regulations, the capacity of these clinics to address the needs of young children, and the lack of financial incentive to treat this age group. The result is a gap in services for children under 5 years old, even among the most experienced and well-established mental health providers on Long Island. Additionally, many of the Article 31 clinics serve Medicaid and underinsured individuals, meaning that some families that seek private mental health treatment can find services for young children, but those using public funds are not able to, resulting in inequitable access to services.

Evidence-Based Treatments: There are 2 commonly identified evidence-based treatments for young children, both of which specifically address the need for dyadic (parent and child) based approaches: Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP). There is a dearth of providers trained in either of these approaches on Long Island. Searching both evidence-based websites reveals the maps in Figures 3 & 4. Our example of Hope for Youth illustrated how a focus on Child Parent Psychotherapy changed the trajectory of one organization on Long Island. Further concentration on these evidence-based models could revolutionize approaches at additional institutions to focus on the earliest possible moments for prevention, diagnosis, and treatment.

In the aftermath of Superstorm Sandy, NYC invested in these evidence-based treatment modalities by contracting with community mental health providers to ensure that every community agency had at least one person trained in an evidence-based model to address the needs of young children and their families.

In the 2 maps below you can see the distribution of professionals listed on the websites of each respective evidence-based practice – PCIT or CPP – showing a dearth of individuals trained in these methods compared to the surrounding regions.

Figure 3: Map of trained professionals in PCIT
Pediatric Residency Training:

New York state is a leader in the number of physicians trained. This is true of Long Island as well, with nearly 100 pediatric residents in training across the Island. This represents a huge potential for building early childhood social emotional competency and a workforce that will serve Long Island for decades to come, as many residents end up practicing where they trained.

Currently, across the country much of the focus of training programs is on tertiary and, frankly, quaternary care for the sickest, and the most critical care issues that young children face. Certainly, the programs across the excellent training programs of Cohen Children’s Medical Center – Northwell Health, Stonybrook, NYU Langone Long Island (Winthrop), and Good Samaritan demonstrate this. However, once in general practice, most pediatricians will need the social emotional development and early childhood mental health competencies much more frequently than the skills of tertiary care. Therefore, Long Island has the opportunity to become a national leader in working together to bring the competencies of infant and early childhood mental health to their residency programs, strengthening both primary care and pediatric sub-specialties.

“Long Island has the opportunity to become a national leader in working together to bring the competencies of infant and early childhood mental health to their residency programs, strengthening both primary care and pediatric sub-specialties.”
Recommendations: A Roadmap for Improving Social Emotional Wellbeing on Long Island

Despite heightened awareness of the importance of social emotional development and increased early identification of mental health problems, local communities continue to face barriers in the promotion of social emotional development and the prevention of mental health problems. Based on the examples provided in this roadmap, and the related literature, we propose potential next steps to guide Long Island in building systems that ensure all young children across the Island are supported to reach their optimal development.

Invest in Proven Programs: There is a strong evidence base for programs that support young children and their families across promotion, prevention, diagnosis, and treatment of mental health. The excellent programs outlined in this brief can all be brought to scale to impact many more children on Long Island. This can occur in the following ways:

1) Secure a pipeline of trans-disciplinary trained professionals to address social emotional developmental promotion and the prevention of MEB by building on the example of Adelphi’s Institute for Parenting.

2) Build a consortium of Pediatric Residency Programs to intentionally integrate competencies of Infant and Early Childhood Mental Health for the pediatricians in training across the region.

3) Invest in embedding evidence-based trained mental health professionals into existing mental health clinics and community providers following the example of Hope for Youth.

4) Ensure that Article 31 clinics can see children under the age of 5 by training professionals in evidence-based models such as Child-Parent Psychotherapy or PCIT in each of these community mental health provider locations.

5) Encourage cross-systems collaboration like Hope for Youth’s FOCUS court initiative across the justice systems of Nassau and Suffolk Counties.

6) Expand integration of co-location of behavioral health into pediatric primary care offices. For example, expand HealthySteps into every pediatric primary care setting that sees a predominately Medicaid population on Long Island. This would include all FQHCs on the Island and hospital-based clinics. To reach smaller primary care offices that cannot readily access behavioral health providers or sustain models like HealthySteps, create innovative agreements with behavioral health programs that would allow successful linkages for care specifically to young children.

7) Support more specific training for Early Intervention providers on social emotional development and the prevention of MEB issues through collaboration with higher education and other regions around New York that excel in this area.

8) Adopt models like Circle of Security, Incredible Years, and Triple P and bring them to scale to reach parents with young children that need preventative support.

helpmegrowny.org/long-island/
9) Expand early childhood mental health consultation to reach the scale that is required on Long Island.

A wish list is easy to make, but how do we get there? Below are broad-based strategies that are necessary to make these recommendations a reality. Long Island can achieve the above goals by working together in the following ways:

**Build cross-systems funding:** Adopt a cross-system, flexible funding approach that seeks to expand the service array to include social emotional development, and that draws on a variety of revenue streams that support a range of outcomes, including promoting social emotional development.

**Develop a constituency base committed to social emotional development:** Create a base of support for instituting social emotional development as a core component of programming focused on positive outcomes for children in early and middle childhood. Form this movement by establishing relationships with local government, families who will benefit from services, and private/philanthropic organizations. Initiatives and strategies should be seen as an integral part of the community and demonstrate results.

**Recognize that there is no magic involved:** Successful projects that support social emotional development cited here emerged because of hard work, persistence, and research. Even so, their “success” and “sustainability” are only in relative terms. Local communities and programs need to understand the risks involved and plan accordingly.

**Develop strong leadership and cultivate broad support:** Individual leadership proved an important factor in many of the examples cited here, especially in developing new systems and accessing new opportunities. However, building broader consensus is central to supporting sustainability and enabling broader growth. Systems that are dependent on individual leaders may be disrupted by personnel changes and political shifts. In the absence of consensus, communities will have to look for individual leaders to build an initial financing structure to support social and emotional development.

**Demonstrate results as often as possible:** Link outcomes to financing as closely as possible. Both funders and potential funders want to know what outcomes to expect. Each of the initiatives profiled can point to outcomes from their work related to social emotional development.

Applying these themes and enacting the listed recommendations will be challenging for Long Island, which is already behind other regions in the state. The road will not be a straight or easy. Still, by better leveraging existing federal and state initiatives on Long Island in conjunction with clear local strategy, a path forward to better addressing social emotional development is possible. The only way to get there is to make it a priority across all systems that serve young children and their families.
Acknowledgements

Promoting Social Emotional Development and Early Childhood Mental Health in Young Child: A Roadmap for Long Island was prepared by Help Me Grow – Long Island in partnership with early childhood experts from across Long Island who participated in its preparation, presentation, and distribution. Participants include experts from the fields of early intervention, health, mental health, early care and education, child welfare and academic systems. The report was conceived and followed the data collection format recommended by Zero To Three’s resource Expanding Infant and Early Childhood Mental Health Supports and Services: A Planning Tool for States and Communities.

We gratefully acknowledge the funding provided by a UnitedHealthcare grant to Docs for Tots, the organizing entity of Help Me Grow – Long Island, that supported this regional planning for improving the mental health and social-emotional wellbeing of Long Island children and families.

Work Group Participants

Feride Castillo
Co-Founder/Director of Programs
Empowerment Collaborative of Long Island, Inc. (ECLI)

Joy Connolly, MA, MPA
Executive Director
Child Care Council of Nassau, Inc.

Candida Cucharo, MBA, MSW
Co-President
New York State Association for Infant Mental Health

Peter J. D’Amico, PhD, ABPP
Director, Child & Adolescent Psychology
Department of Psychiatry at Northwell Health

Andre Eaton, MSW
New York State Regional Coordinator
New York State Director for Parent Child Plus

David Fagan, MD, FAAP
Vice Chairman, Pediatric Ambulatory Administration
Department of Pediatrics
Cohen Children’s Medical Center – Northwell Health

Victor Fornari, MD, MS
Chief of Division – Child & Adolescent Psychiatry of Psychiatry
Long Island Jewish Medical Center – Northwell Health

helpmegrowny.org/long-island/
Elizabeth Isakson, MD, FAAP
Executive Director
Docs for Tots

Joaniko Kohchi, MA, MPhil, MSW, LCSW, IMH-E
Director
Institute for Parenting, Adelphi University

Robert Lee, DO, MS, FAAP
President
New York Chapter 2, American Academy of Pediatrics

Melissa Passarelli, MA
Director of Programs
Docs for Tots & New York State Act Early Ambassador

Susmita Pati, MD, MPH
Professor of Pediatrics
Chief, Division of Primary Care Pediatrics
Chief Medical Program Advisor, the Alan Alda Center for Communicating Science
Renaissance School of Medicine & Stony Brook Children’s Hospital Health Sciences Center

Susan Rabinowicz, PT, DPT, MS, PhD
Pediatric Advocacy Liaison
APTA Academy of Pediatric Physical Therapy

Joan Rocchetta
Director of Professional Development
Child Care Council of Suffolk, Inc.

Marian Silverman, PsyD
Director
Child Parent Psychotherapy at Hope for Youth

2 Heckman, J. 2000. Policies to Foster Human Capital. Research in Economics. 54; 3-54


See citation 5.

The Alliance for Child Protection in Humanitarian Action, Tehcnical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019


