

Elevating Prevention and Promotion in Early Childhood Mental Health: A Case Study Series

This case study is part of a series that describes evidence-based, innovative, and exemplary practices that support positive mental health for children. The case studies of five organizations highlight key elements of prevention and promotion efforts in early childhood mental health as well as the contextual factors that support implementation. Case study sites were selected from an environmental scan that identified innovative and exemplary practices and approaches to prevention and promotion in early childhood mental health.

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The Center for Advancing Dyadic Care in Pediatrics

Promoting Early Childhood Mental Health Through Relationship-Based Care

What is the Initiative?

The [Center for Advancing Dyadic Care in Pediatrics](#) (CADP) provides technical assistance (TA) to pediatric primary care settings in California. This support helps integrate and expand the use of dyadic services and benefits, which aim to enhance family-centered, early behavioral health promotion services. These services focus on improving child mental health outcomes by supporting caregivers through dyadic care interventions. **By nurturing the child-caregiver and provider-family relationships during primary care visits, CADP promotes positive mental health in early childhood and helps prevent mental health difficulties.** The CADP's mission is to make universal behavioral health prevention a routine, equitable, and sustainable practice in early childhood health care settings.

Whom does CADP serve?

Although CADP's mission is the health and wellness of all children in pediatric primary care settings, the initiative focuses on supporting publicly insured pediatric clinics, which serve a high volume of pediatric patients from birth to age 3. To promote health equity, these centers typically serve populations experiencing higher rates of health and social challenges due to racism and discrimination, including Black and Latino communities and people with English-language barriers.

Key terms

Promotion and prevention. Strategies and services to strengthen skills, support resilience, reduce risk factors, and establish supportive environments for mental well-being.¹

Dyadic care in pediatric primary care. A relationship-based model of care that recognizes the importance of the caregiver-child relationship in promoting mental health in early childhood by integrating the science of relationships into pediatric health care for assessment, intervention, and referrals as a part of the pediatric care plan.²

¹ Saxena, S., P.K. Maulik, and World Health Organization. "Prevention and Promotion in Mental Health." World Health Organization, 2002.

² UCSF Center for Advancing Dyadic Care in Pediatrics. "About Dyadic Care." n.d. <https://dyadiccare.ucsf.edu/intro#evidence>. Accessed July 24, 2024.

How does CADP use prevention and promotion to support mental health in early childhood?

Dyadic care recognizes the caregiver's well-being as a crucial factor in the child's mental health. When a caregiver's well-being is supported, they are better equipped to promote positive child development outcomes.³

Through the dyadic care services, behavioral health providers work alongside pediatric health care providers to address developmental, relational, and behavioral health concerns early on as a preventative approach. For example, families are screened for interpersonal safety, tobacco and substance misuse, and social determinants of health such as food and housing instability.

CADP provides a range of TA services to make dyadic behavioral health promotion and prevention a routine and sustainable practice:

- **Comprehensive practice transformation assistance.** CADP's comprehensive assistance works with clinics to build infrastructure and sustain mental health promotion services for young children and their families. For pediatric care settings looking for more comprehensive and intensive TA, CADP collaborates to grow their capacity to implement and sustain dyadic care models to address children's behavioral health needs and mitigate the effects of trauma and toxic stress. CADP supports pediatric primary care settings in developing two- to three-year projects focused on delivering clinical services, developing staff skills, and evaluating practices. CADP guides organizations through a landscape assessment to select a service delivery model that best fits their needs and is financially sustainable. Depending on the chosen model, CADP provides implementation TA or connects clinics to implementation support from the chosen model experts (e.g., HealthySteps National Office). CADP supports workforce development by facilitating learning collaboratives and other

What is CADP's approach to TA?

Clinical services. To support early-childhood mental health promotion, CADP helps pediatric care settings select clinical service delivery models grounded in research evidence that focus on the child-caregiver relationship (for example, [HealthySteps](#)). CADP then provides TA focused on practice transformation (e.g., Dyadic focused team-based care) to facilitate successful implementation of the chosen clinical service delivery model.

Financing and sustainability. Because behavioral health promotion and prevention services had not often been billable in the past, CADP helps pediatric primary care settings assess their billing infrastructure and provides guidance on adopting new infrastructure to sustainably finance dyadic care. CADP has specific expertise in maximizing Medi-Cal benefits for pediatric dyadic care.

Building workforce capacity. To address gaps in behavioral health promotion and prevention services, trained dyadic care specialists and specialists in mental health in infancy and early childhood provide ample professional development opportunities. These include opportunities for pediatric primary care teams to participate in learning collaboratives, individual and group-based reflective consultation, group-based training, and dyadic clinical care observations.

³ FIRST 5 Center for Children's Policy. "Parent Mental Health Concerns and the Impact on Young Children: How California Can Support Whole-Family Wellness Through Two Generation Interventions Like Home Visiting and Dyadic Care." April 2021. <https://first5center.org/publications/parent-mental-health-concerns-and-the-impact-on-young-children-how-california-can-support-whole-family-wellness-through-two-generation-interventions-like-home-visiting-and-dyadic-care>.

trainings which cover a variety of themes (e.g., clinical learning, practice transformation). CADP also helps organizations use a data-driven quality improvement approach throughout their project.

- **Short-term consultation.** CADP provides short-term consultation to pediatric primary care settings seeking specific practice transformation TA needs—for example, by helping them conduct needs assessments to identify behavioral health promotion and prevention service gaps or guiding them through billing for behavioral health promotion and prevention services.
- **Education and training.** CADP offers various modalities for education and training in dyadic care. For example, CADP supports professional development assessing, triaging, and preventing mental health concerns in children. In addition, CADP’s learning collaboratives allow pediatric primary care settings to collectively practice and brainstorm about challenges with the implementation of dyadic care. CADP recently implemented an observational course so that interested pediatric primary care settings can see what these models look like in practice. Additionally, CADP collaborates with external partners to co-create modules on topics related to implementation (clinical, practice transformation) and plans to add vignette recordings in future collaborations. CADP also created a [resource library](#) of publicly available materials—for example, webinars and research documents—to support the implementation of dyadic care.

Fostering trusting relationships as a pathway to equitable care



“The way dyadic care is practiced requires a relational component—building trust, getting to know each other, having this rapport, and understanding that a family is coming into a space that may not feel safe. Families are often sharing that it feels so good to come in here and know that you're a face I can trust.”

—CADP leadership member

CADP fosters success by building trusting relationships

TA is provided by trained staff who have clinical dyadic care experience. CADP recognizes that dyadic care requires providers to build relationships with both families and the medical team that serves them. For example, providers in a medical team must have supportive working environments to build safe and trusting relationships with the families they care for. Through learning collaboratives and site implementation meetings, CADP provides space for medical teams to reflect on how they work together, communicate, and relate to each other. Pediatric primary care settings have praised CADP for understanding the clinic's needs, dedicating time to support the medical teams, and fostering a space for medical team members to talk to each other.

A story of success: Elevating the importance of mental health



“We’ve seen the effects of COVID-19 on families and young children. There is a rise in mental health issues across the board. This has given us more of a platform to talk about this with providers ... to talk about trauma-informed care. Words and phrases we held onto before COVID-19 have become so much more powerful now.”

—CADP leadership member

How does CADP leverage resources to sustain the initiative?

CADP leverages their partnerships with multiple organization to successfully sustain their initiative. Specifically, CADP was developed in partnership with the HealthySteps program at the Zuckerberg San Francisco General Children’s Health Center; the California Children’s Trust; the University of California, San Francisco (UCSF) Center for Child and Community Health; the UCSF Departments of Psychiatry and Pediatrics; the FIRST 5 Center for Children’s Policy; and the HealthySteps National Office. CADP is also currently supported by grants from Genentech, a member of the Roche Group, the UCLA-UCSF ACEs Aware Family Resilience Network, the Sarlo Family Foundation, and the Stupski Foundation. The California Department of Health and Human Services is a key funder of CADP’s work through the Child and Youth Behavioral Health Initiative.

To reduce differences in rates of child health outcomes and access to health care by race and socioeconomic status, the California Department of Health Care Services in 2022 launched Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families by offering new ways to pay for family-centered, dyadic services that promote behavioral health care (including preventative services) in pediatric primary care. To optimize and sustain new Medi-Cal benefits, CADP supports pediatric primary care settings seeking reimbursement for the dyadic care they provide.



What are barriers to supporting implementation?

Staffing capacity. The need for TA related to pediatric dyadic care is greater than the current infrastructure of CADP. The need for a systematic approach to supporting implementation of the new benefit is clear and CADP is working diligently with partners to prepare for this broader practice transformation effort to receive funding support.

Billing constraints. Under current state law, promotion and prevention services are not typically billable, which limits the reach of dyadic behavioral health services.



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