



Promoting Mental Well-Being for Children: Promising Pediatric Mental Health Models That Help Children Thrive



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Introduction

Childhood is broadly recognized as a critical period of growth and development that can affect long-term physical and mental health. Mental health for infants and children involves developing the capacity to experience, regulate, and express emotion and form secure relationships that help them thrive and overcome adversity. As children mature and experience stressors, poor mental health can develop into more serious mental disorders.¹ Accordingly, promoting positive relationships (i.e., safe, stable, and nurturing relationships) between infants/children and their caregivers and identifying and addressing mental health concerns early can pave the way for children's healthy development and short- and long-term mental health and well-being.

This issue brief outlines three key approaches to promote mental well-being for children, including:

- Promoting resilience and long-term well-being through early relational health
- Increasing access to mental health care to support early intervention
- Implementing team-based care to address children's holistic needs

Next, the issue brief provides examples of models across various family-centered settings (e.g., primary care, schools, telehealth, including video visits) at the local level and nationally that leverage one or more of these approaches. Based on a research scan and analysis of the models, the authors identified opportunities for providers and policymakers to continue expanding upon these promising models.

Key Approaches to Promote Mental Well-Being for Children

This paper explores three key approaches to promote children's mental health, focusing on approaches that can prevent mental health conditions from developing or escalating.

Promoting Resilience and Long-Term Well-Being Through Early Relational Health

Early relational health is the "state of emotional well-being that grows from emotional connection between babies and toddlers and their parents and caregivers when they experience strong, positive, and nurturing relationships with each other." Early relational health sets the foundation for children's healthy growth and development and is a predictor of lifelong wellness. In fact, strong relationships with caregivers significantly enhance children's resilience, leading to better mental and physical health outcomes into adulthood. Specifically, children who experience consistent and responsive relationships with their caregivers show improved mental and physical health outcomes, like improved emotional regulation, increased ability to identify complex emotions, a stronger immune system, decreased risk for asthma and other diseases, more consistent physical activity, and healthier eating and sleeping habits. Since families visit the pediatrician's office so often during a child's first five years, pediatricians have a unique opportunity to help parents and their young children form strong relationships that can support children's lifelong mental health and well-being.

¹ The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) defines mental disorders as clinically significant cognitive, emotional regulation, or behavior disturbances that result in psychological, biological, or developmental mental dysfunction.



Increasing Access to Mental Health Care to Support Early Identification and Intervention

Data suggests that about [one in ten children](#) under age 5 experiences mental health concerns, and [one in five children](#) ages 3 to 17 has a diagnosed mental health disorder, with the most common being anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and behavioral disorders. Yet, among children in the U.S. with a diagnosed mental disorder, [more than half of all children](#) do not receive mental health care. This may be [due to barriers](#) to accessing care (e.g., access to transportation, cost of services, limited clinic hours, perceived stigma, lack of local providers in some [areas](#), etc.). [More than half](#) of the U.S. population lives in a mental health professional shortage area. Bringing mental health services to settings that children and families frequent — such as [schools](#), [primary care offices](#), or the home through [telehealth appointments](#) — can help increase access to services to support early identification and intervention.

Implementing Team-Based Care to Address Children’s Holistic Needs

Children have multifaceted needs, including relational, developmental, physical, and mental health needs. Pediatric integrated mental health models, which are often implemented in primary care settings, leverage [multidisciplinary teams](#), that may include primary care providers, mental health providers, care coordinators, community health workers, and others. The teams collaborate to effectively address children’s holistic needs, including mental health needs. Successful multidisciplinary care teams enable each provider on the team to [maximize their effectiveness](#) by working at the top of their license. [Evidence](#) also suggests that team-based care models can improve clinical outcomes and patient satisfaction while also reducing [costs](#). Additionally, providing team-based mental health services that are integrated into primary care visits can increase [access](#) to mental health services. Team-based care marks an [opportunity](#) for [multidisciplinary providers](#) to draw from each other’s expertise to meet the needs of children.

Examples Across Family-Centered Settings: Primary Care, Schools, Telehealth

Implemented across three family-centered settings — primary care, schools and telehealth — the local models below exemplify the implementation of one or more of the key approaches for promoting mental well-being for children.

Primary Care

Given the [American Academy of Pediatrics’](#) recommendation that children visit their pediatrician for well-child visits [twelve times](#) by age 3 and annually after that, the primary care setting offers an important opportunity in the early years to address children’s mental health needs. After that, as children continue to visit their primary care provider regularly for well-child and sick visits, the [primary care setting](#) can be an ideal location to provide convenient access to mental health care.

Integrated mental health, commonly known as [integrated behavioral health](#), refers to a model of providing coordinated, team-based physical and mental health care in the same physical space — usually in the primary care office. Integrated behavioral health models can increase access to mental health care by bringing mental health services into a [setting](#) that families already frequent. Providing mental health care in a [destigmatized](#) primary care environment can also “[open the door](#)” to mental health care for families who experience barriers to care or who may not have sought out mental health care previously.

Cincinnati Children's Integrated Behavioral Health

Cincinnati Children's provides [*integrated behavioral health*](#) (IBH) services in their primary care clinics and community-based practices. Through this model, IBH providers deliver a combination of universal, prevention-based interventions (e.g., HealthySteps) and accept warm handoffs and referrals from primary care providers aimed at addressing specific concerns identified via screening or discussion with families. Primary care providers universally screen children for mental health needs during well-child visits, and they refer children who need mental health services to integrated and/or colocated behavioral health providers. The behavioral health providers and primary care providers collaborate on treatment during the primary care appointment, conferring with each other outside appointments, or consulting the shared electronic health record. This [*approach*](#) removes barriers for patient-families to [*access*](#) mental health care and creates opportunities for a whole-child approach to care, integrating [*expertise*](#) across team members and streamlining communication and collaboration with families. Studies of Cincinnati Children's hospital-based IBH services show that participating in IBH services is associated with [*increased adherence*](#) to the recommended well-child visits and vaccine schedule up to 5 months of age, increased self-efficacy among [*mothers*](#), and increased [*medical provider satisfaction*](#).



To further increase access, Cincinnati Children's has trained community-based providers to implement their IBH model so children and families can receive mental health care at their regular pediatrician's clinic. A [*study*](#) of the community-based practices showed that over four years, practices that implemented Cincinnati Children's IBH model had a lower number of patients with a depression diagnosis admitted to the emergency department with a behavioral health concern (3.9 patients per 1,000) than practices that did not have an IBH therapist (5.1 per 1,000).²

Rady Children's Primary Care Mental Health Integration Program

In San Diego, California, Rady Children's Hospital's [*Primary Care Mental Health Integration \(PCMHI\) Program*](#) leverages a collaborative approach to identify children's mental health needs early and provide quick and easy access to care, including evidence-based therapy and child psychiatry. Their interprofessional primary care and mental health providers depend on clear [*communication*](#), including a warm hand off protocol (i.e., transfer of care between providers) and shared electronic health record to maximize collaboration. As of 2023, a [*preliminary review*](#) of the program showed a 44% reduction in anxiety symptoms and 62% reduction in depression symptoms among children receiving care across the 10 PCMHI clinics in San Diego and Riverside Counties. Rady Children's Hospital [*supports*](#) this program through a mix of philanthropic funds, patient revenue, and hospital budget.

² Studies of Cincinnati Children's hospital-based IBH services show that participating in IBH services is associated with [*increased adherence*](#) to the recommended well-child visits and vaccine schedule up to 5 months of age, increased self-efficacy among [*mothers*](#), and increased [*medical provider satisfaction*](#).

HopeSparks and Pediatrics Northwest Collaborative Care Model

In Tacoma, Washington, [HopeSparks](#), a family services provider, and [Pediatrics Northwest](#), a pediatric group practice, [collaborate](#) to provide [integrated behavioral health care](#) within the pediatric medical home.

Leveraging collaborative care billing codes and the [Collaborative Care Model](#) developed at the University of Washington, primary care pediatricians universally screen children and refer them to integrated therapists. The therapists partner with psychologists from Seattle Children's to implement their [First Approach Skills Training](#) (FAST) program, through which they provide

brief, evidence-based behavioral therapy. This [model](#) allows primary care providers to identify mental health issues early (from age 3 to young adult), quickly connect children to mental health care, and enhance communication between all providers to improve care. HopeSparks' [2023 Annual Report](#) shows that HopeSparks and Pediatrics Northwest provided collaborative care to 649 children and their families in the primary care setting, and 87% of children that received collaborative care services showed a decrease in anxiety symptoms from "clinically significant" to "not clinically significant."³

Patient-Family Testimonial: HopeSparks and Pediatrics Northwest Collaborative Care Model

A mom exhausted from navigating the mental health care system and having her son repeatedly denied services exclaimed, "I am so thankful for this opportunity to help my son now, instead of waiting until things get much worse."

Nemours Children's Health Integrated Primary Care

Nemours Children's Health leverages an integrated primary care model that embeds mental health providers in the primary care setting. Behavioral health clinicians in primary care conduct mental health screenings (e.g., depression and anxiety screenings), identify the early signs of mental health conditions (e.g., changes in behavior like sleeping or eating, or changes in mood), conduct evaluations for ADHD and autism and provide support, including parenting support.⁴ Primary care providers can also consult behavioral health clinicians to support treatment for children with behavioral needs. For children that need mental health services, this model integrates brief (i.e., three to four sessions), evidence-based behavioral health services into the primary care setting. When needed, integrated behavioral health providers at Nemours Children's may refer children to longer-term services and collaborate with schools and other systems that support children. This model is supported by billing insurance and federal grants.

Schools

School-based mental health care [brings](#) mental health services into the school setting, making mental health services [easily accessible](#) by providing care in a location where children already spend most of their [time](#). While school-based health services can increase access to care for all students, these services can be particularly helpful to children living in [rural areas](#) who may not have access to nearby mental health providers as well as the [37.4 million children](#) enrolled in Medicaid or the Children's Health Insurance Program (CHIP). School-based mental health services can help to address [barriers](#) to health care access that rural and low-income children and families may experience (e.g., lack of nearby providers, lack of transportation, scheduling time off work for appointments, etc.).

Furthermore, evidence suggests that school-based health centers have both health and academic benefits. Researchers have [found](#) that students at schools with health centers tend to have lower dropout rates, fewer absences, and higher scores on academic tests. In addition, given their focus on prevention, school-based health services can [reduce](#) health care costs by curbing visits to higher acuity settings like emergency rooms for health and mental health services.

³ At the time of publication of this paper, HopeSparks has not yet released their 2024 Annual Report. However, a [2024 HopeSparks Fact Sheet](#) shows that in 2024, 660 children and their families received collaborative care in the pediatric primary care setting.

⁴ In Delaware, behavioral health providers also evaluate children for additional conditions

Nemours Children's: Delaware School-Based Health Program

Nemours Children's partners with the Delaware Division of Public Health and the Colonial, Christiana, and Seaford School Districts to operate 17 [school-based health centers](#), on-site at early education centers, elementary schools, middle schools, and academies (i.e., first through eighth grade schools). The [school-based health centers](#) provide convenient access to high-quality physical and behavioral health services at no cost to families, with behavioral health services including individual, family, and group therapy delivered by licensed behavioral health providers.⁵ While the school-based health centers bill insurance, including Medicaid and commercial plans, students can receive services regardless of their ability to pay. Nemours Children's contracts with participating school districts and funding partners to cover some of the cost of services that are not reimbursed by insurance. During the 2024–2025 school year, Nemours Children's school-based health centers conducted more than 3,656 behavioral health visits.

“Having a mental health professional on-site has allowed us to keep kids in class. If kids aren't acting up, and they're not having mental health issues, they're in class and they're learning ... The parents don't have to go somewhere to get their kid treated. It's all right here in the school ... If you look at the history of schools, they were always the center of the communities, so it only makes sense to bring these services to the center of the community ... These kids are engaged, they're in class, and they're learning. That's the overall goal that we want.”

— [David Distler](#)

Principal, Eisenberg Elementary School

Nationwide Children's School Health Services

Nationwide Children's Hospital provides [health services](#) to students, families, and community members at 20 school-based health center locations and two mobile care centers, aiming to reduce barriers and expand access to health care for students and families in Ohio. The school-based health centers and mobile care centers offer comprehensive primary care, supported in consultation with a pediatric psychiatric provider.⁶ Over the 2023–2024 school year, trained primary care providers cared for greater than 97% of students with behavioral health concerns, while less than 3% of students received psychiatric consultations.

Additionally, Nationwide Children's offers trauma-informed, [school-based behavioral and mental health services](#) to meet children and families where it is convenient — the school, at home or in the community. This includes individual and family counseling, skill-building groups, crisis intervention and consultation, behavioral and mental health consultation, and staff trainings at more than 50 locations, and consultation on the implementation and sustainability of evidence-based programs such as the [PAX Good Behavior Game](#) and [Signs of Suicide](#).

To bring more access to primary and mental health care to under-resourced communities, [Nationwide Children's](#), in collaboration with [Appalachian Children's Coalition](#), received \$64.2 million to support school health services planning in 32 counties in Appalachia as a part of a \$500 million state grant. Through this project, 16 new school-based health centers, along with mobile care services, behavioral health services, dental services, and mobile vision services, will open.



⁵ Nemours Children's school-based health services also provide access to physical health services, including acute and chronic care, well-visits, and immunizations delivered by pediatric nurse practitioners.

⁶ The school-based health centers also provide specialty services, including dental and vision care, and support for managing conditions including asthma and diabetes.

Telehealth

Telehealth services can [improve access](#) to mental health professionals by reducing or eliminating travel costs, minimizing school absences, and minimizing the need for parents to arrange for transportation or time away from work. Telehealth services also allow children and families in areas with [provider shortages](#) to virtually access [mental health professionals](#) located in different regions. Additionally, providing mental health services via telehealth in schools or in primary care settings can make accessing care even more [convenient](#) by integrating [mental health care](#) into settings that children already frequently visit.⁷

Texas Child Health Access Through Telemedicine

Through partnerships with public school districts across the state, Texas Child Health Access Through Telemedicine (TCHAT)⁸ provides free, time-limited telemental health services that aim to identify and address at-risk students' mental health needs before they escalate. TCHAT provides [assessments](#) and triage, brief intervention, and connection to community-based services via telehealth to children at-risk or currently experiencing mental health concerns ranging from struggling in school to depression, self-harm, or substance use. The Texas Legislature [funds](#) TCHAT, and services are [free](#) for students, families, and schools who participate (i.e., TCHAT providers do not bill insurance for services, and schools do not need to pay to participate in the program).⁹ To date, TCHAT is [available](#) to more than 4 million students at more than 7,000 school campuses across 942 school districts in Texas. As of July 2024, nearly [45,000 Texas students](#) have used TCHAT services, through approximately 200,000 TCHAT sessions.¹⁰ Additionally, more than [80% of parents](#) said that “their child was doing better as a result of TCHAT,” and preliminary [data](#) show that on average, children/youth who participated in TCHAT experienced a clinically significant reduction in depressive symptoms, especially for children/youth with more severe symptoms upon entry.

Nemours Children's Pediatric Acute Telemental Health Program

Nemours Children's has expanded the reach of its behavioral health services in Florida through its [Pediatric Acute Telemental Health](#) (PATH) program. Originally funded by a philanthropic donation and currently funded through a Health Resources Services Administration (HRSA) grant, the [PATH program](#) aims to provide rapid access to mental health services to children in northeast and central Florida and the Florida panhandle, including by partnering with six primary care offices in Florida's panhandle that previously lacked access to preventive mental health services. Through this program, patient-families can receive brief, evidence-based telemental health services, parenting support, and information to address concerns about the child's behavior, mood, or safety. By providing rapid access to mental health care, this program aims to prevent mental health issues from escalating, helping children lead healthy lives. Between August 2023 through December 2024, the PATH program completed 1,596 appointments, screened more than 300 patients ages 12 and older for depression, and, on average, scheduled appointments nine days after screening. While outcome data is not yet available, Nemours Children's plans to begin to track metrics related to depression, anxiety, behavior, and other outcomes.

Patient Example

A mom called Nemours Children's seeking help for her 12-year-old daughter, who was experiencing challenges with social adjustment, peer relationships, and stress. Her mom was concerned about how her daughter was managing these feelings. Nemours Children's Psychology Department offered her daughter a PATH video appointment, and the mental health provider saw the patient over video shortly after she was referred — much more quickly than some clinics that have waitlists of several months to a year. After two video sessions with the adolescent and communicating with her mom over the phone and messaging on the Nemours app, the provider conducted a warm handoff to longer-term services. The family was pleased with the short-term intervention and the help getting connected with the support that she needed.

⁷ [Evidence](#) shows that school-based telehealth services can increase opportunities for acute and chronic care, provide early opportunities for evaluation and intervention for acutely ill patients, and address developmental, behavioral, and educational concerns.

⁸ In this case, telemedicine is [synonymous](#) with telehealth.

⁹ [Texas SB 11](#) established the [Texas Child Mental Health Care Consortium](#) and requires the Consortium to implement the TCHAT program.

¹⁰ [Data](#) is up to date through June 15, 2025.

National Examples

The programs described below are national models that promote early relational health. Primary care sites across diverse regions in the U.S. have implemented these models.

ZERO TO THREE's HealthySteps

ZERO TO THREE's [HealthySteps](#) is an evidence-based, [dyadic care model](#) that supports families and young [children](#) by “identify[ing] challenges early and prevent[ing] others from happening, so that young children have a strong foundation for a lifetime of healthy development, learning, and growth.”¹¹ To do so, HealthySteps brings together a child development and behavioral health promotion and prevention expert and a primary care provider to help families develop skills to support their child’s development. HealthySteps focuses on promoting [nurturing](#), responsive caregiving through [comprehensive services](#) like screening for families’ nonmedical needs and facilitating access to supports, as well as providing positive parenting guidance, early learning resources, and care coordination. HealthySteps demonstrates [positive early relational health outcomes](#) for children and families, including greater security of attachment and fewer child behavior problems among participating families.^{12, 13} Additionally, HealthySteps [families](#) show a stronger understanding of [infant development](#) and are more likely to understand their infants’ behaviors and provide [age-appropriate](#) nurturing.

Help Me Grow

[Help Me Grow](#) (HMG) provides a comprehensive, integrated approach to support healthy child development, detect early signs of vulnerability, and connect children and families to community-based services. To promote early relational health and promote positive childhood well-being, Help Me Grow leverages the Center for Social Policy’s [Strengthening Families Protective Factors Framework](#), which focuses on strengthening parental resilience, fostering social connections, increasing knowledge of parenting and child development, improving access to concrete supports in times of need, and enhancing the social and emotional competence of children. When families have access to a fully implemented HMG system that connects them to the supports and services they need and want — when they need and want them — it reduces family stress and lessens the adverse effects of stress on relational health. Lower stress levels contribute to stronger caregiver-child relationships and improved overall family well-being.

The HMG National Center supports the scaling of the model across 30 states and the District of Columbia and more than 150 local systems nationwide. [Various studies](#) indicate that HMG strengthens families’ protective factors — conditions that help families cope with stress and adversity — across families’ differing levels of need, circumstances, and risk. Strengthening protective factors leads to healthy [child](#) development. Specifically, the studies indicate a [positive shift](#) in parents’ resilience, social connections, and understanding of child development and parenting skills, making them better equipped to meet their child’s needs. The results of these studies demonstrate the efficacy of HMG in promoting healthy child development.

¹¹ [Dyadic care models](#) care for babies and caregivers together. They care for babies as part of a larger family system, providing all members of the family “skills for success.”

¹² These findings are representative of two HealthySteps program sites.

¹³ [Child behavior problems](#) refer to internalizing behaviors (e.g., anxiety, depression) and externalizing behaviors (e.g., delinquency, aggression).

Opportunities to Spread and Scale Models That Promote Childhood Mental Well-Being

Policymakers and other stakeholders can help spread and scale programs that promote positive childhood and adolescent well-being like the ones highlighted in this brief by incentivizing and supporting states, health systems, other providers, and payers as they design and implement programs that fit the needs of the communities they serve. Considerations could include:

Financial Support and Sustainability: The federal government, philanthropists, and other funders can play a critical role in incentivizing states, health systems, school districts, and other providers to implement models that promote childhood and adolescent well-being. Providers can benefit from seed funding for startup costs and infrastructure development (e.g., creating or integrating data systems, building clinical space, training the workforce, etc.), as well as federal and state policies that promote financial sustainability.

- Examples of support for **startup and infrastructure costs** could include:
 - States or philanthropy could provide seed/start-up funding to pay for planning, capital improvements, and hiring or training providers before reimbursement kicks in, or
 - The Centers for Medicare and Medicaid Service (CMS) Innovation Center (CMMI) could launch a federal demonstration model that includes a financial incentive to implement innovative pediatric mental health models.
- Examples of approaches to promoting ongoing **financial sustainability** could include:
 - Federal or state government could provide flexibility to braid and potentially blend funding streams (e.g., insurance reimbursement, grants),
 - States could ensure innovative mental health services, such collaborative care models, are billable under Medicaid,
 - States could prioritize ongoing, adequate reimbursement for telehealth services, or
 - CMMI could launch a federal demonstration model either focused on or inclusive of the full continuum of mental health services that requires the implementation of a sustainable financial model with one or more payers.

Technical Assistance: States, providers, health systems, and school districts may need technical support as they plan and implement new pediatric mental health models. The federal government, think tanks, and other groups with expertise may have the opportunity to support implementers by providing technical assistance, tools, or training on issues like identifying funding, building clinical workflows, billing for school-based services, or other relevant topics. CMS could also launch learning collaboratives for stakeholders to learn from each other.

Conclusion

Childhood is a critical period for growth and development that can influence lifelong physical and mental health. By identifying and addressing mental health issues early in life, it is possible to prevent the development of more serious mental health conditions. The models highlighted in this paper promote childhood well-being by ensuring mental health services are provided at the right time and place, and that children receive holistic, coordinated care that addresses their multifaceted needs. Together, policymakers, providers, and stakeholders can collaborate to implement and support models that include these critical components.

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