

**Concept Paper:**

***An Early Childhood Mental Health System of Care  
for Contra Costa County***

***Guidance for Three-Year MHSA Planning***

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Early Childhood Prevention & Intervention Coalition  
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## Executive Summary

### **Introduction: Intervention AND Prevention**

By including support for an Early Childhood Mental Health System of Care in its next three-year plan for MHSAs funding, Contra Costa County will be choosing to develop a comprehensive, long-term approach to serious mental illness that delivers significant benefit not only to young children and their families through immediate intervention, but to future consumers of all ages through effective primary prevention.

### **Excellent Return on Investment**

Funding early childhood services offers an excellent return on investment in terms of future savings in mental healthcare, foster care, inpatient psychiatric services, criminal justice costs and other expenditures. To best help youth and adult populations down the road, we must invest now, *and most urgently*, in early childhood mental health.

### **Contra Costa County's Strengths in Early Childhood Mental Health**

Contra Costa County is well-positioned to develop an Early Childhood Mental Health System of Care. A county-wide and multi-disciplinary collaborative (the Early Childhood Prevention and Intervention Coalition; ECPIC), consisting of First 5 and other stakeholders in early childhood mental health, childcare, and education, meets monthly and will continue to bring key ideas regularly into the forefront. Among the ECPIC members are a number of early childhood mental health CBOs who have been providing services to Contra Costa County families for decades and have established knowledge and skill-base/expertise, as well as county providers and numerous early childhood agencies (in childcare, education, developmental services, etc.) who collaborate closely with the CBOs and county to meet the needs of children and families.

### **Community Services & Supports (CSS)**

**Funding is needed from MHSAs for CSS programs that serve children birth to six.**

Current services to address moderate to severe mental illness in the birth to six population in Contra Costa are sorely inadequate to address the considerable unmet need for such services. EPSDT/Medi-Cal funding is limited in terms of the number of children who can be served.

**It is estimated that 9.5–14.2% of all children birth to six experience emotional, relational, or behavioral disturbances that meet medical necessity criteria for mental illness** (Zero to Three, 2017: *The Basics of Infant and Early Childhood Mental Health: A Briefing Paper*; Brauner & Stephens, 2006: *Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations*). Considering recent population numbers for Contra Costa County (e.g., 2018 data from the Lucile Packard Foundation for Children's Health), there are

approximately 80,000 children who are 0 to 5 in the county. It is therefore reasonable to estimate that, in Contra Costa County, there are approximately 7,900 to 10,900 children in need of early childhood mental intervention for mental illnesses meeting medical necessity criteria. Present Medi-Cal contracts to the early childhood CBOs support approximately 500 children annually. ***The unmet need for CSS mental health programs in Contra Costa is thus on the order of 7,000 to 10,000 children.*** MHSA Community Services & Supports funding is required to address as much of this unmet need as possible, as has been done in other California counties.

### **Prevention & Early Intervention (PEI)**

**Funding is also needed from MHSA for PEI programs that serve families with babies and young children to prevent mental illness.** Senate Bill 1004 has directed the MHSA commission to establish prevention and early intervention priorities for childhood trauma prevention and early intervention services (California Senate Bill 1004, 2018). Young children who live in families dealing with parental loss, substance abuse, mental illness, or exposure to trauma are at heightened risk of developing mental health disorders sometime in their life spans. The stressors of poverty, housing instability, and discrimination can multiply these risks.

According to the American Community Survey (ACS), conducted by the U.S. Census Bureau, it is estimated that up to 10,000 young children under 6 in Contra Costa County live at 100% of the Federal Poverty Level. Approximately 5,488 young children countywide live in deep poverty, defined as 50% of the Federal Poverty Level (i.e., an annual income of \$11,925 for a family of four; First 5 Contra Costa County, 2015, *Briefing Book*). Considering the multiple intersecting factors influencing the need for preventive early childhood mental health services, which includes poverty, homelessness, parental mental illness and substance abuse, parental loss and incarceration, and exposure to other Adverse Childhood Experiences not otherwise accounted for, **the unmet need for PEI programs in Contra Costa can reasonably and conservatively be estimated to be on the order of 20,000 children total.** This number will be less if highest acuity mental health needs are addressed through other programs, but as discussed above, unmet needs in the highest acuity level are currently considerable. MHSA Prevention & Intervention funding is urgently needed for early childhood mental health programs and services that are triaged into lower levels of care for prevention not reimbursed by EPSDT/MediCal, and for higher acuity cases that are not able to be addressed by EPSDT/MediCal funding or by MHSA CSS funding.

### **Innovation (INN)**

**Funding is needed from MHSA for INN programs that integrate early childhood mental health into pediatric primary care and other collaborations.** The California Department of Health Care Services (DHCS) and the Office of the Surgeon General are initiating an Adverse Childhood Experiences (ACEs) screening project in pediatric primary care beginning in January 2020. Pediatricians will soon be incented to screen all patients for ACEs and will be referring children and families for “toxic stress

treatment” which will clearly include early childhood mental health services. MHSA Innovation funding could incubate new programs and collaborations as early childhood mental health agencies and county departments struggle to meet new demands necessitated by this initiative. In addition, Innovation funding could be used to explore and develop early childhood mental health preventive programs that start as early as possible, coinciding with prenatal obstetric care.

### **Workforce Education & Training (WET)**

**Funding is needed from MHSA for WET programs that will train the county’s workforce in early childhood mental health.** In order to be able to develop skilled staff to deliver standardized, competencies-based, outcomes-driven and trauma-informed services, it is necessary to support the development, implementation, and subsidized staff tuition for appropriate trainings, such as a proposed early childhood mental health certificate program at Cal State East Bay Concord, modeled on similar training programs already implemented in multiple other counties.

### **Conclusion**

**The most recent Needs Assessment conducted for MHSA planning (2016) proactively identified the 0-5 population as underserved and recommended that more attention be given to this population in future MHSA planning.** Contra Costa County can address this underserved population in the most comprehensive and forward-thinking way possible by funding components of an overall Early Childhood Mental Health System of Care, tapping into multiple MHSA funding categories in order to seed growth and development of this system into the future.

## 1. Introduction

As the planning process for the next three-year period of MHSA-funded programs begins, the Contra Costa County Mental Health Services Act (MHSA) stakeholder committees have before them an opportunity to strengthen public mental health systems in Contra Costa County in new and compelling ways to better serve children, youth, and adults who have, or are at-risk for, a potentially disabling mental illness. This opportunity is particularly powerful, as it has both immediate near-term wins and far-reaching transformative influences that will continue to benefit our county's communities well into the future.

**The Opportunity.** By including support for an Early Childhood Mental Health (ECMH) System of Care in its next three-year plan, the MHSA stakeholder committees will bring to Contra Costa County a research-based, outcomes-driven, and comprehensive approach to addressing mental illness that delivers significant benefit not only to young children and their families through immediate intervention, but to future consumers of all ages through effective primary prevention. The following Concept Paper has been developed and submitted as guidance for the upcoming MHSA three-year planning process by the Early Childhood Prevention and Intervention Coalition (ECPIC), a collaborative of early childhood agencies, county departments, and stakeholders. See Appendix A for a complete listing of organizations currently involved in this collaborative.

**Unmet Need.** Ample data shows the significant and growing unmet need in the birth to six population in our county, especially with our county's projected increased birth rate (see Section 2: Contra Costa County's ECMH Needs), as well as the demand for increased mental health services for youth and adults. The latter can of course also be understood as data supporting unmet early childhood mental health needs in the county. All youth and adults were once 0-5 years of age.

By choosing to invest in *truly* early intervention during a child's first few years of life, stakeholders will be implementing change that leads not only to immediate improvement (more young children receiving the intervention they urgently need to recover from trauma-based mental illness and have a healthy start for lifelong social-emotional development), but will also lead to reduced rates of mental illness in the youth and adult populations of tomorrow. In short, early childhood mental health investments "last a lifetime" (First 5 Contra Costa County, 2014).

James Heckman, Professor of Economics at the University of Chicago and an expert in the economics of human development, has famously asserted that investments in the early childhood period have the best return on investment over the long term. This is because investment in early childhood heavily influences health, economic and social outcomes for individuals and society at large. Effective early childhood programs can reduce the need for more expensive services such as foster care, not to mention reduced costs to society associated with future rates of incarceration, inpatient psychiatric services, and welfare programs. It is clear from the research that children who get support in the

"Early childhood development is perhaps the strongest investment we could make on a raw return-on-investment basis."

**James Heckman**  
Nobel Laureate in Economics

first five years, "do better in school, are healthier, and earn more money as adults," (Economic Policy Institute, 2017).

This includes addressing disparities and "preventing achievement gaps" for disadvantaged young children based on racial, ethnic, and cultural differences (a significant and growing problem for Contra Costa County as outlined in Section 2), ideally before they begin to set the stage for subsequent disparities. Senate Bill 1004 was introduced in 2018 to enact direction for increased MHSA-supported prevention and intervention programs that focus on "reducing disparities for unserved, underserved, and inappropriately served racial, ethnic, and cultural communities." (California Senate Bill 1004, 2018). According to Heckman and associates, "We can invest

"We can invest early to close disparities and prevent achievement gaps, or we can pay to remediate disparities when they are harder and more expensive to close."

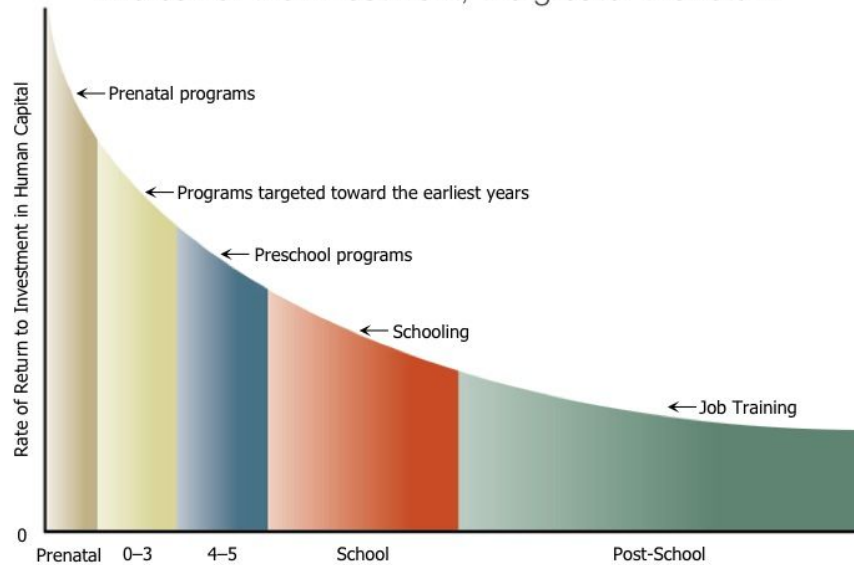
**James Heckman,**  
Nobel Laureate in Economics

early to close disparities and prevent achievement gaps, or we can pay to remediate disparities when they are harder and more expensive to close" (Heckman, *Equity and Quality in Education*, 2011, p. 47).

It follows that, to best help youth and adult populations down the road and reduce the costs associated with future intensive mental health programs and services for youth and adults, we must invest now, *and most urgently*, in early childhood mental health during the first five years.

## Investments in Early Childhood

The earlier the investment, the greater the return



Source: James Heckman, Nobel Laureate in Economics

**What the Science Shows Us.** As detailed in Section 3 of this paper (The Science Behind Early Childhood Mental Health), neuroscience and early childhood behavioral research conducted over decades at preeminent centers of inquiry, from Harvard University to UCSF, have demonstrated the impact of early intervention and prevention services delivered to parents and children in the first five years of a child's life. Contra Costa County has a number of existing early childhood mental health CBOs who have, for decades, contracted with the county to leverage these best practices and, together with a small team of Contra Costa County Behavioral Health providers and associated non-profits in early childhood education, childcare, etc., do their best to serve this population today using EPSDT Medi-Cal funding.

**Medi-Cal Funding is Limited.** Current ECMH programs and services for the birth to six population are inadequate to address the considerable need for such services in our county. There are two reasons for this: First, Medi-Cal funding is limited in terms of the number of children who can be served. CBOs have limited Medi-Cal contracts with the county to provide ECMH services. It is proposed that MHSA Community Services & Supports funding can help with this shortfall (See Section 4: CSS Programs). There are no other sources of funding currently available to support these urgently needed mental health services for treatment of moderate to severe mental illness in children birth to six. Other California counties have implemented early childhood CSS programs and these implementations can provide examples of how MHSA funds have been blended with other sources of funding to address underserved populations.



**Alternate Funding Streams for Prevention Urgently Needed.** Second, Medi-Cal funds are limited to supporting higher-level, intensive, individualized mental health services to address moderate to severe mental illness, and are not intended to pay for broader or lower levels of care for primary prevention. Senate Bill 1004 has directed the MHSa commission to establish prevention and early intervention priorities for “childhood trauma prevention and early intervention services to deal with the early origins of mental health needs,” (California Senate Bill 1004, 2018). As this legislation indicates, counties are encouraged to coordinate and blend funding streams and initiatives to ensure services are integrated and accessible to consumers, and high quality Mental Health Services Act (MHSa) Prevention and Early Intervention (PEI) programs are to be expanded at the county level in California. As already argued, additional funding streams are urgently needed to meet current and projected unmet needs for ECMH services in Contra Costa County. The level of need is considerable, and will require triage and assignment to levels of care based on acuity. Higher levels of care will include services at least partially supported by EPSDT/Medi-Cal. But lower levels of care may not be supported by Medi-Cal. It is proposed that MHSa Prevention and Early Intervention funding can help with this particular shortfall, as detailed in Section 5 (PEI Programs).

**Support for Innovation.** The significant increases in the county’s early childhood mental health needs projected for the upcoming three-year period are in part due to such initiatives as California’s Adverse Childhood Experiences (ACEs) screening project in pediatric primary care, planned to begin in January 2020. As of January, county pediatricians will be incented to screen all pediatric patients for ACEs, and to provide appropriate treatment to address any concerns surfaced in the screening process. It is currently unclear how the county’s early childhood mental health agencies and providers will collaborate with pediatricians to meet the needs of children and families in this context. It is unclear what the scale of the challenge will be, although we attempt some estimates in Section 6 of this paper (Innovation Programs). It is likely that services to support children and families who are screened in this project by their primary care providers and referred to mental health services will require triage and assignment to levels of care as described above, but this is yet to be determined. These services will need to be planned out, staffed and implemented carefully with appropriate outcomes-based measurement and best practice documentation. This work will require resources that are not currently funded. It is proposed that MHSa Innovation funding can help with these new developments as early childhood mental health agencies and county departments struggle to meet new demands associated with this initiative.

**Infrastructure Development.** In order to be able to staff the expanded programs and services mentioned above, county teams and CBOs will need support for workforce education and development in early childhood mental health. There is a current significant shortage of mental health workers who are trained and experienced in the specialty of trauma-informed early childhood mental health. In order to develop existing staff and train new staff at all levels from peer partners to clinicians, development of

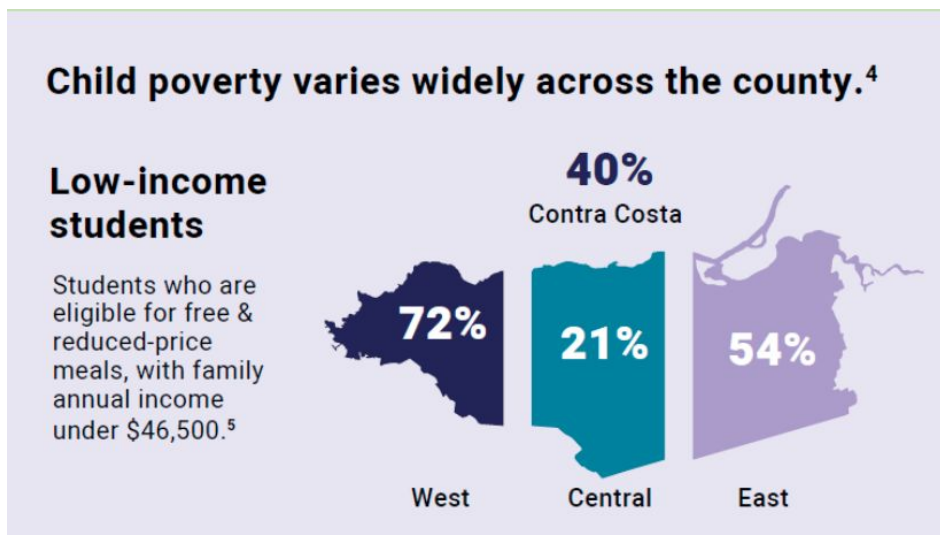
training and certification standards are called for. Professional education and fidelity to best practices will enable providers to have a common vocabulary to understand and collaborate on early childhood mental health cases, and will enable county-wide services to be as culturally responsive, trauma-informed, and evidence-based as possible. As described in Section 7 of this paper (Workforce Education and Training Programs), it is proposed that MHSAs Workforce Education and Training funding be used to support the development and implementation of an early childhood mental health certificate program at Cal State East Bay, Concord campus, and to support tuition subsidies for county employees. Development of the early childhood mental health workforce is a critical element in the ECMH System of Care. Without this development, there will be a growing staff shortages and training capacities that will significantly hamper growth.

**Addressing an Underserved Population.** The time is now to make changes to the MHSAs funding plan in order to improve mental health services for Contra Costa County's at-risk children, and future at-risk youth and adults. To date, MHSAs funding has not significantly supported the birth to six population in Contra Costa County. **The most recent Needs Assessment conducted for MHSAs planning (2016) proactively identified the 0-5 population as underserved and recommended that more attention to this population is needed.** By supporting an Early Childhood Mental Health System of Care, using guidance introduced in this concept paper and through collaboration among MHSAs planning committees, local birth to six CBOs and stakeholders (see Section 8),, Contra Costa County will be able to address the underserved 0-5 population it has recognized as needing attention, and do so in comprehensive, forward-thinking ways.

## 2. Contra Costa County ECMH Needs

Contra Costa County is one of the fastest growing counties in the Bay Area. The population growth rate has generally exceeded the Bay Area's average growth (First 5 Contra Costa County, 2015, *Briefing Book*). The county is diverse in both population and geography, with a mix of urban, suburban, and industrial. Contra Costa County is home to nearly 1.1 million people — a 15.4% increase since 2000. By 2030, the county's population is projected to exceed 1.2 million. There are approximately 12,000 births each year in the county (2013 data, First 5 Contra Costa, 2015, *Briefing Book*).

As of 2015, Contra Costa County reported the second highest unemployment rate (5.2%) among the nine Bay Area counties. It is estimated that 40% of children countywide are living at 100% of the Federal Poverty Level (with family annual income under \$46,500), with higher percentages in East and West regions of the county (First 5 Contra Costa, 2015, *Briefing Book*).



In terms of young children age six and under, according to the [American Community Survey \(ACS\)](#), conducted by the U.S. Census Bureau, it is estimated that up to 10,000 young children under 6 in Contra Costa County live at 100% of the Federal Poverty Level. Approximately 5,488 young children countywide live in deep poverty, defined as 50% of the Federal Poverty Level (i.e., an annual income of \$11,925 for a family of four; First 5 Contra Costa County, 2015, *Briefing Book*).

The county's ethnic diversity has also increased since 2000. Again according to First 5 Contra Costa County, "Latino children make up the largest percentage of children under age 6. Young children of color represent a disproportionately higher percentage of children under the age of 6 living in poverty (at or below 100% of the Federal Poverty Level)...Within ethnic groups, there is an alarmingly high percentage of African American children (33%) and Latino children (24%) under 6 years old who live in families that have incomes below 100% of the Federal Poverty Level." (First 5 Contra Costa County, 2015: *Three Charts About Child Poverty in Contra Costa*).

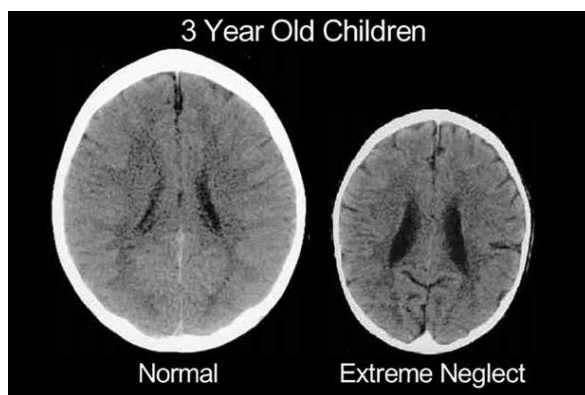
As discussed in Section 4 of this paper, children who experience chronic disruptions in caregiving due to various stressors or [Adverse Childhood Experiences \(ACES\)](#) in the home and/or community, including abuse, neglect, parental mental illness, interpersonal and community violence, poverty, homelessness, and more, are at-risk for developmental and mental health problems. Considering the multiple intersecting factors influencing the need for preventive early childhood mental health services, it is arguably reasonable and conservative to estimate that **approximately 20,000 children have need for early childhood mental health preventive services in this county.**

Of this total, there is a smaller percentage of children whose needs are of highest acuity. It is estimated that 9.5–14.2% of all children birth to six experience emotional, relational, or behavioral disturbances that meet medical necessity criteria for mental illness (Zero to Three, 2017: *The Basics of Infant and Early Childhood Mental Health: A Briefing Paper*; Brauner & Stephens, 2006: *Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations*). Considering recent population numbers for Contra Costa County (e.g., 2018 data from the Lucile Packard Foundation for Children's Health), there are approximately 80,000 children who are 0 to 5 years of age in the county. It is thus estimated that there are 7,900 to 10,900 children in need of early childhood mental intervention for mental illness in our county. Present Medi-Cal contracts to the early childhood CBOs support approximately 500 children annually. **The unmet need for early childhood mental health programs in Contra Costa to address current moderate to serious mental illness can thus be reasonably estimated to be on the order of 7,000 to 10,000 children.**

### 3. The Science Behind Early Childhood Mental Health

As a result of decades of research in neuroscience and child development, such as that documented at [Harvard University's Center for the Developing Child](#), we now understand that the first few years of a child's life are critically important and impactful with regard to their future well-being and success in life.

Through a baby's earliest experiences... of the prenatal environment, of birth, of relationships with parents, caregivers and family... the brain begins forming the neural pathways and connections necessary for later cognitive, physical, social, and emotional development. As the infant grows into toddlerhood, brain development continues to surge with millions of neural connections forming every second in support of learning: about the self, about relationships with significant others, and about the world. If this development occurs in the context of responsive caregiving, the child's cognitive, physical, social and emotional development is supported and strengthened. If, however, there are chronic disruptions in caregiving due to various stressors or [Adverse Childhood Experiences \(ACEs\)](#) in the home and/or community, including abuse, neglect, parental mental illness, interpersonal and community violence, poverty, homelessness, and more, then these foundations are not solidly built.



Neglect can be particularly impactful. The research is showing us that, compared to children who have experienced overt physical abuse, those who have experienced prolonged periods of neglect have even more significant cognitive and language deficits, indicating that “sustained disruption of necessary interpersonal interactions in early childhood may be more damaging to the developing architecture of the brain than physical trauma, although it

often receives less attention,” (Harvard Center for the Developing Child).

Importantly, **the younger the child, the more severe the impacts of trauma.** Infants are often overlooked by the untrained provider, who assumes that babies are too young to understand circumstances and have traumatic stress reactions. Indeed, it is quite the opposite. Because the infant's brain is developing at such a rapid pace during the first



months of life, impacts during this very early period can be devastating to neurodevelopment. The physiological stress response systems of infants can be disturbed as a result of unregulated exposure to ACEs (without the availability of a buffering safe relationship with a caregiver). This disruption of brain and body physiology can permanently alter the way the child responds to stress for the rest of his or her life, and lead to youth and adult mental illness and associated social problems as the individual ages (Harvard Center for the Developing Child).

Children in the birth to six age range are at high risk for interpersonal ACEs such as abuse. "Police reports show that children under age 5 are more likely to be exposed to domestic violence (Fantuzzo & Fusco, 2007), and children aged birth to three have the highest rates of morbidity and mortality due to physical abuse (U.S. Department of Health and Human Services, 2007)." (Ippen, Harris, van Horn & Lieberman, 2011).

Neglect, abuse, violence, and other Adverse Childhood Experiences are experienced more frequently by infants and children who grow up in low income households. According to research conducted by the Economic Policy Institute, "beginning in infancy, lower social class children are more likely to have strong, frequent, or prolonged exposure to the frightening or threatening conditions that induce a stress response." (*Toxic Stress & Children's Outcomes*, Economic Policy Institute, 2019).

Moreover, "children of different races and ethnicities do not experience ACEs equally." (ChildTrends Brief, *Adverse Childhood Experiences: National and State-level Prevalence*. 2014). Based on data from the National Survey of Children's Health conducted in 2003, 2007 and 2011/12, ChildTrends reported that, "nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children." (ChildTrends Brief, 2014).

Young children who experience sustained stress levels without regular access to protective resources have been found to experience significant later cognitive, behavioral, and physical health problems. For example, a 2016 study examining behavioral issues in kindergarten-aged children with a history of more than three ACEs found that these children were 150% more likely than children who had no ACEs to experience social problems such as difficulty interacting with peers and acting younger than appropriate for their age. They were over 140% more likely to be aggressive or to break rules at school and 200% more likely to display attentional problems in the classroom, compared to children who had no ACEs (Jimenez, M. et. al., “Adverse Experiences in Early Childhood and Kindergarten Outcomes,” 2016).

With over 90% of brain development taking place in the first three years of life, early experiences quite literally shape the structures of the young child’s brain. If these early experiences include ACEs and do not include access to nurturing, responsive caregiving, brain development can be derailed, with long term negative impacts on cognitive, behavioral, and even physical health outcomes.

We now know that **intervening to support children and their caregivers can help them develop attuned interactions** even in environments of toxic stress and, over time, lead to stronger relationships that support healthy neurodevelopment in babies and young children (Ippen, Harris, van Horn & Lieberman, 2011). The next few sections of this paper outline some proposed early childhood mental health programs and services that require MHSA support during the upcoming three-year period. These programs are based on the findings of neuroscience and early child development briefly outlined in this section and have been designed to treat or prevent moderate to severe mental health issues related to childhood trauma and toxic stress exposure in children birth to six.

## 4. Community Services & Supports (CSS) Programs

**Intervening to Treat the Effects of Trauma.** Early Childhood Mental Health (ECMH) programs and services respond to mental health needs in at-risk populations with interventions for infants and young children who experience moderate to severe mental illness meeting specific medical necessity criteria. Referrals currently come through pediatricians, hospitals, public health nurses, preschool and daycare providers, child welfare, and from parents and family members.

The primary focus of ECMH services is to identify, assess, refer, and treat infants and young children affected by mental health disorders, together with supporting their parents or caregivers, using evidence-based and trauma-informed practices. These services “meet the child and family where they are,” in home, community, or preschool classroom settings. Importantly, because many ECMH services are “two-generation approaches,” intervening with the parent/caregiver and the baby/child together, they can also be understood as supporting the caregiver as well as the child. Caregiver support includes supporting improvements in confidence and self-efficacy, increasing parental capacities to understand, attune to, and respond to their children’s needs, linking the family to critical resources for concrete assistance, assessing the mental health needs of parents, making appropriate treatment referrals, and working with the parent to improve follow-up and engagement with treatment and resources.

Current ECMH programs and services for the birth to six population are inadequate to address the considerable need for such services in our county. Medi-Cal funding is limited in terms of the number of children who can be served, as ECMH CBOs rely on limited Medi-Cal contracts with the county. It is proposed that MHSA Community Services & Supports funding can help with this shortfall.

**Community Services & Supports (CSS).** Prop 63 stipulated that 80% of MHSA funds received by counties be allocated for the CSS component. MHSA funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available. CSS programs serve individuals affected by moderate to severe mental illness and their families.

As described above, ECMH programs meet the needs of young children from birth to age six who are affected by moderate to severe mental illness. Because ECMH services are often a “two-generation approach,” intervening with the parent/caregiver and the baby/child together, they can also be understood as supporting the caregiver as well as the child. There is no other source of funding currently available to support urgently needed ECMH services that are not able to be funded by EPSDT/Medi-Cal.



Other counties have implemented early childhood CSS programs and these implementations can provide examples of how MHSA funds have been blended with other sources of funding to address underserved populations. In Monterey County, for example, three ECMH programs are included as CSS programs. The Early Childhood Mental Health CSS program “provides specialized care for families with children age 0-5. The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services for children ages 0-5 and their caregivers/family members to support positive emotional and cognitive development in children and increase caregiver capacity to address their children’s social/emotional needs,” (Monterey County, MHSA Plan Update, 2019). A second ECMH CSS program, Door to Hope’s MCSTART, is “a collaborative early intervention program that provides services for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services,” (Monterey County, MHSA Plan Update, 2019). A third program, the Trauma Services Program, “provides outpatient mental health services to eligible children 0-5 and their families,” (Monterey County, MHSA Plan Update, 2019).

Modeled on the CSS programs supported in other counties like Monterey, and based on existing ECMH services currently being offered to families and young children by this county’s CBOs, the ECMH CSS programs in Contra Costa County could include Early Childhood Mental Health Therapy and Case Management, Wraparound Services for Families, Preschool-Based Therapeutic Services, and Expanded Community Hubs:

- **Early Childhood Mental Health Therapy and Case Management:** These home- and clinic-based therapy and case management services address moderate to severe mental illness in children from birth to age six meeting medical necessity criteria, including young children in foster care placement or family reunification processes. Evidence-based modalities such as Child Parent Psychotherapy (CPP) are used to support families who have been impacted by trauma and have a young child with trauma-related mental illness meeting medical necessity criteria. ECMH therapy and case management is the primary treatment strategy used by county early childhood mental health CBOs to address the considerable need for mental health services in the 0 to 5 population in Contra Costa County, as outlined earlier in this paper.
- **Wraparound Services for Families:** Wraparound is a family-driven, team-based planning process that is individualized and coordinated to support families with complex needs. It focuses on supporting the parent to identify and begin to rely on and work with support people in their families and communities, as well as with the various providers in the child’s life, including teachers, therapists, social workers, etc.

The Wraparound process has been highly successful in helping many families with young children stabilize and become skilled at thinking about what their child needs and how to organize resources to reach goals. Wraparound services include facilitation of planning meetings and Family Partner services to aid in advocacy and peer support. These services have been proven to be a crucial support for families who may or may not also be receiving ECMH therapy and case management treatment, and are currently offered by the early childhood mental health CBOs.

- **Preschool-Based Therapeutic Support:** At sites located throughout the county in East, West and Central Contra Costa, the county’s early childhood mental health CBOs offer preschool services with mental health inclusion for children 3 to 5 years old who have had difficulty maintaining a placement in a typical preschool, providing individualized mental health support in a preschool classroom to help with social-emotional development and behavioral support in relationships with peers, teachers, and other members of the classroom team. Graduates of this program can receive transition support for taking their social-emotional skills into kindergarten, and are able to return to mainstream classrooms. Services include work with teachers and parents to help them understand how best to support children’s development at home and at school.
- **Community “Hubs”:** The First 5 Centers currently located throughout the county provide a network of community “hubs” that offer easy access to early childhood mental health services through onsite programs such as Developmental Playgroups and referral services to the county’s ECMH CBOs and other providers. MHSA funds could be used to expand services at existing community centers to improve families’ access further. Some examples:
  - Navigator/family partner program to staff the centers with champions of infant and early childhood mental health who also have lived experience as a parent navigating county systems.
  - A “promotoria” or “train the trainer” approach to building leadership capacity within the community by empowering community members to become leaders in promoting early childhood mental health and providing an easy, non-pathologizing access point for families.
  - Streamlined referral processes and “one-stop-shop” so that families will have easier access to ECMH services.

**CSS Program Size.** The ECMH CSS Programs described above would be designed to meet as much of the unmet need for ECMH services in Contra Costa County as possible. As covered in Section 2 of this paper, the unmet need for ECMH services in the birth to six population is considerable. **It is estimated that 9.5–14.2% of all children birth to six experience emotional, relational, or behavioral disturbances that meet medical necessity criteria for mental illness** (Zero to Three, 2017: *The Basics of Infant and Early*

*Childhood Mental Health: A Briefing Paper*; Brauner & Stephens, 2006: *Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations*). Considering recent population numbers for Contra Costa County (e.g., 2018 data from the Lucile Packard Foundation for Children’s Health), there are approximately 80,000 children who are 0 to 5 in the county. It is therefore reasonable to estimate that, in Contra Costa County, there are approximately 7,900 to 10,900 children in need of early childhood mental intervention for mental illnesses meeting medical necessity criteria. Present Medi-Cal contracts to the early childhood CBOs support approximately 500 children annually. ***The unmet need for CSS mental health programs in Contra Costa can thus reasonably be estimated to be on the order of 7,000 to 10,000 children.*** MHSA Community Services & Supports funding is required to address as much of this unmet need as possible, as has been done in other California counties. The county’s early childhood mental health CBOs and MHSA stakeholders can work together to determine the structure of programs that can be supported by MHSA funds.

## 5. Prevention & Intervention (PEI) Programs

**Bringing the Science of Prevention to Families.** ECMH programs and services also bring the findings of science in early childhood development to families, so that they can benefit from what we now know about early brain development: That later child, youth, and young adult mental health problems are rooted in the early foundations of mental health during the first 3-5 years of life, and that caregivers play a very important role in the neurodevelopment of their babies and young children.

ECMH is thus a powerful primary prevention strategy for Contra Costa County's mental health systems of care. The research has shown how programs that support the healthy social-emotional development of babies and young children and that build capacity in parents, daycare providers, and preschool teachers to address children's social and emotional needs reduce later incidence of youth and adult mental health problems and associated issues such as school expulsions, truancy, homelessness, incarceration, suicidality, and mental health-related hospitalizations. Also urgently needed are public awareness and acceptance campaigns aimed at reducing stigma and empowering parents in their role as a key supporter of their child's healthy social-emotional development.

**MHSA Prevention & Early Intervention (PEI) Programs.** It has been mandated that 20% of MHSA funds received by counties be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. All PEI programs must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and nondiscriminatory practices. At least 51% of PEI funds must be allocated for serving individuals who are 25 years old or younger. Programs that serve parents, caregivers or family members with the goal of addressing children at-risk for a mental illness can be counted as serving children and youth.

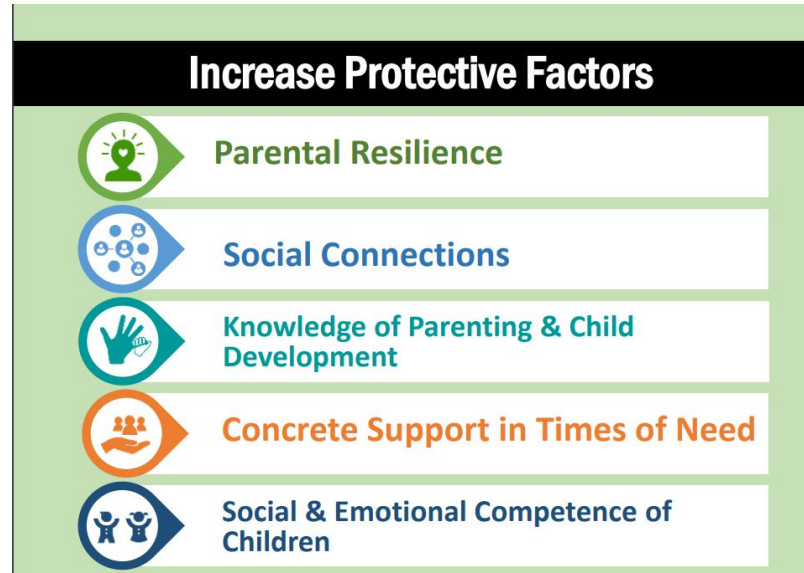
**Proposed ECMH PEI Programs.** Collaborating closely with community providers such as pediatricians and public health nurses, and reaching out to families through community "hubs" such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, the vision of ECMH PEI programs as part of an Early Childhood Mental Health System of Care includes:

- **Public Awareness Campaigns:** A series of public awareness campaigns is proposed to help reduce stigma associated with early childhood mental health services and to promote the importance of healthy child development in the first five years. These campaigns can refocus public

perceptions around collaborating with service providers as a strength rather than a weakness, and can empower them in their caregiving role. The county's early childhood stakeholders can spearhead this project.

- **Preschool/Daycare Consultation:** Designed to prevent preschool and daycare expulsions, ECMH consultation services provide relationship-based support to teachers and childcare providers who interact with at-risk children during their school day at all daycare and preschool centers across the county. It is a sad fact that preschoolers are expelled from school at three times the rate of older children (First 5 Contra Costa County, 2015). Getting expelled from preschool can hinder children's social-emotional development, disrupt continuity of care for children and parents, lead to misunderstandings and labeling of behavioral problems such as aggression that stick with children through their entire school careers, and delay children getting the services they need. Behavior problems such as aggression and defiance are often the reason for expulsion. With the support of ECMH consultants in the classroom, teachers are introduced to trauma-informed practices that can help them understand behavior in the context of trauma, and come up with strategies that work to help support preschool students to regulate, learn and grow. Funded for over a decade by First 5 Contra Costa County, these services (known as Childcare Solutions, involving the work of the three primary ECMH CBOs in collaboration) are at-risk for disruptions or reductions associated with impending funding changes. MHSA PEI funds would help keep these critical preventive services available to children and families who need them.
- **Screening Program:** At community hubs and in collaboration with referring partners such as county pediatricians, this program could include ECMH clinicians from CBOs and the county and involve the development, implementation and evaluation of appropriate standardized ECMH screenings for child, family and community risk and protective factors contributing to early childhood social-emotional development and mental health. Families who are screened could be triaged and assigned to levels of care based on acuity. Higher levels of care will include referral to CSS services as described in the previous chapter and will be at least partially supported by EPSDT/Medi-Cal. Lower levels of care not supported by Medi-Cal can receive a preventive intervention as described below.
- **Parenthood Empowerment Program.** This program will involve ECMH providers at CBOs and the county, and will consist of group educational interventions for caregivers, playgroups for parent-child dyads, and individualized home visiting and clinic services centered on ECMH assessment and treatment in the case of risk factors, and the reinforcement of protective factors to support early childhood social-emotional development and resilience. This education program

could be based on the Protective Factors framework developed by the Center for the Study of Social Policy, which is designed to prevent child abuse and neglect by focusing on five critical areas that help children and families thrive. The five Protective Factors are: Parental Resilience, Social Connections, Concrete Support in Times of Need, Knowledge of Parenting and Child Development, and Social-Emotional Competence in Children.



**Prevention Services Must Be Trauma-Informed.** It is worth repeating that the above ECMH preventive PEI services must be trauma-informed, culturally sensitive, and must aim to support parents' capacities to responsively care for their children in very challenging contemporary contexts of stress and adversity, a reality for many families in our county. Appropriately sensitive family engagement and support services are needed to help families cope with stress, address environmental stressors where possible, and learn skills to meet the needs of their infants and young children while dealing with the oppressive effects of poverty, discrimination, violence, immigration instability, and other realities. Regardless of the environmental challenges they are facing, parents can take steps to create positive early experiences and relationships with their infants and young children through the seemingly mundane interactions they have with their children every day. These interactions, we now understand, are critically important to children's later success in school and life.

**PEI Program Size.** As described in Section 2 of this paper, the need for preventive early childhood mental health services in this county is significant. Young children who live in families dealing with parental loss, substance abuse, mental illness, or exposure to

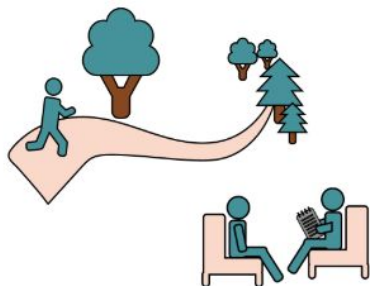
trauma are at heightened risk of developing mental health disorders sometime in their life spans. The stressors of poverty, housing instability, and discrimination can multiply these risks.

According to the [American Community Survey \(ACS\)](#), conducted by the U.S. Census Bureau, it is estimated that up to 10,000 young children under 6 in Contra Costa County live at 100% of the Federal Poverty Level. Approximately 5,488 young children countywide live in deep poverty, defined as 50% of the Federal Poverty Level (i.e., an annual income of \$11,925 for a family of four; First 5 Contra Costa County, 2015, *Briefing Book*). Considering the multiple intersecting factors influencing the need for preventive early childhood mental health services, which includes poverty, homelessness, parental mental illness and substance abuse, parental loss and incarceration, and exposure to other Adverse Childhood Experiences not otherwise accounted for, **the unmet need for PEI programs in Contra Costa can be estimated to be on the order of 20,000 children total**. This number will be less if highest acuity mental health needs are addressed through other programs, but as discussed above, unmet needs in the highest acuity level are currently considerable. MHSa Prevention & Intervention funding is urgently needed for early childhood mental health programs and services that are triaged into lower levels of care for prevention not reimbursed by EPSDT/MediCal, and for higher acuity cases that are not able to be addressed by EPSDT/MediCal funding.

## 6. Innovation Programs (INN)

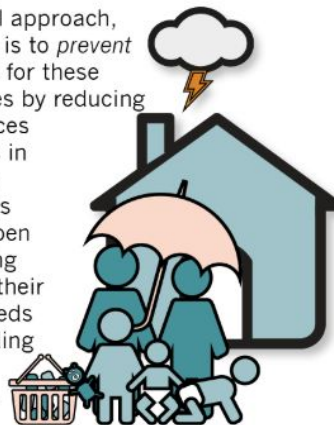
The significant increases in the county's early childhood mental health needs projected for the upcoming three-year period are in part due to such initiatives as the State's Adverse Childhood Experiences (ACEs) screening project in pediatric primary care beginning in January 2020. Sponsored by the California Department of Health Care Services (DHCS), in partnership with the California Office of the Surgeon General, the ACEs Aware initiative is going live soon, state-wide. As of January, county pediatricians will be incented to screen all pediatric patients for ACEs, and to provide appropriate treatment to address any concerns surfaced in the screening process.

### WE CAN REDUCE THE EFFECTS OF ACEs AND TOXIC STRESS.



For those who have experienced ACEs, there are a range of possible responses that can help, including therapeutic sessions with mental health professionals, meditation, physical exercise, spending time in nature, and many others.

The ideal approach, however, is to *prevent* the need for these responses by reducing the sources of stress in people's lives. This can happen by helping to meet their basic needs or providing other services.



Likewise, fostering strong, [responsive relationships](#) between children and their caregivers, and helping children and adults build [core life skills](#), can help to buffer a child from the effects of [toxic stress](#).

ACEs affect people at all income and social levels, and can have serious, costly impact across the lifespan.

**No one who's experienced significant adversity (or many ACEs) is irreparably damaged,** though we need to acknowledge trauma's effects on their lives. By reducing families' sources of stress, providing children and adults with responsive relationships, and strengthening the core life skills we all need to adapt and thrive, [we can prevent and counteract lasting harm](#).

Center on the Developing Child  HARVARD UNIVERSITY  
Learn more about ACEs from the [Centers for Disease Control and Prevention](#).

It is currently unclear how the county's early childhood mental health agencies and providers will collaborate with pediatricians to meet the needs of children and families in this context, and it is unclear what the scale of the challenge will be. Given the considerable possible volume of referrals, it is likely that services to support children and



families who are screened in this project by their primary care providers and referred to mental health services will require triage and assignment to levels of care by acuity, but this is yet to be determined. These services will need to be planned out, staffed and implemented carefully with appropriate outcomes-based measurement and best practice documentation that will require resources that are not currently funded. It is proposed that MHSA Innovation funding can help with these new developments as early childhood mental health agencies and county departments struggle to meet new demands for this initiative.

**MHSA Innovation (INN) Programs.** Funds for the INN component of MHSA consists of 5% of CSS funds and 5% of PEI funds received by the County. The Innovation component allows counties the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches and contributes to learning rather than having a primary focus on providing a service. Innovation projects can only be funded one time and are time-limited.

**Pediatric Primary Care Program.** This category of program appears to be well-suited to the development and initial implementation of an ECMH-Pediatric Primary Care Integration project around ACEs screening. ECMH CBOs and county providers will need to “try out” new approaches and focus on learning from these efforts to come up with an integration model that works for Contra Costa County. Based on program evaluation, processes and structures can be developed, tested, and updated to meet expectations before becoming established as a standard evidence-based multi-specialty program for pediatric primary care integrated behavioral health that will then need to have access to longer term funding for ongoing operations across the county.

**Prenatal Moms Program.** Another innovative collaboration could be supported by MHSA between ECMH CBOs/stakeholders and county public health nursing programs and health clinics. Such a program would begin early childhood mental health preventive services as early as possible in the child’s lifespan with at-risk prenatal moms. The program could provide perinatal Child-Parent Psychotherapy in the home or community, and could also be targeted to serve the unique needs of specific populations, such as pregnant teens or TAY who are in the foster care system or have a history of trauma.

## 7. Workforce Education & Training Programs (WET)

In order to be able to staff the expanded ECMH programs and services mentioned in this paper, county teams and CBOs will need support for workforce education and development in early childhood mental health.

There is a current significant shortage of mental health workers who are trained and experienced in the specialty of trauma-informed early childhood mental health. CBOs currently are challenged to hire new therapists with skills in this specialty area, retain existing staff who are in demand elsewhere, and maintain training standards that are shared across agencies.

To develop existing staff and train new staff at all levels from peer partners to clinicians, development of training and certification standards are called for. Professional education and fidelity to best practices will enable providers to have a common vocabulary to understand and collaborate on early childhood mental health cases, and will enable county-wide services to be as culturally responsive, trauma-informed, and evidence-based as possible.

It is proposed that MHSAs Workforce Education & Training funding be used to support the development and implementation of an early childhood mental health training certificate program at California State University East Bay at the Concord campus, and to support tuition subsidies for county employees.

**MHSA's Workforce Education & Training (WET) Programs.** WET programs are intended to enhance the recovery oriented treatment skills of the public mental health service system and to develop recruitment and retention strategies for qualified professionals serving community mental health. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

Development of the early childhood mental health workforce is a critical element in the System of Care. Without this development, there will be a growing staff shortages and training capacities that will significantly hamper growth. Other counties have included ECMH workforce development in their WET fund investments. In Alameda County, for example, WET funds were invested to develop a local Graduate Certificate Program in Early Childhood Mental Health in collaboration with California State University East Bay in Hayward. The funds were used to subsidize tuition for Alameda County employees who sought specialty certification in ECMH. Cal State East Bay Concord Campus is currently researching the feasibility of offering such a certificate program, first for BA-level providers, and later perhaps for MA-level providers as well. County ECMH CBOs could

provide expertise for curriculum planning and for teaching. In addition, curriculum models for such a program can be found in comparable programs in Alameda, Santa Clara, and Monterey County's Infant-Family and Early Childhood Mental Health Certificate Programs.

## 8. Conclusion and Next Steps

A county-wide and multi-disciplinary collaborative (the Early Childhood Prevention and Intervention Coalition; ECPIC) authored this paper, and is available for collaboration and discussion around directions for an Early Childhood Mental Health System of Care in Contra Costa County with MHSA Planning Committees and County Behavioral Health. The ECPIC coalition meets monthly and will continue to bring key ideas regularly into the forefront, and to promote creativity, collaboration, and innovation in addressing challenges and opportunities as the Early Childhood Mental Health System of Care is developed.

**Why MHSA?** The purpose of the Mental Health Services Act is to expand and transform public mental health systems in California so that children and adults who have, or are at-risk for, a potentially disabling mental illness receive the same level of care as do those who face other kinds of health-related disabilities.

Monterey County's MHSA Plan Update (2019) states, "If medical science knew from rigorous research that a certain health-related disability, such as diabetes or cancer, were preventable and treatable, the medical systems of care would, and of course do today, deliver the appropriate interventions to accomplish both prevention and treatment for that health problem." We now know that serious mental illnesses are treatable and some, such as those that have their origins in trauma, are indeed preventable. It is our responsibility to adopt new standards of care that reflect our research-based understandings.

The MHSA can choose, in this three-year period, to fund the development of an Early Childhood Mental Health System of Care for Contra Costa County that will take action on these new developments, and initiate a truly forward-thinking approach to the problem of moderate to severe mental illness in our county. Moreover, there is **no other source of funding available** for the development of an Early Childhood Mental Health System of Care and the expansion of programs and services necessary for successful implementation of intervention and prevention efforts. Although EPSDT/MediCal dollars have been and will continue to be available to support a portion of programs and services through county contracts, those funds are not sufficient to meet the needs of our communities and systems. The lack of other funding means that MHSA is needed to turn the vision of an Early Childhood Mental Health System of Care into a reality for Contra Costa County.

This paper has described the urgent need to expand access to birth to six early childhood mental health services in Contra Costa. This urgent need presents a compelling opportunity for MHSA stakeholders to initiate changes in the next three-year

planning period that will make a significant difference in addressing mental illness county-wide. With the end goal of developing a comprehensive Early Childhood Mental Health System of Care, the recommendation is to establish a dedicated MHSA allocation for ECMH across the four MHSA funding categories – PEI, INN, CSS, and WET. The development of an Early Childhood Mental Health System of Care is an important opportunity for MHSA planners to introduce ***forward-thinking mental health supports*** that identify and treat moderate to severe trauma-related mental illness in children birth to age six, and reduce the risk of later mental health problems in youth and adult populations, for the betterment of future generations in our county.

**Thank you for providing a space to consider the needs of parents and young children, and the possibilities of prevention efforts that will improve the future mental health of youth and adults. We look forward to collaborating with you further to include early childhood mental health as a key component in building a healthier future for Contra Costa County.**

**Contact:** Wanda Davis, First 5 Contra Costa County; [wdavisfirst5coco.org](http://wdavisfirst5coco.org) 925 771-7328

## Appendix A: List of Current ECPIIC Members

Pamela Arrington, Assistant Director	<b>Community Services Bureau</b>
John Bolle, Executive Director	<b>Contra Costa ARC/Lynn Center</b>
Pete Caldwell, Executive Director	<b>We Care Service For Children</b>
Amanda Campbell, Clinical Director	<b>Early Childhood Mental Health Program</b>
Wanda Davis, Early Intervention Program Officer	<b>First Five Contra Costa</b>
Ruth Fernandez, Executive Director	<b>First Five Contra Costa</b>
Lesley Garcia, Director of Programs	<b>Contra Costa Crisis Center</b>
John Jones, Executive Director	<b>CoCoKids</b>
Gerold Loenicker, Mental Health Program Chief	<b>Contra Costa Behavioral Health Services</b>
Michelle Mankewich, Mental Health Manager	<b>Community Services Bureau</b>
Kelly Ransom, Director of Mental Health Services	<b>We Care Services for Children</b>
Christine Rottger, Director of Children's Services	<b>Contra Costa ARC/Lynn Center</b>
Jeff Sloan, Executive Director	<b>Early Childhood Mental Health Program</b>
Tom Tamura, Executive Director	<b>Contra Costa Crisis Center</b>

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