Advancing Infant and Early Childhood Mental Health in 2022 and Beyond

**Background.** Governor Newsom’s administration recently made several robust down payments to improve the health and wellbeing of California’s children and youth. For example, the Children & Youth Behavioral Health Initiative (CYBHI) offers the promise of transforming and vastly expanding children’s mental health services. However, without a clear plan or dedicated funding, CYBHI will miss serving the critical needs of infants and toddlers, as the majority of funding directed to programs relies on partnerships with K-12 school settings.

This moment in history could be pivotal in the landscape of California’s early childhood mental health. Conditions created by the pandemic, such as isolation, economic stress, and community trauma, are all proven to negatively impact a child’s ability to thrive. It is vitally important that young children and their parents and caregivers receive the interventions necessary to support their mental health during this critical time.

Young children under age 5 can — and do — suffer from mental health conditions. These conditions are difficult for providers to identify and address because young children handle emotional experiences and traumatic events differently from adults and older children. During these early years a child’s brain is developing more rapidly than at any other point in their life. Very young children are also uniquely dependent on the adults in their lives to meet their social-emotional needs and bounce back from stressful experiences. Thus, interventions must focus on caregivers to provide a nurturing, loving relationship that encourages the child’s social-emotional growth and supports the foundational brain development that will enable them to flourish.

In community-based programs, care and support are delivered in spaces children and their families frequent and allow families to play an active role in their delivery. Community-based services are distinct from clinical mental health services, such as the new dyadic care Medi-Cal benefit, which, in addition to community-based services, are an essential part of the mental health system for young children. Services at the community level might look like facilitated playgroups, parenting support classes, or mental health consultation for early care and education providers, among others. These programs are uniquely positioned to help families overcome barriers to mental health care access, and they can connect families and educators with more intensive health, mental health, or early intervention services as needed. Community-based programs are also most likely to reach families from historically marginalized communities, including immigrant and low-income families of color.

Children under age 5 comprise 23% of the young people ages 0 to 21 enrolled in Medi-Cal; yet, they do not receive a proportional share of health and mental health care. This is despite the evidence that 43% of young children have experienced at least one Adverse Childhood Experience (ACE).

**Request.** To meet the State’s goal of reducing ACEs and toxic stress by half within one generation and to advance the Governor’s commitment to improving the mental health of our state’s children and youth, the CYBHI must prioritize supporting the social emotional health of children ages 0 to 5 with a multi-layered, multi-systems public health approach to child, family, and community-wellbeing. We are requesting a one-time $250 million General Fund appropriation over four years to support infant and early childhood mental health services and provider training. The Department of Health Care Services would receive the appropriation to be allocated as part of the CYBHI and the “Evidence-Based and Community-Defined Best Practices” grant program. Entities eligible to receive the funding would include Medi-Cal behavioral health delivery systems, tribal entities, community-based organizations including early care and education providers, behavioral health providers, county offices of education, and First 5 county commissions.

These funds would expand and create culturally-relevant home and community-based services that prevent and mitigate mental health concerns, promote healthy social emotional development, and train existing providers of infants and toddlers. Additionally, funds would be used to increase trainings available to clinical and non-clinical staff at family-serving community-based organizations in the area of infant and early childhood mental health. These investments would lead to a large-scale expansion of two-generational approaches that can be tailored to fit the needs of families in communities. For a partial list of possible programs for investment, please see the chart below.

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Evidence of Effectiveness

Infant and Early Childhood Mental Health Program Model Examples

This table describes the evidence base for several programs that are intended to promote social-emotional health, improve mental health outcomes, and identify concerns in young children early. The table primarily highlights programs already operating in California, but many additional models exist beyond those listed here. The focus of this list is programs that operate in a community-based setting. Therefore, the table does not include programs that also address infant and early childhood mental health, but are primarily implemented in a home-based setting (e.g. Nurse Family Partnership) or clinic setting (e.g. Healthy Steps). For more information about these services in California, see Addressing Infant and Early Childhood Mental Health Needs: Opportunities for Community Solutions.

<table>
<thead>
<tr>
<th>Model</th>
<th>Evidence Summary</th>
<th>Overview and Outcomes</th>
<th>References and Evidence Base Acknowledgements*</th>
</tr>
</thead>
</table>
| Infant and Early Childhood Mental Health Consultation (IECMHC) | * Dozens of studies conducted  
* Improves social skills and self-regulation among children  
* Reduces rates of suspension and expulsion  
* Reduces missed work time among parents  
* Improves teacher satisfaction | **IECMHC** is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow. IECMHC reduces challenging behaviors and improves social skills and self-regulation among children. It also improves providers' social-emotional support to young children and classroom climate. Emerging evidence suggests IECMHC may have impacts on parents and families such as missing less time at work or school to address childcare issues and enhancing their abilities to advocate for their children after consultation. Another preliminary finding is improved teacher job satisfaction.  
IECMHC has a new Racial Equity Toolkit: a collection of videos, tools, and resources that can help consultation systems leaders and all IECMHC practitioners build capacity in understanding race and systemic racism, bias, and culturally responsive practice and meaningfully embed equity in their programs and practice. These resources can facilitate full implementation of the [recently revised IECMHC Competencies](http://www.iecmhc.org/documents/CoE-Evidence-Synthesis.pdf), which include an explicit focus on equity across each domain. | Davis, A., Perry, D. F., & Tidus, K. (2020). Status of the Evidence for Infant and Early Childhood Mental Health Consultation. Center of Excellence for Infant and Early Childhood Mental Health Consultation. [http://www.iecmhc.org/documents/CoE-Evidence-Synthesis.pdf](http://www.iecmhc.org/documents/CoE-Evidence-Synthesis.pdf)  
| Triple P – Positive Parenting Program | * Hundreds of studies conducted over 30+ years  
* Improves social, emotional, and behavioral outcomes in children  
* Improves parenting practices  
* Reduces child maltreatment | **Triple P** is a parenting and family support system designed to prevent and treat behavioral and emotional problems in children and teenagers. The program includes a suite of interventions of increasing intensity for parents of children birth–16 years. Triple P has been part of more than 650 trials, studies, and published papers (including more than 340 evaluation papers, 174 of which are randomized controlled trials). In both the short-term and long-term, Triple P has been found to be an effective parenting intervention for improving social, emotional, and behavioral outcomes in children. It is also associated with improved parenting practices, parenting satisfaction and efficacy, and parental adjustment. Additionally, Triple P participation is associated with reductions in rates of child maltreatment, hospital visits for maltreatment injuries, and foster-care placements. | Sanders, M. R., Kirby, J. N., Tellegen, C. L., & Day, J. J. (2014). The Triple P-Positive Parenting Program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clinical Psychology Review, 34*(8). [https://www.triplep-nederland.nl/files/4415/3329/6985/Sanders-2014-The_Triple_P-Positiv-1.pdf](https://www.triplep-nederland.nl/files/4415/3329/6985/Sanders-2014-The_Triple_P-Positiv-1.pdf)  
Included in the California Evidence-Based Clearinghouse  
Included on [EvidencedBasedPrograms.org](http://www.evidencedbasedprograms.org)  
Level 4 acknowledged by the Washington State Institute for Public Policy (WSIPP):  
**Triple P System**  
**Triple P Level 4**  
**Triple P Level 4 Group** |
| Incredible Years | * Evaluated in numerous randomized controlled trials  
* Strengthens teacher and parent management skills  
* Improves children’s social and emotional competence and school readiness  
* Reduces behavior problems  
* Prevents child abuse and neglect | **The Incredible Years** is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. Evidence suggests Incredible Years strengthens teacher and parent management skills, improves children’s social and emotional competence and school readiness, and reduces behavior problems. Incredible Years may also prevent child abuse and neglect and is effective for children diagnosed with oppositional defiant disorder and ADHD. | Incredible Years Compilation of Research  
Included in the [What Works Clearinghouse](https://whatworks.pennstate.edu/)  
Included in the [California Evidence-Based Clearinghouse](http://www.ca.gov/EdCBO/CBE/)  
IY Parent Program acknowledged by [The Washington State Institute for Public Policy (WSIPP)](http://www.wsipp.wa.gov/)  
A Blueprints Certified Promising Program:  
**Incredible Years Parent Program**  
**Incredible Years Teacher Program**  
**Incredible Years Child Program** |
| Attachment Vitamins | * Created by UCSF Child Trauma Research Program  
* Improves parental functioning in families with young children | **Attachment Vitamins** is a 10-week intervention designed to help parents and caregivers of children aged birth-5 years learn about child development and the impact of stress and trauma, reflect on the child's experiences and the possible meanings of the child's behaviors, and promote secure attachment and safe socialization practices. Attachment Vitamins is available as a home visiting intervention and a group intervention. Attachment Vitamins is based on the principles of Child-Parent Psychotherapy an empirically supported therapy for young children who are experiencing or are at risk for mental health problems following exposure to trauma. One study showed increases in parental sense of competence, emotion regulation, and warmth toward the child. | Waters, S. F., Hulette, A., Davis, M., Bernstein, R., & Lieberman, A. (2020). Evidence for attachment vitamins: a trauma-informed universal prevention programme for parents of young children. *Early Child Development and Care, 190*(7).  
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| Nurturing Parenting Programs | * Studied for over 30 years  
* Reduces child maltreatment | The **Nurturing Parenting Programs** are family-based programs to treat and prevent child abuse and neglect. Program sessions are offered in group-based and home-based formats ranging from 12 to 48 sessions. Approximately 30 programs are available and designed to meet different educational learning styles and abilities, culture and language, and child and parent ages. There are specific programs for infants, toddlers, and preschoolers. Nurturing Parent Program participation is associated with reductions in child maltreatment. | Nurturing Parenting Compilation of Research  
Included in the California Evidence-Based Clearinghouse  
(Unlike Nurturing Parenting Programs for school-aged children, the program for children ages 0-5 has not yet been part of a peer-reviewed study using some form of control group) |
| ParentCorps | * Evaluated in two randomized controlled trials  
* Model centers racial equity  
* Improves children’s academic achievement, mental health, and physical health | **ParentCorps** is an enhancement to pre-K programs that includes three components to bolster parent and teacher capacity to support children’s early learning and development in the face of adversity – including poverty, racism, discrimination, and immigration-related stress. Mission is to transform the pre-K experience in historically disinvested neighborhoods by helping schools partner with families to build a future where all children thrive. ParentCorps’ full model has shown impacts on children’s academic achievement, mental, and physical health. In addition, ParentCorps impacts parenting and teacher practices, strengthening teachers and parents’ ability to create safe, nurturing and predictable environments both in the classroom and at home. | ParentCorps Compilation of Research  
Included in the California Evidence-Based Clearinghouse  
A Blueprints Certified Model |

*There are various clearinghouses and compilations of evidence for social programs. Some of the models listed above are acknowledged by one or more of the sources below:

**California Evidence-Based Clearinghouse (CEBC):** The CEBC is a tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. The CEBC is funded by the
What Works Clearinghouse (WWC): For more than a decade, the WWC has been a central source of scientific evidence on education programs, products, practices, and policies. WWC reviews research, determines which studies meet rigorous standards, and summarizes the findings. WWC was established by the U.S. Department of Education’s Institute of Education Sciences.

EvidencedBasedPrograms.org: This site seeks to identify social programs shown in rigorous studies to produce sizable, sustained benefits to participants and/or society, so that they can be deployed to help solve social problems. The specific purpose is to enable policy officials and other readers to distinguish credible findings of program effectiveness. The site administered by the Arnold Ventures’ Evidence-Based Policy team.

Blueprints for Healthy Youth Development: Blueprints identifies, recommends, and disseminates programs for youth, families, and communities that, based on scientific evaluations, have strong evidence of effectiveness. Programs are rated as Promising, Model, or Model Plus. Promising programs meet the minimum standard of effectiveness. Model and Model Plus programs meet a higher standard and provide greater confidence in the program’s capacity to change behavior and developmental outcomes. Blueprints is a project within the Institute of Behavioral Science at the University of Colorado Boulder.

The Washington State Institute for Public Policy (WSIPP): WSIPP is a nonpartisan public research group located in Olympia, Washington. WSIPP is a team of multidisciplinary researchers who conduct applied policy research for the state legislature. The goal is to provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better statewide outcomes coupled with a more efficient use of taxpayer dollars.