



The Commitment to Early Childhood Mental Health Services in San Diego County: *Dedication, Vision, Innovation*

Environmental Scan, May 2013



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Sincere appreciation goes to First 5 San Diego for their generous support of this report and for the important work of serving young children and their families. Their strong commitment continues to fuel an extensive network of services, remarkable collaboration across the county, and an unwavering support of quality programs. With the leadership of First 5 San Diego, this community will continue to forge new partnerships and find innovative approaches to address the unmet needs of the youngest and most vulnerable.

Thank you to the individuals and organizations throughout the county who participated in the Early Childhood Mental Health Needs and Gaps Survey, Provider Capacity Survey, and Key Informant Interviews. They shared the many ways in which they serve children and families with mental health concerns and gave input so that the challenges and opportunities of serving young children could be better understood.

Gratitude is also due to the Early Childhood Mental Health Leaders Group who provided invaluable guidance during the development and completion of this report. These individuals work every day to address the social and emotional needs of young children, and constantly look at ways to improve services from a systems perspective. Most importantly they are inspiring and sharing their expertise with the next generation of early childhood mental health professionals.

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EXECUTIVE SUMMARY

Research has shown that 90% of a child's brain develops in the first 5 years of life. A child's early relationships and experiences significantly shape the brain into either a strong or fragile foundation for social, emotional, and physical health. Adverse early experiences cause difficulties that last throughout the child's life.¹

The purpose of this report is to provide an overview of early childhood mental health services and providers, to analyze the strengths and challenges of the system, and to make recommendations on how to improve it. It was developed to ensure that the San Diego region has the necessary resources to support parents and caregivers so that they can create a nurturing and caring relationship with their child, and can access vital services when needed for their child's mental health and well-being. The science of the developing brain demonstrates the great opportunity that exists to positively impact overall community health and wellness through a focus on early childhood mental health.

Between 10 and 14% of children from birth to age 5 have emotional or behavioral disturbances.² Mental health problems for infants and toddlers may manifest in harder-to-recognize physical and behavioral symptoms, such as poor weight gain, delayed development, inconsolable crying, sleep problems, impulsive behaviors, or paralyzing fears. Because young children develop in the context of their families and close relationships, their own emotional health is tied to that of their caregivers. Therefore, parents with untreated depression or substance abuse, and those in relationships with intimate partner violence or who have experienced trauma, can impair the growth of their young children.³

To fully support children's social and emotional development, and to create the best opportunity for success later in life, many individuals and organizations in San Diego are working together to create, deliver, and expand needed services for young children and their families. While the region has many quality programs and services, there are gaps between what is known to nurture a child's potential and what has been accomplished so far in this community.

EARLY CHILDHOOD MENTAL HEALTH SERVICES AND PROVIDERS

A number of organizations provide early childhood mental health (ECMH) screening, early intervention, and treatment services in San Diego County. Some of these programs are provided through the public sector, such as the County of San Diego, California Early Start, the San Diego Unified School District, and Head Start, and others are provided privately by health- and community-based organizations. These programs are augmented by advanced training offered to students by local universities.

Examples of ECMH service organizations are:

- Healthy Development Services
- San Diego County Behavioral Health Services
- San Diego Regional Center/California Early Start
- San Diego Unified School District
- Head Start and Early Head Start
- Healthcare-based services
- Community-based services
- Advanced education programs
- Professional networks

Healthy Development Services (HDS), a program funded by First 5 San Diego and coordinated by the **American Academy of Pediatrics – California Chapter 3 (AAP-CA3)**, offers a variety of development- and behavior-oriented services including behavior screenings, assessment, and treatment, as well as parent education, support and empowerment workshops. HDS contracts with regional lead organizations who work with over 20 organizations countywide to carry out these services. The **County of San Diego** supports a number of specialty behavioral health programs targeting children ages 5 and under, and has numerous contracts with early childhood providers for an extensive array of services funded primarily by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, which provides services to individuals under age 21 who are enrolled in Medicaid, as well as by Mental Health Services Act (MHSA) dollars. **California Early Start (CES)**, a program of the San Diego Regional Center, coordinates services for children from birth to age 3 who require early intervention services for social and emotional concerns and/or other developmental delays. CES is responsible for writing the individualized family service plan (IFSP), which brings together the child's family, the school district, and other professionals, and outlines the course of services.

In the educational sector, the **San Diego County Office of Education** supports 42 school districts, which are responsible for providing adequate services to children with special education needs, including those with emotional difficulties. **Early Head Start** (serving children under age 3) and **Head Start** (serving children ages 3-5) are federally-funded preschool programs that promote school readiness for low income children. They also offer health, dental, and mental health services, and coordinate with other providers, such as speech therapists, to offer services on-site. The largest Head Start program in San Diego is offered through Neighborhood House Association.

The San Diego County **healthcare system** at every level, including private pediatricians, community clinics, and large health care systems, has ECMH offerings, though services are limited due to eligibility restrictions and other challenges. As of 2012, the **American Academy of Child and Adolescent Psychiatry** encourages all pediatricians to screen children for social or emotional problems and refer families to appropriate services. **Rady Children's Hospital of San Diego (RCHSD)** offers multiple ECMH programs through their Centers for Developmental

and Behavioral Sciences, including the Chadwick Center for Children and Families, the Child and Adolescent Services Research Center, the Child Psychiatry Department, and medical social work services. **Community-based services** are offered through organizations such as Vista Hill and the Fred Finch Youth Center, and many other programs contracted by the County of San Diego.

San Diego County has several advanced education programs that are training students on the intricacies of ECMH. The largest program is **San Diego State University's Department of Child and Family Development**, which offers a B.S. in Child Development, as well as the Early Childhood Socio-Emotional and Behavior Regulation Intervention Specialist (EC-SEBRIS) Certificate. EC-SEBRIS is an interdisciplinary graduate-level certificate program focusing on professional preparation and skills enhancement of early childhood educators that work with young children who demonstrate socio-emotional and behavioral concerns, as well as their parents. Many students complete the EC-SEBRIS Certificate before continuing to the M.S. Degree in Child Development. The **SDSU School of Social Work** offers the EC-SEBRIS certificate as well as a Mental Health Training Program (MHTP) for graduate students pursuing their Master's of Social Work. In the MHTP, a student makes a one-year commitment to work for the County of San Diego or a contracted mental health agency and they are paid a stipend funded by MHSA to complete their program. The **California School of Professional Psychology at Alliant International University** offers integrated, interdisciplinary training for students interested in the Infant-Preschooler Mental Health Certificates. The **Newton Center on Affect Regulation** provides advanced training and intervention for the promotion of secure attachment between an infant and his/her caregiver. The center specializes in regulation therapy, a neurobiological approach to assessment and intervention.

Certain cross-cutting efforts are taking place to encourage professional development and networking. The "**We Can't Wait**" conference, which has taken place annually since 2009, invites individuals working in the ECMH field to a two-day event comprised of presentations and workshops from national and local ECMH experts who share the latest in research and practice. The County of San Diego convenes the **Children Youth and Families Behavioral Health System of Care Council** on a monthly basis to ensure coordinated services from the variety of organizations serving children and youth through age 21. Within this council is the **Early Childhood Mental Health Subcommittee**, which shares information and identifies strategies to better serve the youngest ages. **Professional networks**, such as the Earliest Relationships Network and the Postpartum Health Alliance, support ECMH professionals who are working in the field throughout the year.

KEY FINDINGS

While San Diego County has many strengths related to the ECMH services system, as described above, several challenges and recommendations were identified consistently in key informant interviews as well in HDS's **2012 ECMH Needs and Gaps Survey** completed by 48 individuals representing 31 organizations serving children and parents.

The **top ECMH needs identified for children 0-5** were:

- More early childhood mental health providers
- Improved collaboration between mental health providers, schools, doctors, and other members of the early childhood mental health network
- More treatment options
- More training for primary care providers to help them identify and refer children who need mental health services
- More up-to-date program models for mental health services for infants and very young children

The **top mental health needs for parents** were:

- Improved collaboration between mental health providers, schools, doctors, and other members of the early childhood mental health network
- More attention to identification of parents who need help
- More treatment options
- More referral options
- More support for parents to promote positive emotional and social development in infants and young children

The **top barriers to care for children 0-5 and their parents** were:

- Lack of insurance that covers services
- Fear of systems (e.g., child welfare, immigration)
- Wait time too long at referral agencies
- Lack of eligibility for services
- Lack of knowledge about available services
- Services are usually too expensive for the family

RECOMMENDATIONS

When considering all sources of information – the key informant interviews and the Needs and Gaps survey -- the following recommendations emerged to ensure that children and their parents receive the necessary support.

1. **Increase the number of intervention and treatment services for parents.** Parents or caregivers may have their own unaddressed mental health issues, such as depression, bipolar disorder and substance abuse. If the parent does not receive treatment, it is difficult for him or her to meet the social and emotional needs of the child.
2. **Enhance parent education and skill building.** Parents and caregivers need more relationship-based education with an emphasis on child development and practical parenting skills training.
3. **Improve collaboration and enhance care coordination between systems of care.** Improved collaboration is needed between mental health providers, schools, doctors, and other members of the ECMH network.
4. **Integrate ECMH services into existing services.** Existing service organizations, such as preschools, child care settings, community mental health, and medical offices, need more ECMH support and in some cases, enhanced expertise.
5. **Create multi-agency service centers.** A model that brings together multiple services under one roof, such as health care, counseling services, parent education, preschools, child care, and alternative healing, would be more convenient for families and would result in better care coordination.
6. **Remove barriers to services such as transportation and child care.** Once the child is linked with services, he or she will often need multiple visits, so parents without adequate transportation may drop out before treatment is completed, if they start at all. Child care should be offered on-site during parent education and treatment programs.
7. **Create more flexibility in funding and programs.** Funding and program restrictions mean some children and parents may be left without adequate treatment.
8. **Enhance ECMH training in medical schools and graduate programs.** More ECMH training is needed in medical schools in order to prepare pediatricians to educate parents and recognize developmental concerns in their patients. San Diego has many ECMH experts who would embrace the opportunity to train local students, interns, and residents, through guest lectures, site tours, or other means.

9. **Offer professional development courses to existing primary care and mental health providers.** Many primary care and mental health providers need targeted education to help them identify, refer, and treat children needing ECMH services.

CONCLUSION

Science confirms that early childhood is a period of great potential and peril, especially for children's social-emotional development and lifelong mental health. Investment in this critical time period results in a lifetime of benefits. While the basis of a strong ECMH foundation is being built in San Diego County, far more services for our youngest children and their parents are needed. Health coverage largely determines who gets services, and parents often are not eligible for the counseling or education they need to support their child. Children need a consistent approach to their social, emotional, and mental health needs across systems of care such as child care, preschools, pediatricians, mental health providers, and others. Along with services, families need supports to make behavior change. These services and supports are critical for families and their children to become self-sufficient and thrive in our community. Families would benefit from more services being provided under one roof to minimize transportation barriers and challenges navigating the system. More flexibility is needed in funding and programs to treat the whole family rather than focusing only on certain conditions or only allowing care for children. With continued dedication, vision, innovation, and *funding*, San Diego County children and families will thrive in positive relationships, leading to strong social and emotional development, and ultimately, a healthy community.

INTRODUCTION

There is a critical connection between a child’s earliest relationships and experiences, and his or her lifelong mental health.^{4,5} To fully support children’s social and emotional development, and to create the best opportunity for success later in life, many partners in San Diego are working together to create, deliver, and expand needed services for young children and their families. These partners recognize that a strong community is built by strengthening its children and families.

While much has been accomplished, there are gaps between what is known to nurture the potential of children in San Diego and what has been accomplished so far. Every day, a preschool teacher, licensed clinical social worker, or other professional, looks into the eyes of a child who needs more services and thinks, “If only you had more health coverage,” or “If only I could treat your parents, too,” or “If only I could refer you to a Spanish-speaking therapist.” It is the act of looking into a child’s yearning eyes that has created a sense of urgency to maximize and enhance early childhood mental health (ECMH) services (acronyms used in this report are listed in **Attachment 1**.) San Diego County providers have made good progress to date as can be seen in the timeline below.

2004

First 5 San Diego contracted with Christopher Walsh, LMFT, to conduct a **study on the ECMH landscape**. As part of his study he 1) provided a review of current research on ECMH issues as they related to school readiness; 2) interviewed behavioral health stakeholders about ECMH needs, assets, and best practices; and 3) provided a systems analysis of how ECMH services were coordinated in San Diego County. The resulting report, the “*Behavioral Health Planning and Coordination Study*,” described the behavioral health landscape and recommended concrete directions, which were ultimately incorporated into Healthy Development Services.

2006

Healthy Development Services was launched in 2006, with countywide coordination and support provided by the AAP-CA3. HDS offers development-oriented services to children ages 0-5 living in San Diego County, including:

- Developmental screening, assessment, and treatment
- Speech and language services
- Parent education, support and empowerment workshops
- Behavioral screening, assessment, and treatment
- Health and behavioral consultant services for daycare providers
- Vision and hearing screening

These comprehensive services are targeted toward children with mild to moderate needs who otherwise would not receive necessary care. HDS services are provided by over 20 organizations countywide, many of which will be described later in this report (see **Attachment 2**, HDS Subcontractor Grid). A regional leadership organization directs efforts within county regions. The AAP-CA3 HDS team coordinates and assists these lead

organizations in their efforts to ensure that children enter school healthy and ready to learn. HDS services begin to fill gaps in services and provide a greater understanding of the needs of young children and their families in San Diego County.

We Can't Wait 2012 Conference Partners

- San Diego Academy of Child and Adolescent Psychiatry
- First 5 Commission of San Diego
- Mental Health Systems, Inc.
- SDSU Child and Family Development Department
- Rady Children's Hospital of San Diego Psychiatry Department, Developmental Services, and Chadwick Center
- Vista Hill
- County of San Diego Behavioral Health Services
- Child Welfare Services
- Public Health Nursing Department
- San Diego Superior Court – Juvenile Division
- SDSU School of Social Work
- Infant Development Association of California
- Fred Finch Youth Center
- American Academy of Pediatrics – Chapter 3
- FACETS, Inc.
- Harmonium
- San Diego Unified School District
- Grossmont College Foster and Kinship Care Education Program

2009

A group of committed ECMH leaders came together to establish an annual “**We Can't Wait**” conference. The conference is comprised of presentations and workshops from national and local ECMH experts who share the latest in research and practice. Conference leaders were representatives from the San Diego Academy of Child and Adolescent Psychiatry, AAP-CA3, First 5 San Diego, Mental Health Systems, the SDSU Child and Family Development Department, Rady Children's Hospital of San Diego, Vista Hill, and the County of San Diego Health and Human Services Agency (see **sidebar** for the full list of partners). This extensive partnership reflects the collaborative nature of organizations working together in San Diego, as well as a depth of expertise and an enthusiasm for convening and sharing information as a professional community. In 2012, over 250 people from San Diego and throughout the state attended the conference. In their evaluations, attendees said they learned new information they could apply in their daily work. They said they were truly inspired by the progress the field has made, and by the sense of camaraderie they felt with their peers.

After the first “**We Can't Wait**” conference, the conference leaders followed the recommendation of participants to create an ongoing forum for ECMH leaders. The **ECMH Leaders Group** was created, and they now meet monthly to discuss common areas of

interest, goals, and methods to further the field of ECMH. The group is co-chaired by AAP-CA3 and the San Diego Academy of Child and Adolescent Psychiatry. Members include the leaders of the major organizations providing ECMH services (see **Attachment 3**, ECMH Leaders Group Membership Roster.) These are the same organizations that have been integral to both organizing and serving as presenters in the *We Can't Wait* conference for the past three years.

2013

With funding from First 5 San Diego, AAP-CA3 retained AGD Consulting to conduct an **updated environmental scan of ECMH services and resources**. The consultant surveyed ECMH providers through the following methodologies to capture a snapshot of the current environment:

- **ECMH 2012 Needs and Gaps Survey:** An on-line survey asking about ECMH service strengths as well as gaps in services. Forty-eight (48) individuals representing 31 organizations completed the survey.
- **Provider Capacity Survey:** A form sent by email in which organizations filled in program descriptions, eligibility requirements, the number of people served, and referral contact information. A total of 39 responded (see **Attachment 4**, Provider Capacity Survey Respondents). The responses appear in the **ECMH Provider Directory for San Diego County 2013**, a companion document to this report. Organizations serving children 0-5 and their parents will be able to use the Directory to link children and families with needed services.
- **Key informant interviews:** In-person interviews of ECMH leaders to learn more about their programs, and to gain insights into the strengths and challenges of the current system (see **Attachment 5**, Key Informant Interviewees).

The purpose of this report is to describe the framework for ECMH services in San Diego County; to analyze the strengths and challenges of the current system; and to make recommendations on how to improve it. AAP-CA3, the HDS program, and the ECMH Leaders Group, provided input and guidance during each step of the process in developing this environmental scan.

BACKGROUND

WHAT IS EARLY CHILDHOOD MENTAL HEALTH?

Research has shown that brains develop quickly in the first three years of life, so depending on a baby’s or toddler’s early experiences, the brain can be shaped into a strong or fragile foundation for social, emotional, and physical health.⁶ Adverse early experiences can cause difficulties that may last throughout the child’s life.

From 10 to 14% of children from birth to age 5 have emotional or behavioral disturbances.⁷ Mental health problems for infants and toddlers may manifest in harder-to-recognize physical and behavioral symptoms, such as poor weight gain, delayed development, inconsolable crying, sleep problems, impulsive behaviors, or paralyzing fears. Because young children develop in the context of their families and close relationships, their own emotional health is tied to the emotional health of their caregivers. Therefore, parents with untreated depression or substance abuse, and those in relationships with intimate partner violence or who have experienced trauma, can impair the growth of their young children.⁸

“Infant-early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to 5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn – all in the context of family, community, and culture.”

Zero to Three: National Center for Infants, Toddlers and Families, 2012

the context of their families and close relationships, their own emotional health is tied to the emotional health of their caregivers. Therefore, parents with untreated depression or substance abuse, and those in relationships with intimate partner violence or who have experienced trauma, can impair the growth of their young children.⁸

The *Zero to Three: National Center for Infants, Toddlers and Families*, which has done a tremendous amount of work related to ECMH,

defines the concept very eloquently (see **text box**). Although there has been a shift in the mental health field toward using the inclusive term “behavioral health,” which also refers to substance use, that term is not appropriate for the younger age group. Professionals in the field locally do not typically include the word “infant” in the phrase, so for consistency this report will refer to the concept more simply as early childhood mental health.

CONTINUUM OF SERVICES

Mental health issues in young children and their parents are treatable and sometimes preventable, and there is growing evidence for the effectiveness of ECMH services that focus on the well-being of infants and young children. Strategies to improve ECMH can be

categorized into a continuum that is comprised of promotion, prevention/early intervention and treatment services.⁹

Promotion: Promotion services encourage positive relationships between the parent/caregiver and the child in the home, in child development settings, and in other settings with young children and families. These are based on the premise that positive early relationships stimulate healthy brain development, learning, and emotional and social well-being of young children.

Prevention/Early Intervention: Prevention and early intervention services address relationship challenges that could impact early development. Challenges could be the result of intimate partner violence, family discord, parenting difficulties or other major family stressors. The strategies are intended to improve parent-child relationships and prevent the progression of further difficulties.

Treatment: Treatment takes place with children in distress or with clear symptoms indicating a mental health disorder. These services address attachment and relationship problems, and the interplay between the child, parent and other significant caregivers that impairs early emotional and social development. ECMH treatment services most often focus on the parent and child together, and are designed to improve child and family functioning.

GOVERNMENT PROGRAMS

Although child development experts have known for decades that positive and negative early childhood experiences have an impact on brain development, mental health, and social relationships, federal policies have only recently begun to incorporate the social and emotional aspects of child development into early learning and development systems.¹⁰ Examples of California government programs that support the healthy development of children are listed below:¹¹

- Medicaid, Supplemental Nutrition Assistance Program, and the special supplemental Nutrition Program for WIC support physical health and nutrition.
- Home visiting and child welfare programs support families and protect children.
- Early Head Start, child care, and Individuals with Disabilities Education Act (IDEA) Part C Early Intervention (for infants and toddlers with a disability or developmental delay) help with the child's learning and with parent support.
- Schools' IDEA Part B Early Intervention serves children ages 3 and over.

FUNDING SOURCES

While Medi-Cal has provided funding for child health since 1967, new dollars from First 5 and the MHSA infused much needed funding. IDEA determines who is eligible for free school services, and funds programs for students with emotional and developmental challenges. These funding sources are described in more detail below.

EPSDT SERVICES AND REALIGNMENT FUNDING

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is the child health component of Medicaid that provides services to individuals under age 21 enrolled in Medicaid. It has been shaped to meet the standards of pediatric care, and it addresses the unique physical, emotional and developmental needs of low-income children. The program originated in 1967 and is intended to identify and treat issues in children and young people as early as possible. Federal law requires Medicaid to cover a comprehensive set of benefits for children that is different from adult benefits, and this includes mental health services. EPSDT requires a specific set of screening services at periodic intervals to detect physical and mental health conditions and treat them if they are “medically necessary.”¹²

It is up to states to decide how to structure their approach to delivering these benefits.¹³ Through the “realignment” process, California shifted funding for mental health services from the state to counties, which deliver care through a network of county and community mental health programs.¹⁴ A standardized formula is used to determine how much funding each county receives. People covered by Medi-Cal who need mental health services may receive care from their primary care physician, or, if more intensive services are needed, from a mental health specialist.

“Medi-Cal is child-driven. The child is the patient, not the parent. We can do some interventions with the parent if the service is related to the child, but not ongoing therapy or treatment. If the parent doesn’t have a serious mental illness, it is difficult for them to get the counseling services they need.”

Key Informant

In California, the EPSDT Therapeutic Behavioral Services program offers specialty mental health services for children and young adults with severe emotional problems.¹⁵ Specialty services are provided through each county’s **Mental Health Plan**, which operates under rules set by the state and federal government. The plan describes the mental health services covered by Medi-Cal for children, youth, adults and older adults. Services include crisis counseling; individual, group or family therapy; day

programs; psychiatric medication and medication management; assessment services; adult residential treatment services; hospital care; case management; and dual diagnosis services, among other types of services.¹⁶

MENTAL HEALTH SERVICES ACT

Additional funding for behavioral health services became available through MHSA, which was passed by voters in 2004 and created a 1% income tax on personal income in excess of \$1 million. MHSA provided additional funding, staff and other resources to support county mental health programs. MHSA has five program components: community supports and services, prevention and early intervention, innovation, workforce education and training, and capital facilities and technological needs. MHSA also supports community program planning, as well as a supportive housing program for individuals with mental illness. Estimated expenditures for FY 2012-13, including unspent funds from prior fiscal years, exceeds \$150 million for San Diego County. Approximately one-third of the budget is dedicated to programs serving children, youth and families.¹⁷

FIRST 5 SAN DIEGO

First 5 San Diego funds numerous ECMH programs targeting children 0-5 and their parents. During FY 2011-12, First 5 San Diego invested over \$45 million in four key goal areas: health, learning, family and community. Contractors receiving funding from First 5 San Diego leveraged another \$10.6 million from other funders. Not only does the First 5 San Diego fund HDS, but they also fund KidSTART, the Developmental Screening and Enhancement Program, and other programs that will be described later in this report.¹⁸

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

Public schools throughout the nation offer special education services to their students under the federal IDEA. The Act guides states in determining who is eligible for a free public education under this law. Infants and toddlers under age 3 experiencing developmental delays in one or more areas of development (cognitive, physical, communication), including social or emotional development, may need early intervention services. Children and youth ages 3-21 qualify for services if they have delays due to autism, deafness, developmental delay, or emotional disturbance, among other conditions, and must meet strict eligibility criteria. To qualify for services, the disability must “adversely affect educational performance.”

Infants and toddlers from birth to age 3 with disabilities and their families receive early intervention services under IDEA Part C. Children and youth ages 3-21 receive services under IDEA Part B. There are no income eligibility requirements for school programs once the child meets the IDEA criteria. Programs are funded through state and district sources. Out of a total operating budget of \$1.1 billion for San Diego Unified School District (SDUSD) schools, the Special Education department has a budget of approximately \$257 million. About \$133 million in special education costs are covered by the state and the district pays for the other \$124 million.¹⁹

EARLY CHILDHOOD MENTAL HEALTH SERVICES AND PROVIDERS

A number of organizations provide ECMH screening, early intervention, and treatment services in San Diego County. Some of these programs are provided through the public sector, such as the County of San Diego, California Early Start, the San Diego Unified School District, and Head Start, and others are provided privately by health-and community-based organizations. These programs are augmented by advanced training offered to students by local universities.

Examples of ECMH service organizations are:

- Healthy Development Services
- San Diego County Behavioral Health Services
- San Diego Regional Center/California Early Start
- San Diego Unified School District
- Head Start and Early Head Start
- Healthcare-based services
- Community-based services
- Advanced education programs
- Professional networks

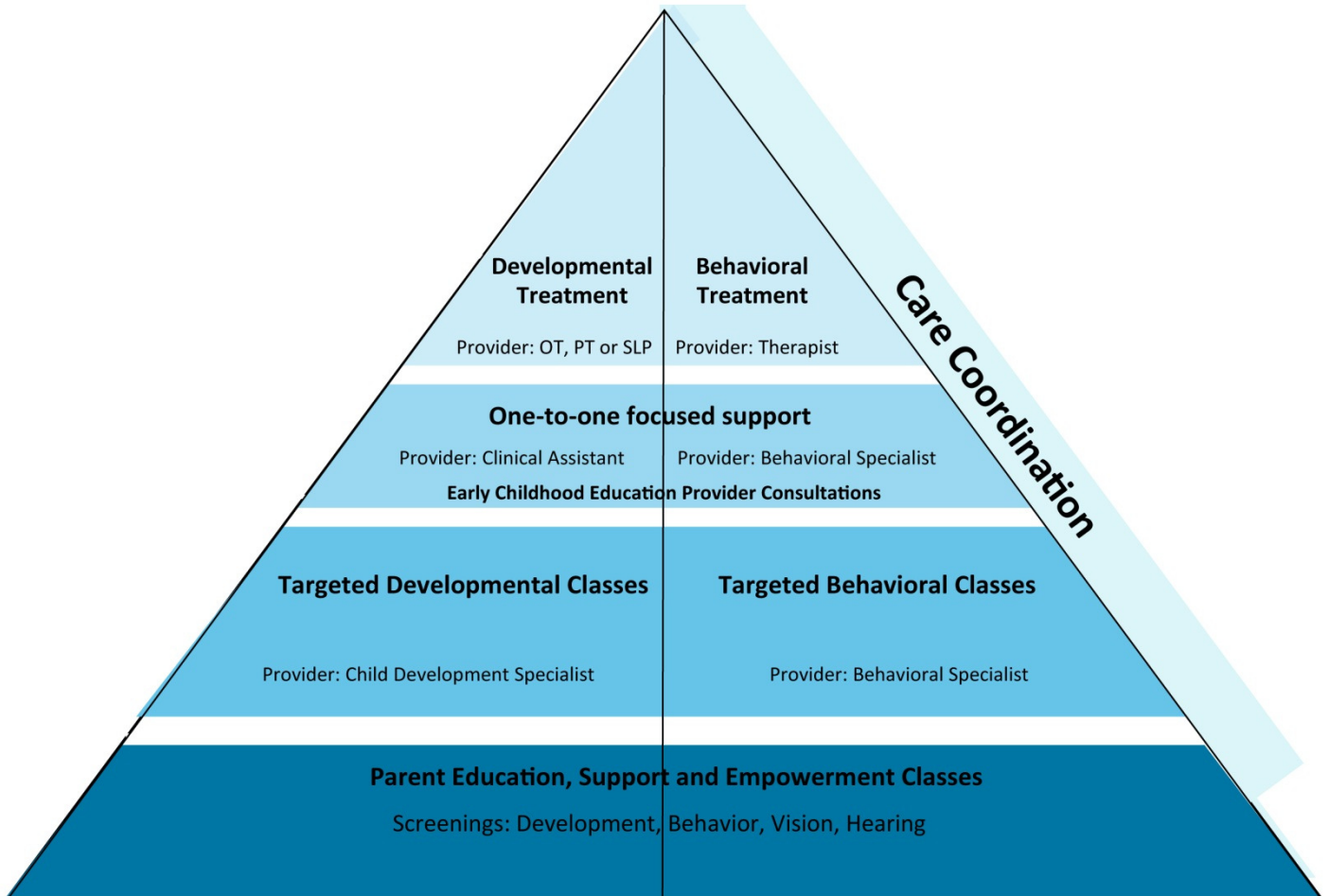
Also provided are **case descriptions** in order to convey a better sense of both ECMH needs and program services. Many more organizations provide ECMH services in San Diego County, but these outline some of the major system components.

HEALTHY DEVELOPMENT SERVICES

HDS provides developmental screening services to children 0-5, but unlike many other screening programs across the state and nation, it offers treatment as well. The purpose of HDS is to provide a comprehensive continuum of health, developmental, behavioral, speech screening, assessment and treatment services for children with mild to moderate concerns. Screening and treatment services are based on need, and there are no income restrictions. Funded since 2006, this program has an annual budget of \$14.6 million.

All HDS services, whether developmental or behavioral, are organized into three levels of service (see **Figure 1**). **Level 1** corresponds largely with promotion services, and is comprised of screenings (i.e., development, behavior, vision, hearing screens), classes (i.e., parenting education, support and empowerment workshops), targeted developmental classes led by child development specialists, and behavioral classes by behavioral specialists. **Level 2** includes one-to-one focused support by clinical assistants (developmental) and behavioral specialists, as well as early childhood education provider consultations. **Level 3** is for more intensive therapy or treatment. It includes speech, occupational or physical therapy, as well as behavioral therapy such as parent-child psychotherapy, parent-child interactional therapy, trauma therapy, or other

Figure 1: HDS Developmental and Behavioral Health Services Pyramid



Rev. 2/2013

evidence-based therapies (see **Attachment 6** for a description of treatment modalities). HDS care coordinators work with families to navigate services within the HDS system and to facilitate referrals to other partners.

Another unique feature of the HDS program is the degree to which behavioral health screenings and treatment services are integrated with the developmental services. In FY 2011-12, HDS conducted 5,774 behavioral screenings; provided behavioral treatment services to 2,703 children; and educated and supported 2,855 parents. A total of 1,456 preschool teachers or childcare providers received behavioral training and consultations.

Ages and Stages Questionnaire, 3rd Edition (ASQ-3)

A sample **ASQ-3** question regarding a 3-year-old is:

- *When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (yes / sometimes / not yet)*

Ages and Stages Questionnaire, Social Emotional (ASQ-SE)

A sample **ASQ-SE** question regarding a 6-month-old is:

- *When upset, can your baby calm down within a half hour? (Most of the time / Sometimes / Rarely or Never)*

The HDS program uses the **Ages and Stages Questionnaire, 3rd Edition (ASQ-3)** and the **ASQ – Social Emotional (ASQ-SE)** as the standardized screening tools in the program. The ASQ-3 helps parents learn about the developmental status of their young child in communication, gross motor skills, fine motor skills, problem solving, and personal-social areas. The ASQ-SE is a companion tool to the ASQ-3 that assesses a child's development in the behavioral areas of self-regulation, interaction with other people, and other behavioral areas.

The ASQ-3 and ASQ-SE are used as educational tools in the parent workshops in which parents and caregivers learn about their child's developmental needs. Children that are identified with a potential concern are referred for a comprehensive assessment that determines what follow-up is needed (i.e., treatment or referral to a higher level of care). This system shows how well integrated behavioral screenings are with developmental screenings and parent education classes.

Healthy Development Services – Behavioral Health

CASE DESCRIPTION

Sharon took her three-year-old daughter, Tiffany, for a well-child exam. At the exam, the doctor asked if she had any concerns about how Tiffany gets along with others. Sharon shared that she pushes other children at preschool when they play with her toys. Tiffany is also overwhelmed by big groups of people and will withdraw from circle time. The preschool teacher has expressed her concern about Tiffany's aggressive behavior and Sharon is worried that she will need to find a new preschool. The doctor referred the family to Healthy Development Services (HDS).

Sharon called HDS Care Coordination and relayed her concerns about Tiffany's behavior. Tiffany was described as being "out of control" and being defiant and disrespectful at home. Tiffany would have a tantrum at home for 30 minutes at a time. She was an only child and would not share her toys; she would hit and push her cousins when playing. The concerns began when Tiffany was two years old and Sharon and her husband Bill separated. Sharon reported that both she and her husband were "hot heads" and yelled quite a bit, but there was no emotional or physical violence. Sharon has had a difficult time emotionally and financially since the separation. Sharon and Tiffany have moved into her parents' house and the family has had a hard time agreeing on disciplinary approaches.

The HDS Care Coordinator recommended a development check-up, which the family completed. Tiffany was behind in her expressive language skills but performing at age level in all other areas of development. The Developmental Specialist recommended HDS development classes, which Sharon and Tiffany completed. The classes helped Sharon to simplify and repeat her communication to Tiffany to help the child understand what she was saying. Currently, Sharon and Tiffany are enrolled in Parent and Child Interactive Therapy (PCIT) and doing well. Sharon has been committed to attending therapy sessions and has been willing to change her interactions with Tiffany. Tiffany responded to more praise for her appropriate behavior, as well as to redirection on problematic behaviors.

Sharon reports that Tiffany has become more cooperative, more confident and more fun to be with at home. In session they often cuddle and sing together, working as a team happily most of the time. Sharon says her parents are also using the new skills and the family is getting along much better.

COUNTY BEHAVIORAL HEALTH SERVICES

In FY 2010-11, the San Diego County mental health system served 18,100 children and youth, of which 2,289 (12.6%) were children from birth to age 5. Over 40% of these (991 clients) were also in the child welfare system.²⁰ Almost 80% of children 0-5 used outpatient services.²¹

The County Health and Human Services Agency's Division of Children, Youth and Families supports a number of specialty behavioral health programs targeting the 0-5 population, including children that are seriously emotionally disturbed. Services are funded primarily through Medi-Cal's EPSDT program or through MHSA dollars. Examples of early childhood providers are as follows, with a more comprehensive list provided in **Attachment 7**, County of San Diego Behavioral Health Services, Early Childhood Providers.

- **Fred Finch - Comprehensive Assessment and Stabilization Services (CASS):** CASS provides outpatient assessment, evaluation, treatment, case management, case consultation and other needed mental health interventions to children whose foster home placement is at risk and to youth at risk for change of placement to a higher level of care. It is funded by EPSDT and MHSA.
- **Jewish Family Service of San Diego (JFS):** Through their Positive Parenting Program, JFS provides prevention and early intervention services for children ages 0-5 and their families enrolled in Head Start and Early Head Start centers with the goal of reducing the risk for behavioral or emotional problems in young children. It is funded by MHSA.
- **Palomar Family Counseling:** The Early Childhood Mental Health Services ChildNet program provides outpatient mental health services to seriously emotionally disturbed children ages 0-5 and their families. They also offer *The Incredible Years* program, which provides behavioral intervention, parent training and preschool teacher training to assist young children to succeed in preschool and the community. It is funded by EPSDT and MHSA.

The Incredible Years: Parents, teachers, and children training series

"The Incredible Years are research-based, proven effective programs for reducing children's aggression and behavior problems and increasing social competence at home and at school. The programs have been found to be effective in strengthening teacher and parent management skills, improving children's social competence and reducing behavior problems."

The Incredible Years
www.incredibleyears.com

In addition to funding direct services, the County of San Diego convenes the **Children Youth and Families Behavioral Health System of Care Council** on a monthly basis. The mission of the System of Care Council is *"to ensure that all agencies serving San Diego County youth from age 0 through age 21 have coordinated services resulting in improved youth, family and system*

*outcomes consistent with system of care values and principles.*²² Meeting minutes are available on the county website.²³ Within this council is the Early Childhood Mental Health Subcommittee, which shares information and identifies strategies to better serve the youngest ages.

SAN DIEGO REGIONAL CENTER/CALIFORNIA EARLY START

California has 21 Regional Centers that provide specialized services for people with developmental disabilities, including intellectual disability, cerebral palsy, epilepsy, autism and other conditions. The San Diego Regional Center serves both San Diego and Imperial counties. **California Early Start (CES)**, a program of the San Diego Regional Center, serves children birth to age 3 who require early intervention services due to one of the following: 1) have a significant difference between the expected level of development for their age and their current level of functioning in one or more of the following five areas: cognitive, physical/motor, social/emotional, communication, adaptive skills; or 2) have an established risk condition which has a high probability of resulting in developmental delay.

CES is responsible for writing the **Individualized Family Service Plan (IFSP)** and they coordinate with school services as needed. The IFSP is both a process and a documented plan intended to assist families and professionals in a community in their combined efforts to meet the developmental needs of a young child from birth to age 3.²⁴ It is part of a system of special education laws at both the federal and the state level. The plan outlines the necessary treatment, but for the most part, CES does not provide direct service. Instead, it coordinates with an extensive number of vendors to do so. CES is family focused, and contractors provide many services in the home. When services are offered in other locations, CES can at times provide transportation. CES provides case management services and it funds private infant education and therapies not covered by other public funding or insurance resources.

CES may provide family training, counseling, and home visits by social workers, psychologists, and other qualified personnel to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development. Families are referred to resources such as the Exceptional Family Resource Center, and First 5 programs such as HDS or RCHSD's KidSTART program (described later in this report). Virtually all families need some kind of support as parents may not be familiar with child development. Parents may

"In many cases, service coordinators, vendors, schools, parent education classes, parent therapy and child therapy are located in different places, when not provided in the home. For some families it feels disjointed, and they may not have transportation to drive from place to place."

Laura White, LCSW, Program Manager
California Early Start

need to learn how to play with their child, how to provide enrichment activities for their child that stimulates their language and development, and how to increase the bond with their child. Some parents have developmental disabilities themselves so they may need a greater level of support services. For families with children with more extensive behavioral problems, CES refers the family to a behavior consultant who can work closely with them.

SAN DIEGO COUNTY OFFICE OF EDUCATION

The San Diego County education infrastructure is comprised of the San Diego County Office of Education (SDCOE) and 42 school districts. ECMH services vary by school district, with certain cross-cutting services either offered or supervised by the County Office of Education. SDCOE is a public agency that has three major roles: to pool resources to help school districts; to hold districts accountable; and to fill gaps in the countywide system.²⁵ Its mission is to provide to school districts, *“quality services, effective and efficient use of resources, and innovative leadership by working collaboratively to meet the needs of students and expectations of the public.”*

Within SDCOE’s Student Services and Programs Division is the **Department of Special Education Services**,²⁶ which includes the **County SELPA programs** (Special Education Local Plan Area). In 1977, all school districts and county offices of education were required to form regions of adequate sizes to serve all children in the region with special education needs, including emotional difficulties. While larger school districts had enough resources to adequately serve this population, smaller school districts needed to band together and combine resources. Each SELPA developed a local plan describing how it would deliver services to their special education population.²⁷ San Diego County has 6 SELPAs:

- North Coastal Consortium for Special Education
- North Inland Special Education Region
- East County
- South County
- Poway Unified School District
- San Diego Unified School District

Also under SDCOE’s Student Services and Programs Division is the **Early Education Programs and Services** unit. Within this unit, the **HOPE Infant Family Support Program** provides early intervention services in some San Diego areas for eligible children from birth to age 3 and their families as mandated under the CES program, Part C of IDEA. A second program, the First 5 San Diego **Quality Preschool Initiative (QPI)**, expands access to high quality preschool with a focus on those with the highest needs. QPI provides early screening services using tools to help parents assess their child’s development. Follow-up referrals and early interventions are developed as needed, including referrals to Healthy Development Services. QPI staff promote social emotional competence and school readiness utilizing the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model. CSEFEL, a national resource center funded by the Office of Head Start and Child Care Bureau, disseminates research and evidence-based practices to early childhood programs across the country.

SAN DIEGO UNIFIED SCHOOL DISTRICT

San Diego Unified School District's (SDUSD's) **Special Education Early Childhood (SEEC)** program is an example of how San Diego's largest school district serves children up to age 5 with developmental delays, including emotional disturbance. SDUSD identifies, locates and assesses all students within its district from birth to 21 years of age who are suspected of having disabilities, and provides appropriate support and services to those students as determined by an educational evaluation. They assure eligible students with disabilities receive a free and appropriate public education consistent with federal and state laws, including those students enrolled in private schools, wards of the state, and highly mobile students with exceptional needs. A team comprised of educational professionals and the parents determine the student's unique needs and then create the IFSP if the child is younger than 3, or the **Individual Education Program (IEP)** if a child is over age 3. An IEP is a legal document that describes how SDUSD will serve the student with exceptional needs.²⁸

The SEEC program is a state- and federally-mandated program for children ages 0-5 who meet IDEA and state eligibility criteria. In 2012-13, SEEC had a caseload of about 160 children ages 0-3 and 700 children ages 3-5. SEEC offers the following programs:²⁹

"The hardest meeting is when we have to tell a parent that their child doesn't qualify for services. The child has needs and parents want the support, but they don't meet the strict eligibility requirements. The community needs more resources for children that are on the border."

Lori Lillo, Site Administrator
Special Education Early Childhood (SEEC), SDUSD

- **SEEC Infant Program:** SDUSD serves a limited number of infants under age 3 through interagency collaboration with CES. Children with a suspected disability are evaluated, and for those who meet the criteria, an **IFSP** is developed. For this age group, SEEC offers home-based and parent-based programs focusing on achieving developmental milestones and "pre" preschool skills, including behavior skills. The child may receive services at home, at their private preschool, or at Early Head Start, for example. SEEC and Early Head Start/Head Start have a strong partnership and readily coordinate services when needed. Some students also participate in infant/toddler classes at school sites. It is rare for a district this size to work with this young age group.³⁰ In North County and South County school districts, for example, services to infants and toddlers under age 3 are provided by the County of San Diego Office of Education's HOPE Infant Family Support Program. In other parts of the state, school districts do not typically serve these young children.
- **SEEC Assessment / IEP:** Under this program, SEEC assesses students ages 3-5 with a suspected disability, such as an emotional disturbance, and develops an IEP that outlines

appropriate goals, accommodations, services, and education settings. Parents may be referred to SEEC by their child's pediatrician, a hospital, or a preschool teacher, or they may refer themselves due to their own concern about their child. The SEEC department conducts an assessment, and if the child qualifies, the IEP is developed.

An IEP describes the program developed for the student that will provide educational benefit. For 3- to 5-year-olds, the schools focus solely on the educational piece. Since not all SDUSD schools offer these tailored services, the child attends the school closest to their home that does. SDUSD maintains a continuum of services and students are assigned to the least restrictive classroom that can meet his or her needs. SEEC classrooms include blended classrooms in Head Starts, state preschools, and private preschools, as well as special day classes at school sites. In this age group there is still a family component which includes home visits and parent education. Children are referred to other organizations such as San Diego Regional Center and RCHSD if they have additional needs for ECMH or other developmental services.

- **SEEC Preschool Program:** Students are assigned to the appropriate special education preschool setting based on the IEP. When the child is enrolled in the SEEC preschool, the classroom teacher also serves as the student's case manager, who also coordinates the transition to kindergarten. SDUSD operates two pre-preschools for 2-year-olds: Alcott Elementary School in the northern region of the district and Carver Elementary in the southern region. The child attends two days per week and receives special services such as speech and language therapy as described in the IFSP.

The **SDUSD Early Childhood Mental Health (ECMH)** program provides services to children ages 0-5 attending a SDUSD preschool program who have behavioral, social and/or emotional issues that impact their relationships at home and/or school. The ECMH program has been providing *The Incredible Years* program curriculum since 2008 at designated preschool sites. The targeted areas include schools in City Heights, Logan Heights, Mountain View, Grant Hill, Sherman Heights, and Shelltown. The curriculum offers parent groups and children's treatment groups. The majority of families participating in the parent and children's groups are in the program for 3-6 months. The program also provides individual and family therapy, as well as classroom coaching to families not able to participate in the group treatment models. All services are offered in English and Spanish and are provided to families on the school site, in their homes, or at the program office. The program is funded primarily through MHSA, and it focuses on providing services to children and families who are underserved, uninsured or underinsured, as well as those who are underserved by Medi-Cal.

HEAD START AND EARLY HEAD START

Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They promote school readiness by enhancing the social and cognitive development of low income children. **Early Head Start** serves pregnant and postpartum women, and children ages 6 weeks to 3 years, including those with disabilities. **Head Start** serves children ages 3 to 5. In addition to educating the children, the programs offer health, dental, and mental health services, nutrition and parent education. Together these services increase the school readiness of young children in low-income families. All Head Start programs must adhere to national Program Performance Standards, which define the services that Head Start Programs are to provide to the children and families they serve.³¹

In San Diego County, Neighborhood House Association (NHA) has been providing Head Start services since 1965. They serve over 8,000 children south of Highway 56. NHA runs its own programs for about 2,000 children, and other children are served by subcontractors such as Alpha Kappa Alpha in East County, and Episcopal Community Services in South Bay. Additional vendors include SDUSD and the National City School District, both of which also have slots for Head Start children.

At NHA, a tremendous amount of effort has gone into teacher training on topics such as speech, *The Incredible Years* curriculum, and teacher sensitivity. NHA staff work very closely with the children and parents to assure the child is getting whatever support is needed to be ready to learn, and staff will visit the home if needed to work with parents. NHA offers a variety of **parent classes** on topics such as healthy development, positive parenting, domestic violence, and positive discipline. NHA also has services for pregnant women, including social services and parent education. If NHA doesn't provide a particular service themselves, the association links parents to community supports, such as the Women Infant and Children (WIC) program, English as a second language (ESL) classes, and other services. Examples of how Early Head Start works with children are provided in the **text box** on the next page.

“The more services we can offer on-site, the better. A significant number of families that get referred off-site have challenges following through, and end up not going or completing treatment. We continue to need more services for infants, 0-12 months. We also need more speech, sensory integration and behavioral services.”

Lily Cisco Berge, Psy.D.
Neighborhood House Association Head Start

Early Head Start

CASE DESCRIPTION

“Joaquin” was a 26-month-old Hispanic boy that lived with his mom, dad, and siblings, ages 4 and 10. He had a speech delay, and was in a classroom with seven other children ages ranging from 18 months to 3 years old. When he wanted a toy, he would hit or push the other child to get what he wanted. When the older children in class wouldn’t share toys, Joaquin became aggressive with the two youngest children in the classroom. He was referred for a speech assessment through California Early Start, and qualified for an IFSP. While waiting for him to be assessed and start speech therapy, his parents met with a program specialist and teacher, and they showed the parents five basic sign language signs they could teach him to help him communicate more easily at home and school. These included signs for *toilet*, *wait*, *clean-up*, *more*, and *stop*. He responded well to the sign language, and once he started using it with the other children he was so happy to be understood. When needed, all the children began using the sign for “stop” with him if he became aggressive, and he would stop. After about 4 months, Joaquin was able to share toys and communicate more effectively in the classroom.

HEALTHCARE-BASED SERVICES

The San Diego County healthcare system at every level offers certain ECMH services, though most professionals agree that services are limited due to eligibility restrictions, fragmentation, poor geographic spread, and lack of culturally sensitive services. Some private practice **pediatricians** screen for emotional or social challenges, and refer the family to a provider such as HDS who can offer developmental and behavioral assessments and services.

The **American Academy of Child and Adolescent Psychiatry** recently approved principles for integrating child psychiatry into the pediatric health home.³² The academy encourages all pediatricians to screen children for social or emotional problems, and to refer families to appropriate services (see **text box**).

At least a half-dozen **community clinics** offer treatment services for young children, and others offer parent education, family therapy, or classes for pregnant or postpartum women. Hospitals such as RCHSD offer several intensive assessment and treatment programs for children who may be experiencing serious mental health challenges or the emotional effects of abuse. An in-depth description of RCHSD programs are provided below.

Care Components for Integration of Child Psychiatry into the Pediatric Health Home:

1. Screening for and early detection of behavioral health programs
2. Triage/referral to appropriate behavioral health treatment
3. Ready access to child and adolescent psychiatric consultations
4. Care coordination between the health care team, parents, family and child-serving agencies
5. Access to child psychiatric specialty treatment services
6. A mechanism to monitor outcomes at the individual and delivery system level

American Academy of Child & Adolescent Psychiatry, June 2012

RADY CHILDREN'S HOSPITAL OF SAN DIEGO

Rady Children's Hospital of San Diego offers multiple programs and program evaluation for children with social or emotional difficulties under the umbrella of the **Centers for Developmental and Behavioral Sciences (CDBS)**. Within CDBS are the **Division of Developmental Services, Chadwick Center for Children and Families, the Child and Adolescent Services Research Center, the Child Psychiatry Department, and medical social work services.**

- **Division of Developmental Services:** The Division of Developmental Services includes multiple programs, including KidSTART, the Feeding Team, the Developmental Screening and Enhancement Program (DSEP), Children's Care Connection (C3), the Autism Discovery Institute, and the Developmental Evaluation Clinic (DEC). These are described in more detail below.
 - **KidSTART:** KidSTART serves children under age 6 with complex developmental, mental health, medical and/or family functioning needs. A child must be eligible for full-scope Medi-Cal to receive mental health treatment, but there is no specific coverage requirement for developmental assessments or treatments. Services include a comprehensive developmental evaluation to determine eligibility as well as assessment and treatment by a trans-disciplinary team of providers (including a pediatrician, psychologist, psychiatrist, speech and language pathologist, physical therapist, occupational therapist, and behavioral specialist) (see **text box**). In FY 2011-12, the program assessed 570 children and treated 172 children. First 5 San Diego has funded KidSTART since its inception in 2010 as has EPSDT to cover mental health treatment.
- **Feeding Team:** Since 1999, the multidisciplinary Feeding Team has provided comprehensive evaluation and treatment for children with feeding disorders and their families. The children have chronic feeding problems resulting from complex medical and psychological issues (see **text box** on the next page). The Feeding Team helps children with a history of prematurity, gastrointestinal disease, regulatory disorders, autism spectrum disorders, cardiac defects, and various other disorders. A typical family receives 3-6 months of multidisciplinary parent and child group intervention.

"From a systems perspective, there is a tremendous gap in services for parents. Many need help working through their own behavioral health issues in order to be emotionally available for the child."

Kristin Gist, MS, Senior Director
RCHSD Division of Developmental Services

Rady Children's Hospital of San Diego Programs

KidSTART – Chadwick Center

CASE DESCRIPTION

At 18 months of age, “Danika” was residing in foster care due to emotional abuse and exposure to violence resulting in unintended injury. Her biological mother was in the process of reunification with her. Her developmental screening by the Developmental Screening and Enhancement Program identified motor and language delays, while her foster mother expressed serious behavioral concerns about Danika, including sleep disturbance, refusal to engage socially, and picking at her skin to the point of bleeding. KidSTART’s comprehensive developmental and social-emotional evaluation of Danika confirmed significant anxiety and trauma symptoms, severe expressive and receptive language delay, and extremely limited attending skills during structured activities. Following her Integrated Clinical Team meeting, KidSTART provided services to Danika and both her foster and biological mother. She received speech, occupational, and physical therapy, as well as over a year of Child Parent Psychotherapy, which is an early childhood attachment-based psychotherapy. Through these services Danika’s development improved, she developed secure relationships with her caregivers, successfully reunified with her mother, and no longer exhibited any of the emotional/behavioral concerns noted at intake.

Feeding Team

CASE DESCRIPTION

“Ryan” was a 5-year-old who was referred by his occupational therapist to the Feeding Team due to concerns about limited food repertoire, rigid behaviors, poor weight gain and parental anxiety. At the point of referral he was eating only white foods. He also experienced fine motor delays, pragmatic language impairment, difficulties with transitions, and sensory integration problems. Following phone intake and completion of detailed history forms by the family, the team completed a two-hour multidisciplinary evaluation. This included observation of a meal with Ryan and his mother, and creation of the treatment plan by the mother and team jointly. Part of the treatment plan was for Ryan to participate in Food Explorers, the program’s school-age feeding group. On the first day of the group, which relies heavily on peer modeling, Ryan ate a new food, which he continued to eat for the subsequent six months. His mother attended educational lectures, observations of the child portion of the group, and hands-on practice. Ryan is exhibiting fewer maladaptive mealtime behaviors and has increased the number of foods he is willing to eat. His mother is less anxious about mealtimes.

A total of 120 children were served by the feeding team in 2012, and approximately half of those were ages 5 and under.

- **Developmental Screening and Enhancement Program (DSEP):** DSEP provides developmental and social-emotional/behavioral screening for children under age 6 who enter out-of-home placement through child welfare services in San Diego County. Screenings are conducted in-home and at Polinsky Children's Center, a temporary emergency shelter for children separated from their parents. Follow-up services include referral and case management to link children to needed services, brief developmental and behavioral intervention, in-home **infant massage** (see **text box** on the next page), support of children's placement transitions including "transitional home visits" after a child is discharged from Polinsky Children's Center, participation in Child Welfare Team Decision Making meetings, and support of children and staff at Polinsky Children's Center. If needs are identified through the screening process, DSEP team members refer children for additional services to community partners, such as HDS and KidSTART. Of the 1,114 children screened in FY 2011-12, a total of 637 received case management services. The program has been in place since 1997 and is funded through First 5 San Diego and Promises2Kids, a 30-year old nonprofit organization that fights against child abuse and neglect.
- **Children's Care Connection (C3):** C3 identifies and treats developmental and social-emotional/behavioral concerns in children birth to 5 years of age (or kindergarten entry, whichever comes first), and is part of the First 5 HDS program in North Central, North Coastal, and South region. C3 offers specialized behavior classes, one-on-one behavioral consultations, developmental classes, and parent consultations in the areas of occupational therapy, physical therapy and speech/language therapy. Additionally, C3 offers **infant massage**, which focuses on supporting the parent-child attachment relationship by assisting parents in reading their child's cues and fostering state regulation for baby and caregiver.
- **Autism Discovery Institute (ADI):** The Autism Discovery Institute is a state-of-the-art facility providing comprehensive assessment and treatment services for infants, toddlers and children through adolescence as well as clinical and biological research into autism spectrum disorders. Through a multi-disciplinary approach, diagnostic and treatment services are provided under one roof. Along with serving children with autism spectrum disorders and their families, ADI team members provide training for professionals working in this area. Services are available in Kearny Mesa, Solana Beach and Oceanside.

RCHSD Programs (Continued)

Infant Massage

CASE DESCRIPTION

“Bella” was born drug-exposed and was placed in her first foster home at 3 months of age. Her foster mother said she was very hard to calm, and cried constantly. Bella’s distress combined with her foster mother’s frustration and exhaustion were making it very difficult for them to form a secure bond. KidSTART decided to use infant massage to address both challenges. After just one session with the physical therapist, the parents had learned basic soothing skills that helped them calm Bella, and that night she slept through the night for the very first time. The parents enrolled in the baby bonding-infant massage class to continue learning how to read Bella’s cues, develop trust, and provide her with a greater sense of security.

Just a few months later, an adoptive family was found and Bella began the transition to her forever-home. Bella’s foster and adoptive mothers came to infant massage classes together, allowing the new mother to learn about Bella’s daily routine, preferences, and techniques that were successful in comforting Bella. This transition minimized the impact of the placement change on Bella’s progress and built the foundation for a strong relationship with her adoptive mother. At 5 months of age, Bella attended her last infant massage session. Her physical therapist described her as “an entirely different baby.” Bella started sleeping through the night, eating well and crying only as much as a typical 5-month-old.

As part of ADI, **Alexa's PLAYC (Playful Learning Academy for Young Children)**, is a unique early education inclusion and day treatment program for children ages 18 months through 5 years (or kindergarten entry). Alexa’s PLAYC integrates typically developing children and children with or at high risk for an autism spectrum disorder. The curriculum focuses on teaching developmentally appropriate communication, cognitive and social skills, and it supports emotional development, while fostering independence.

- **Developmental Evaluation Clinic (DEC):** At DEC, licensed clinical psychologists and neuropsychologists provide comprehensive developmental evaluation services for infants, preschoolers, and school-age children to identify developmental, learning, and social-emotional delays. As a result of these diagnostic evaluations, families receive an extensive and individualized report outlining their child’s strengths and areas of need, including recommendations for additional assessment or treatment. Approximately half

of the children served at DEC are referred by physicians, parents, or other professionals, while the other half of children served are involved with the San Diego County child welfare system or are undergoing the adoption process. DEC's team consists of 9 psychologists who offer services at sites in Kearny Mesa, Solana Beach, Oceanside, and Temecula. Services are funded through insurance (both public and private) or self-payment. Approximately 1,300 children were seen in 2012, and the majority were ages 0-5.

- **Chadwick Center for Children and Families:** The Chadwick Center has approximately 90 employees with offices in Kearny Mesa, Oceanside, and Chula Vista. The Trauma Counseling Program provides individual, group and family therapy to children ages 0-18 and their parents who have experienced traumatic events. These events include neglect, physical and sexual abuse, sexual assault, domestic violence, school or community violence, medical trauma, and natural disasters. They also serve individuals with developmental challenges over age 18 who have experienced trauma or sexual abuse, since this dimension of their care is not provided through San Diego Regional Center.

The Chadwick Center is part of the First 5 HDS network in the North Coastal and North Central regions of San Diego where therapists provide both trauma- and non-trauma-related intervention to children who have social-emotional/behavioral needs. Chadwick Center therapists provide mental health assessment and treatment at KidSTART. The entire trauma counseling team, including HDS and KidSTART, is trained in many evidence-based practices for very young children including *Child Parent Psychotherapy*, *Parent Child Attunement Therapy*, *Parent Child Interaction Therapy* and *Trauma-Focused Cognitive Behavioral Therapy* (previously referenced in **Attachment 6**).

Through the Forensic Medical Services Program, staff provide medical assessments and clinical interviews in partnership with law enforcement or legal representation when abuse is suspected. These interviews are conducted in central San Diego and South County.

“There are not enough Spanish-speaking therapists. For monolingual Spanish-speaking children, it is even harder to tell their story of trauma when it has to be translated into English.”

Al Killen-Harvey, LCSW
Clinical Improvement Coordinator
Chadwick Center

- **Child Psychiatry Services:** RCHSD's Psychiatry Department provides comprehensive mental health and psychosocial services to children, adolescents and their families within a full-service pediatric medical facility. A full range of outpatient services (diagnostics, medication

evaluation, and treatment) for conditions including depression, anxiety, attention deficit disorders, behavior problems, psychosis, and eating disorders, are offered. These services are offered at multiple locations, including some schools, throughout San Diego

County, and bilingual and bi-cultural staff are available. Emergency and crisis intervention is available 24 hours a day through the Sam S. and Rose Stein Emergency Care Center and the Behavioral Crisis Center in North County.

The department also offers inpatient services for children and teens with psychiatric illness, eating disorders and medical/behavioral disorders through the Child and Adolescent Psychiatry Services program, an inpatient unit for children and adolescents up to age 18 with psychiatric illness, and the Medical Behavioral Unit, the only child and adolescent medical/behavioral inpatient unit in San Diego, with programs for eating disorders and medical/behavioral disorders.

Most child psychiatry outpatient services at RCHSD are for patients who have Medi-Cal coverage or who are uninsured. A small percentage of services are available for those covered by private health plans.³³ In addition to 8 psychiatrists, the University of California San Diego places its child psychiatry residents at RCHSD. Staffing also includes psychiatric social workers, psychologists, licensed marriage and family therapists, and interns. Full-service outpatient clinics are offered at the RCHSD Main Center, Escondido and Oceanside locations.

- **Medical social work** services are provided by approximately 40 social workers throughout the hospital and in specialty clinics. Their primary role is to help families understand and adjust to their child's medical condition and to support families throughout hospitalization. They work with families on issues such as death, child protection, medical codes, severe emotional or psychiatric disturbances, life threatening diagnosis/treatment, ongoing family conflict, concerns about parent-child interaction, difficulty coping with diagnosis and/or prognosis, and complex cases requiring psychosocial case management.

COMMUNITY-BASED SERVICES

Vista Hill offers a variety of services to support ECMH. The **Vista Hill Learning Assistance Center** (VHLAC) offers school- and home-based assessment, case management, therapy and other mental health interventions for students at risk of out-of-home placement. VHLAC therapists work with the child in the home, the classroom, or other community settings. This enables the child or youth to receive the help they need, while remaining in their local school and community, in the least restrictive environment possible. In addition, Vista Hill has implemented *The Incredible Families* program in Central and East counties. This evidence-based model supports reunification of kids in child welfare with their parents. Recently, the County has asked Vista Hill to lead a program in which they will **educate pediatricians** about how to screen, evaluate, and treat children with functional impairments within the context of the pediatric health home. Pediatricians will learn to make referrals to community resources, medicate the child if needed (i.e., for attention deficit and hyperactivity disorder, anxiety, or depression). Vista Hill is also in the process of making **telepsychiatry** services available to pediatricians so they can manage more psychiatric issues in their own office.³⁴

The **Fred Finch Youth Center** offers a variety of mental health and social services in traditional and unique settings throughout San Diego County. The Comprehensive Assessment and Stabilization Service program provides immediate assistance to foster youth who are at risk of losing their placement due to disruptive behaviors. They also provide mental health services to youths who are in child welfare or the probation systems. In addition to providing outpatient services, Fred Finch Youth Center provides residential services, education and mental health treatment for youths with emotional disturbances and developmental disabilities.

Numerous other community-based programs are described in detail in the **Directory** that accompanies this report.

ADVANCED EDUCATION

SDSU DEPARTMENT OF CHILD AND FAMILY DEVELOPMENT

San Diego State University's Department of Child and Family Development is the largest university program offering training in ECMH. The Division of Applied Arts and Sciences offers a **B.S. in Child Development**. This is the largest child development program in San Diego, and they graduate about 70 students per year. As described below, the department also offers a one-year certificate program targeted to working professionals, as well as an M.S. in Child Development.

- **Early Childhood Socio-Emotional and Behavior Regulation Intervention Specialist (EC-SEBRIS) Certificate Program:** The EC-SEBRIS Certificate is an interdisciplinary graduate-level certificate program focusing on professional preparation and skills enhancement of early childhood educators that work with young children who demonstrate socio-emotional and behavioral concerns, as well as their parents. The program curriculum teaches students about different theories in child behavior intervention and prevention, positive behavior support for children with challenging behavior, behavioral assessment and intervention, and advanced behavior analysis. These skills are taught and enhanced using the triple method approach of integrating knowledge, experience and the **reflective process**. Videotaping, on-site coaching and the reflective process is done in groups and as well as one-on-one. Many students complete the EC-SEBRIS Certificate before continuing to the M.S. Degree in Child Development. The certificate program is funded by the County of San Diego Health and Human Services Agency. It has been in place since August 2010 and graduates approximately 30 students per year.
- **M.S. in Child Development.** This graduate program educates the student on child development and ECMH prevention services in a child's early years. The program emphasizes parent-child and inter-generational relationships to enhance school readiness. The program also prepares teachers to work with families with a focus on socio-emotional and behavior support in educational settings and homes. After completion of the EC-SEBRIS

"We need a more diversified funding base for workforce development programs. Organizations that benefit from the placement of our students could pay the student, help pay their tuition, or provide financial support to the program. This is the only way to sustain workforce development."

Shulamit N. Ritblatt, Ph.D., Department Chair
SDSU Child and Family Development

Certificate, students may be able to complete the M.S. in Child Development within one academic year. This program was established in 2011 and awards degrees to approximately 20 students per year.

The SDSU Department of Child and Family Development offers parent training in community settings. As part of the First 5 HDS program, the department offers specialized classes to parents of children ages 0-5, free of cost. Workshops are offered in a 4-week or 10-week series, and instruction is available in English, Spanish, Arabic, or Somali. The curriculum is tailored to meet the needs of each unique population served. Parents benefit from the workshops in different ways, whether from learning about the child's milestones of development, gaining insight toward their own attitudes and behaviors, or learning to understand their child's behavior and finding meaning in it. During class, parents and caregivers complete developmental screenings on their child to help identify any developmental, social-emotional and/or behavioral concerns. Children needing more intensive behavioral services are referred to community organizations such as Family Health Centers of San Diego, also a contractor in the First 5 HDS program. The Department of Child and Family Development has served approximately 1,090 families since June 2011. A case description is provided in the **text box**.

SDSU Department of Child and Family Studies

EC-SEBRIS Graduate Certificate Program

CASE DESCRIPTION

A Somali refugee arrived in the United States at a young age and was the first in her family to graduate from college. During her undergraduate career, the student struggled with supporting her family members while at the same time focusing on her education. After graduating from San Diego State University, this student enrolled in the EC-SEBRIS Certificate and excelled. In the certificate program, she learned how to provide early assessment and intervention to children with behavioral or emotional concerns. She became a parent educator, and provided workshops to Somali parents of children ages 0-5 in the Parent Education, Support, and Empowerment workshops. Through these workshops, the student was able to share, in a culturally appropriate manner, the importance of children's mental health and early intervention, as well as parenting skills, positive discipline and child attunement. She was able to bridge a cultural and linguistic gap with people from her culture that otherwise would have had a difficult time gaining access to this information. This Somali student's experience illustrates the importance of training people from the community who can then take their skills and give back to that same community.

SDSU SCHOOL OF SOCIAL WORK

The SDSU School of Social Work was founded in 1963 and was the first social work school in the now 23-campus California State University system. It has a variety of undergraduate and graduate degrees and programs, a few of which directly support early childhood mental health. It offers the **Certificate in the EC-SEBRIS** program, as described above, for second year Master of Social Work (MSW) students. MSW students are required to take the required EC-SEBRIS courses for their social work electives, take an additional three units to earn the certificate, and take a field internship in an approved and supervised social work/ECMH placement.

The program also offers the **Mental Health Training Program** for MSW graduate students. The Mental Health Training Program is a collaboration between the State Department of Health Care Services, the California Social Work Education Council, and individual schools of social work in California, and is funded in part with MESA dollars. Students who are committed to working in the public mental health field apply to the program, and if accepted are paid \$18,500 per academic year to support part of their graduate education. The student makes a one-year commitment to work for the County of San Diego or a contracted mental health agency.

CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY AT ALLIANT INTERNATIONAL UNIVERSITY

The California School of Professional Psychology at Alliant International University offers integrated, interdisciplinary training for students interested in one of the **Infant-Preschooler Mental Health Certificates**. The purpose of this program is to train professionals to support, evaluate, intervene early, and treat the mental health needs of young children and their families in many settings, including primary health care, early care and education, foster care, and home-visiting services. The program offers two training tracks. The first is a **specialist track** for post-graduate mental health practitioners, as well as graduate students engaged in a program leading to a clinical practice degree. It offers degrees in 1) Fundamentals of Infant-Preschooler Mental Health; and 2) Infant-Preschooler Mental Health (the fundamentals requirements plus three additional courses). The second track focuses on **early intervention** for students with a bachelor's degree or above. Both tracks fulfill the training requirements for the California Center for Infant-Family and Early Childhood Mental Health (IF-ECMH) endorsement for the Transdisciplinary IF-ECMH Practitioner and Mental Health Specialist.

NEWTON CENTER ON AFFECT REGULATION

In operation since 2009, the Newton Center on Affect Regulation (NCAR) provides advanced intervention and training for the promotion of secure attachment between an infant and his/her caregiver. The center specializes in regulation therapy, a neurobiological approach to assessment and intervention for all ages. The mission of NCAR is to promote emotional security, growth, and happiness in children, adults, couples, and families. The typical length of service depends upon need, but many families benefit from 6 to 8 weeks of intervention.

As NCAR teaches, the primary task of infants is to form a good enough attachment relationship with their mothers to not only ensure infant survival but to also establish a secure base from which all future development rests. Mother/infant security is associated with the infant's future emotional regulation. Through a First 5-funded HDS pilot project, NCAR in partnership with Family Health Centers San Diego provides dyadic parent/infant consultations to high risk mothers and infants under 12 months of age using clinicians specifically trained in the neurobiology of attachment, affect regulation, and development. Clinicians trained to understand the meaning of infant behaviors and communications are able to highlight healthy bonding as it occurs in real time, all while supporting and helping the mother to trust her own maternal instincts. A sample intervention is described in the **text box**.

Newton Center on Affect Regulation

CASE DESCRIPTION

A mother reported that her young infant tended to be “quiet,” although she kicked and cooed when spoken to and responded well to others who smiled at her. The clinician wanted to help the mother engage more with her infant to increase bonding and attachment. She asked the mother if she had ever played the “tickle game” (walking fingers on the chest) with her infant. The mother said no, but she tried it and the infant giggled so loudly that her reaction prompted everyone in the room to giggle. This heightened affective moment created a resonance between the mother and infant, leading to better synchrony between them. Moments like these create the very intimacy that is the glue for healthy attachment bonds as the infant develops.

The clinician asked the mother if she had ever heard her daughter giggle like this, and she had not. Hearing it for the first time was so reinforcing and reassuring to the mother that she repeated the tickle, and a new pattern of interacting with her baby was established in this moment. The clinicians followed with highlighting for the mother how infant giggles or laughter create neurochemicals in the brain that are very good for bonding and brain development. Nurturing mothers improve attunement and bonding to babies in most cases, and this is the goal of this project.

PROFESSIONAL NETWORKS

EARLIEST RELATIONSHIPS NETWORK

The Earliest Relationships Network: Mental Health Providers for Infants, Toddlers and their Families, is a network of social workers, psychologists, licensed marriage and family therapists and others who devote their professional practice to infants, toddlers, preschoolers and their families, and to individuals who are considering parenthood or are already pregnant. Their mission is “(1) to increase professional and public awareness of the importance of earliest relationships for the healthy social, emotional, physical, and cognitive development of children 0-5 years old; and (2) to provide education, training, outreach and referrals within the San Diego community.” They meet monthly on Saturdays for case presentations, readings, and discussion. They also conduct professional seminars and offer outreach through a speakers’ bureau for parent groups and child care providers, among other activities. This is a community practice for professionals devoted to the healthy development of young children and their families.³⁵

POSTPARTUM HEALTH ALLIANCE

Operating since 1998, Postpartum Health Alliance is a non-profit organization dedicated to raising awareness about postpartum emotional disorders and providing support and treatment referrals to women who are struggling with them. Since perinatal mood and anxiety disorders (PMADs), including postpartum depression, affect 1 in 8 women, the organization offers a warm line for women who are pregnant, have suffered a pregnancy or newborn loss, or are struggling after the birth of a child. Postpartum Health Alliance educates women about PMADs, and refers them to local resources for ongoing support. Addressing the mother’s emotional state prior to and immediately after her giving birth is the best form of prevention/early intervention in that it prepares her to develop the strongest possible bond with her infant. Postpartum Health Alliance also provides consultation services for professionals and organizations that want to enhance their perinatal services. The organization holds workshops and conferences, and they hold a monthly PMAD study group for continuing professional support.

KEY FINDINGS

The key findings from interviews, the 2013 Needs and Gaps Survey, and the Provider Capacity Survey, all point to the fact that children have healthy social/emotional development as a result of their parents supporting them and actively helping them to develop their capacity. Parent education prior to or during pregnancy is optimal in order to give a young person the best start possible. Child development is further supported in child care settings and in preschools where teachers are or should be trained to encourage their young students' development in an age appropriate manner. For children and parents needing additional help, a variety of services are available through HDS, the educational system, county-contracted services, California Early Start, and programs such as those offered through RCHSD. University undergraduate and graduate studies, and other professional educational opportunities, create and maintain a skilled workforce.

While San Diego County has many strengths in the area of ECMH, the region also faces challenges. Below is a more detailed description of strengths, needs/gaps, and recommendations on how to create an environment that supports a child's healthy social and emotional development.

STRENGTHS

As mentioned in key informant interviews, the San Diego County community of ECMH leaders and providers are dedicated professionals who have worked together over many years to ensure that children 0-5 have healthy social and emotional development supported by parents who understand how to support their growth and well-being. The *We Can't Wait* Conference, which has taken place annually since 2009, is viewed by conference participants not only as the place where professionals can share the latest in research and practice, but also as a gathering that nurtures camaraderie, innovation and support.

While many of the organizations mentioned in this report have been providing ECMH services over the past years and decades with limited funding, dollars from First 5 San Diego and MHSA have resulted in marked growth over the past 5-7 years. First 5 San Diego's HDS program was cited by many interviewees as vastly increasing behavioral health screenings and services. As mentioned previously, the County of San Diego's Behavioral Health Services division now supports an extensive array of community-based programs funded by MHSA (previously referenced in **Attachment 7**). Under state and federal mandates, California Early Start and school districts work together to develop and implement IFSPs and IEPs for children with developmental delays, including in the area of mental health. Multiple CES subcontractors offer a variety of services to these children, and parents too are educated about how to support their child's development.

Academically rigorous programs are in place to train new ECMH professionals, such as those offered by SDSU, Alliant University, and the Newton Center for Affect Regulation. Recent research is giving practitioners a better understanding that infants begin their social and emotional development early in life, and how important it is for parents to attune to this. The essential role neurobiology plays in developing healthy behaviors and coping mechanisms is also becoming clearer over time. This increased understanding has resulted in more programs being developed that target infants, such as those offered by HDS, RCHSD, and others.

NEEDS AND GAPS

Several challenges and recommendations were identified consistently in key informant interviews and the **2012 ECMH Needs and Gaps Survey**. The Needs and Gaps Survey was completed by 48 individuals representing 31 organizations providing screening, early intervention and treatment services for children 0-5; parent support and education; school services; and education and professional training. Respondents were asked to score certain needs on a scale of 1 (lowest need) to 5 (highest need). The **top five ECMH needs identified for children 0-5** were more ECMH providers; improved collaboration between mental health providers, schools, doctors, and other members of the ECMH network; more treatment options; more training for primary care providers to help them identify and refer children who need mental health services; and more up-to-date program models for mental health services for infants and very young children (see **Table 1**).

The **top five mental health needs for parents** as identified by ECMH professionals were improved collaboration between providers, more attention to identification of parents who need help, more treatment and referral options, and more support for parents to promote positive emotional and social development in young children (see **Table 2**).

Respondents were also asked to look at a list of **barriers to ECMH services for children 0-5 and their parents**, and to indicate which of those they considered to be the greatest barriers. The top 6 barriers identified by ECMH professionals completing the survey were lack of insurance that covers services, fear of systems (e.g., child welfare, immigration), long wait times for services, lack of eligibility for services, lack of knowledge about available services, and services being too expensive (see **Table 3**).

Table 1: The Top 5 Mental Health Needs for Children 0-5

Rank	Need	Average Score
1	More early childhood mental health providers	4.50
1	Improved collaboration between mental health providers, schools, doctors, and other members of the early childhood mental health network	4.50
2	More treatment options	4.48
2	More training for primary care providers to help them identify and refer children who need mental health services	4.48
3	More up-to-date program models for mental health services for infants and very young children	4.35

Table 2: The Top 5 Mental Health Needs for Parents

Rank	Need	Average Score
1	Improved collaboration between mental health providers, schools, doctors, and other members of the early childhood mental health network	4.63
2	More attention to identification of parents who need help	4.60
3	More treatment options	4.58
4	More referral options	4.53
5	More support for parents to promote positive emotional and social development in infants and young children	4.40

Table 3: The Top 6 Barriers to Services for Children 0-5 and Their Parents

Rank	Need	Number of Responses
1	Lack of insurance that covers services	30
2	Fear of systems (e.g., child welfare, immigration)	28
3	Wait time too long at referral agencies	26
4	Lack of eligibility for services	23
5	Lack of knowledge about available services	21
5	Services that are usually too expensive for the family	21

Source: 2012 Early Childhood Mental Health Needs and Gaps Survey: Summary of Key Findings (September 2012). American Academy of Pediatrics, Healthy Development Services; n = 48 individuals representing 31 ECMH organizations.

RECOMMENDATIONS

When considering all sources of information – the key informant interviews and the Needs and Gaps survey -- the following recommendations emerged to ensure that children and their parents receive the necessary support.

- 1. Increase the number of intervention and treatment services for parents.** The challenge mentioned most consistently was that of serving the *parents* of children 0-5 needing ECMH services. Professionals that treat young children and their parents together often find that more treatment is required with parents, who may have their own unaddressed mental health issues, such as depression, bipolar disorder or substance abuse, for which they need treatment. There could be environmental concerns such as poverty or interpersonal violence in the home. If the parent does not receive treatment, it is difficult for him or her to meet the social and emotional needs of the child. In the case of Medi-Cal, which funds most ECMH services, services are oriented to the child. Providers can offer some interventions with the parent if the services are related to the child, but not ongoing therapy or treatment for their own concerns. If the parent does not have a serious mental illness, it is difficult for them to get services. Medi-Cal-funded counseling is not available for adults with depression or anxiety that does not reach the SMI threshold.
- 2. Enhance parent education and skill-building.** Parents and caregivers need more relationship-based education with an emphasis on child development and practical parenting skills training. Parents may also need more in-depth support to develop insight and understanding about their own emotional world, to understand how emotions can manifest in behaviors toward one's child, and to learn to self-regulate. Young parents, especially those in their teens and 20s who have had substance abuse issues or adjustment problems, are especially vulnerable and need services on how to care for their baby. Parent education should be offered where children already receive services, such as in preschools or health care environments. Many parents will need child care services while they are attending educational sessions, so child care should be offered onsite.

“For children who suffer abuse, neglect and trauma we need a better way to help families reduce their need to use violence and to improve their parenting skills. Sometimes the people who need the help most are the parents who lost their children to an out-of-home placement due to violence.”

Key Informant

3. Improve collaboration and enhance care coordination between systems of care. Improved collaboration is needed between mental health providers, schools, doctors, and other members of the ECMH network. Eligibility requirements for CES and school-based programs may leave some ineligible children still needing services. Better care coordination is needed as families have difficulty navigating the system of care, especially when more than one organization is involved with their child. Organizations need open communication and documented policies and procedures on how to refer a family to other sources of care for their child when needed. The more information that can be transferred from one agency to another about that child, while maintaining confidentiality and complying with HIPAA (Health Insurance Portability and Accountability Act) requirements, the better. Coordination is also needed when a child completes services and needs to be linked with ongoing support.

4. Integrate ECMH services into existing services. Existing service organizations, such as preschools, child care providers, community mental health providers, and medical offices, need more ECMH support and in some cases, enhanced expertise. Individual or family counseling services could be placed into Early Head Start or other preschool locations; substance abuse counselors could be placed at HDS locations; and parent educators or mental health providers could be placed in pediatric offices. An HDS program places staff in women’s substance abuse treatment centers to provide a wide

array of HDS screening, intervention and treatment services. This model could be expanded. In addition, as mentioned by a variety of key informants for this study, more options are needed for addressing child behavioral problems in preschool settings; funding is needed for more behavioral specialists in preschools for children with behavioral challenges; more services are needed for infants 0-12 months, such as infant-parent psychotherapy; and every outpatient mental health clinic should have at least one person that specializes in children 0-5.

“We need to change environments in homes, preschools, schools and child care settings to support early childhood mental health rather than relying solely on traditional mental health services.”

Key Informant

5. Create multi-agency service centers. Several key informants suggested multi-agency service centers as a way to improve access for families. Lack of coordination between service providers and lack of transportation were both mentioned as barriers to care. A model that brings together multiple services under one roof, such as health care, counseling services, parent education, preschools, child care, and alternative healing, would be more convenient for families and would result in better care coordination. Ideally, these service centers would be offered in regions throughout the county.

6. **Remove barriers to services such as transportation and child care.** Lack of transportation is a barrier to care. Children needing mental health services are typically covered by Healthy San Diego Medi-Cal managed care organizations. Contracted mental health providers are located throughout San Diego County, so the needed service may not be available near one's home. Once the child is linked with services, he or she will often need multiple visits, so parents without adequate transportation may drop out before treatment is completed, if they start at all. Children receiving services through CES may do so in the home, but some may need to travel to another location. Families needing transportation assistance may not receive it, depending on the program and eligibility. Transportation can also be a barrier to parents interested in attending parent education classes offered at Early Head Start and Head Start programs, or at multiple other locations. Another significant barrier to parents receiving services is lack of affordable child care. Key informants mentioned the importance of offering child care on-site during parent education and treatment programs.
7. **Create more flexibility in funding and programs.** Funding and program restrictions mean some children and parents may be left without adequate treatment. More treatment options are needed for children who are uninsured or whose families cannot afford services. In terms of program funding, key informants felt that too many grant opportunities require proposals with evidence-based practices. This is too restrictive in the ECMH field since funding and expertise is not readily available to conduct the necessary research to demonstrate this, except in the largest of programs. **"Evidence-informed"** programs are equally as valuable. When funders require adherence to certain evidence-based program or delivery models, adequate funding should be made available to train staff on the model. In addition, more flexibility is needed with outcome measures, with greater focus on **qualitative measures**. It is difficult to measure the improvement in a relationship between a parent and infant or young child, however qualitative before-and-after stories can describe progress. As new programs are implemented, leadership and staff are also learning how to measure success. This process should be supported financially. Finally, since two barriers to care are **transportation** and **child care services**, funding requests should include line items for these support services.

"If I had all of the money in the world for ECMH I would put it into prevention. People identify with pictures and videos. They need to see video clips on TV with both good and bad examples of how to spend time with young children *from the child's perspective*. I would flood the community with a big ECMH campaign, similar to the First 5 pictures around town, showing positive examples of how parents can promote social and emotional development in infants and children."

Key Informant

8. **Enhance ECMH training in medical schools and graduate programs.** More ECMH training is needed in medical schools in order to prepare pediatricians to educate parents and recognize developmental concerns in their patients. San Diego has many ECMH experts who would embrace the opportunity to train local students, interns and residents through guest lectures, site tours, or other means. Graduate training should focus on attaining the *Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health*.³⁶ These are widely accepted standards issued by the California Center for Infant-Family and Early Childhood Mental Health, and are currently the focus of the SDSU EC-SEBRIS program and the California School of Professional Psychology at Alliant International University. There is also a tremendous need to train more bilingual/bicultural providers who can care for culturally diverse populations. More stipends, such as those currently available through MHSA, are needed to support students interested in pursuing the ECMH field of study.
9. **Offer professional development courses to existing primary care and mental health providers.** Many primary care providers may need targeted education to help them identify and refer children needing ECMH services. As one key informant said, *“Sometimes pediatricians want to say about a child’s behavior challenges, ‘they’ll outgrow it,’ when in fact the child needs an intervention.”* Current mental health providers need continuing education on neuroscience, attachment, and regulation as they relates to the healthy development of infants and young children. Some adult mental health providers might benefit from additional ECMH training if the topic fits the needs of the population they serve. More training is needed on mental health competencies for teachers, caregivers and mental health practitioners, again based on the *Training Guidelines and Personnel Competencies for Infant-Family and Early Childhood Mental Health*. More behavioral health providers need training on trauma, which greatly affects brain development. Because most training would need to take

place after service hours, funding to pay teachers and child care providers to attend trainings is needed. A thoughtful consideration of the types of education best delivered, whether in-person or online, is recommended.

“We need to get more knowledge about attachment theory, its role in emotional regulation, and early childhood mental health into graduate schools, medical schools and the medical community. It is alarming how little education students get about this topic.”

Ruth P. Newton, Ph.D., Founder and CEO
Newton Center for Affect Regulation

Additional training needs identified in the Needs and Gaps Survey were:

- Community mental health services and eligibility criteria
- Screening, assessment and referral pathways – where to refer and how
- Evidence-based and -informed practices for ECMH services
- Trauma-informed services and intervention models
- How to work with parents with substance use issues who have children 0-5
- The attachment/psychobiological approach to treating children with poor self-regulation and other issues
- Cultural competence
- Reflective practice
- Community resources for families with or without insurance
- Family systems issues

CONCLUSION

Science confirms that early childhood is a period of great potential and peril, especially for children's social-emotional development and lifelong mental health. Investment in this critical time period results in a lifetime of benefits. While the basis of a strong ECMH foundation is being built in San Diego County, far more services for our youngest children and their parents are needed. Health coverage largely determines who gets services, and parents often are not eligible for the counseling or education they need to support their child. Children need a consistent approach to their social, emotional, and mental health needs across systems of care such as child care, preschools, pediatricians, mental health providers, and others. Along with services, families need supports to make behavior change. These services and supports are critical for families and their children to become self-sufficient and thrive in our community. Families would benefit from more services being provided under one roof to minimize transportation barriers and challenges navigating the system. More flexibility is needed in funding and programs to treat the whole family rather than focusing only on certain conditions or only allowing care for children.

San Diego County benefits from an extensive number of dedicated professionals who have devoted their careers to serving children and families, and to training others to carry on and expand this tradition. Working together through organizations such as the ECMH Leaders Group, Healthy Development Services, the *We Can't Wait* Conference, the Children Youth and Families Behavioral Health System of Care Council, the Earliest Relationship Network, and other conveners, San Diego ECMH leaders continue their innovative partnerships to further enhance care. With continued dedication, vision, innovation, and *funding*, San Diego County children and families will thrive in positive relationships, leading to strong social and emotional development, and ultimately, a healthy community.

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- ³² American Academy of Child and Adolescent Psychiatry. (2012, June). Best principles for integration of child psychiatry into the pediatric health home.
- ³³ Personal communication, Kristin Gist, 11-6-12.
- ³⁴ Personal communication, Mark Chenven, MD, 10-17-12.
- ³⁵ For further information contact Sherry Hartwell, shartwell@earthlink.net
- ³⁶ <http://cacenter-ecmh.org/professional-development/training-guidelines-and-personnel-competencies/>

ATTACHMENTS

1. List of Acronyms
2. FY 2012-13 HDS Subcontractor Grid
3. ECMH Leaders Group Membership Roster
4. Provider Capacity Survey Respondents
5. Key Informant Interviewees
6. Behavior Treatment Modalities
7. County of San Diego Behavioral Health Services, Early Childhood Providers

ATTACHMENT 1: ACRONYMS

AAP-CA3	American Academy of Pediatrics, California Chapter 3
ADI	Autism Discovery Institute
ASQ-3	Ages and Stages Questionnaire, 3 rd Edition
ASQ-SE	Ages and Stages Questionnaire – Social Emotional
C3	Children’s Care Connection
CASS	Comprehensive Assessment and Stabilization Services
CDBS	Centers for Developmental and Behavioral Sciences
CES	California Early Start
CSEFEL	Center on Social and Emotional Foundations for Early Learning
DEC	Developmental Evaluation Clinic
EC-SEBRIS	Early Childhood Socio-Emotional and Behavior Regulation Intervention Specialist
ECMH	early childhood mental health
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ESL	English as a second language
HDS	Healthy Development Services
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IF-ECMH	Infant-Family and Early Childhood Mental Health
IFSP	Individualized Family Service Plan
JFS	Jewish Family Service
MHSA	Mental Health Services Act
MSW	Master of Social Work
NCAR	Newton Center on Affect Regulation
NHA	Neighborhood House Association
PMAD	perinatal mood and anxiety disorder
QPI	Quality Preschool Initiative
RCHSD	Rady Children’s Hospital San Diego
SDCOE	San Diego County Office of Education
SDSU	San Diego State University
SDUSD	San Diego Unified School District
SEEC	Special Education Early Childhood
SELPA	Special Education Local Plan Area
VHLAC	Vista Hill Learning Assistance Center
WIC	Women Infant and Children program



ATTACHMENT 2: FY 2012-2013 HDS SUBCONTRACTOR GRID

	Regional Coordination	Parent Education, Support, and Empowerment	Care Coordination	Vision	Hearing	Development*			Behavior				
						Level 1B	Level 2	Level 3	Level 1B	Level 1C	Level 2A	Level 2B & 2C	Level 3
Central	FHCSD	FHCSD SDSU CFD	FHCSD Home Start	Shiley	YMCA-CRS	FHCSD	FHCSD	FHCSD St. Vincent	FHCSD Motiva SDSU CFD	YMCA-CRS	NCAR YMCA-CRS	YMCA-CRS	FHCSD Home Start Motiva
East	FHCSD	FHCSD SDSU CFD	FHCSD Home Start	Shiley	YMCA-CRS	FHCSD	FHCSD	FHCSD	Motiva SDSU CFD	YMCA-CRS	FHCSD YMCA-CRS	FHCSD YMCA-CRS	FHCSD Home Start Motiva
North Central	RCHSD	SAY SD	RCHSD	Shiley	Shiley	C3	C3	C3	C3	YMCA-CRS	C3 YMCA-CRS	YMCA-CRS	Chadwick Home Start
North Coastal	RCHSD	JFS VCC	RCHSD	NCHS	NCHS	C3	C3	C3	C3	YMCA-CRS	C3 YMCA-CRS	YMCA-CRS	Chadwick Home Start
North Inland	PH	PH	PH	NCHS	NCHS	PH	PH	PH	JFS	YMCA-CRS	JFS YMCA-CRS	YMCA-CRS	Home Start Motiva
South	SBCS	Scripps Mercy	SBCS	Shiley	Shiley	C3	C3	C3	C3	YMCA-CRS	C3	YMCA-CRS	ECS

*Developmental Services for children in foster care are provided by DSEP in North Central.

C3: Children's Care Connection

Chadwick: Chadwick Center for Children and Families

DSEP: Developmental Screening and Enhancement Program

ECS: Episcopal Community Services

FHCSD: Family Health Centers of San Diego

JFS: Jewish Family Services

Motiva: Motiva and Associates, Inc.

NCAR: Newton Center for Affect Regulation

NCHS: North County Health Services

PH: Palomar Health

RCHSD: Rady Children's Hospital-San Diego

SAY SD: Social Advocates for Youth San Diego

SBCS: South Bay Community Services

SDSU CFD: San Diego State University Child and Family Development

Shiley: UCSD Shiley EyeMobile

St. Vincent: St. Vincent de Paul

VCC: Vista Community Clinic

YMCA-CRS: YMCA Childcare Resource Service

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ATTACHMENT 3: ECMH LEADERS GROUP

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Rev. May 2013

ATTACHMENT 4: PROVIDER CAPACITY SURVEY RESPONDENTS

California Early Start/San Diego Regional Center

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Episcopal Community Services-Para Las Familias

Exceptional Family Resource Center

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Mara S. Goverman LCSW

Healthy Development Services

Jewish Family Services

Motiva Associates

Newton Center for Affect Regulation

Palomar Family Counseling

Post-Partum Health Alliance

Rady Children's Hospital San Diego

SDSU Department of Child and Family Development

San Diego Unified School District

South Bay Community Services

St. Vincent de Paul Services

ATTACHMENT 5: KEY INFORMANT INTERVIEWEES

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California Early Start

ATTACHMENT 6: BEHAVIOR TREATMENT MODALITIES



Treatment Modality	Goal (Treatment aims to ...)	Targeted Child Population		Treatment Characteristics**	Suggested Duration**			HDS Providers
		Age	Characteristics (Child...)		Frequency	Visit Length	Treatment Length	
Child Parent Psychotherapy (CPP)	<ul style="list-style-type: none"> Improve parent-child emotional attunement Help child progress in social-emotional development Alleviate effects of exposure to trauma 	0-6 yrs	<ul style="list-style-type: none"> Experienced attachment difficulties or external behavior difficulties Is exposed to violence in the home Experienced the death of a loved one Experienced life-threatening accidents, illness, disasters, or community violence 	Parent-child dyad observation and therapeutic intervention; explore parent's childhood and previous trauma experiences	Weekly	1-1½ hours	50 weeks	Chadwick, ECS
Parent-Child Attunement Therapy (PCAT)	<ul style="list-style-type: none"> Improve quality of parent-child relationship Help child progress in social-emotional dev. Decrease negative aspects of relationship and develop consistent positive communication with child 	1-3 yrs	<ul style="list-style-type: none"> Experienced attachment difficulties or external behavior difficulties (e.g., defiance, feeding issues, physical aggression, separation anxiety) Parent not attuned to child developmental or emotional needs 	Parent, child and therapist interactive play and real-time coaching in the same room. Utilize floor time. PRIDE. Does not include parent-directed interaction.	Weekly	1 hour	20 weeks	Chadwick, Home Start
Parent-Child Interaction Therapy (PCIT)	<ul style="list-style-type: none"> Improve quality of parent-child relationship Learn behavior mgmt. techniques Increase prosocial behavior Reduce negative behaviors 	2-7 yrs	<ul style="list-style-type: none"> Aggression toward others Refusing to following directions Frequent temper tantrums Defiance 	Real-time coaching to caregivers via 2-way mirror or ear-bug; PRIDE. Includes both child and parent-directed interaction.	Weekly	1 hour	20 weeks	Chadwick, Home Start
Positive Behavior Support (PBS)	<ul style="list-style-type: none"> Determine function of maladaptive beh. Teach socially acceptable behaviors to accomplish function of maladaptive beh. Increase positive disciplining by parents Improve quality of parent-child relationship 	1-18 yrs	<ul style="list-style-type: none"> Exhibits maladaptive behaviors (PBS may be done individually or school-wide) May have developmental disabilities or delays 	Use of behavior support plan, parent training, and environment redesign to reinforce behavior	Varies by child			Motiva Associates
Trauma Assessment Pathway (TAP)	<ul style="list-style-type: none"> Improve family systems dynamics Increase understanding of trauma Learn skills to address traumatic responses in parent/child Address maladaptive cognitions in parent/child Help parent/child regulate emotions/self 	0-18 yrs	<ul style="list-style-type: none"> Experienced at least one traumatic event Has behavioral/emotional problems due to traumatic event Has experienced complex trauma Has inconsistent caregivers or multiple changes in residence Comes from a diverse cultural background 	Individual, family, or group sessions; tx varies by Unique Client Picture (UCP); trauma resolution focus	Varies by child; depends on UCP			Chadwick, Home Start
Trauma Focused Cognitive Behavior Therapy (TF-CBT)	<ul style="list-style-type: none"> Help child/family make meaning of traumatic experiences through creation of trauma narrative Help child progress to dev. outcomes Help child regulate emotions/self 	3-18 yrs	<ul style="list-style-type: none"> Exhibits signs of PTSD or displays trauma-related anxiety Is exposed to child abuse or childhood traumatic grief Is exposed to domestic and/or community violence Is exposed to terrorism or natural disasters 	Child/parent individual and/or conjoint sessions; relaxation techniques, identifying feelings, creation of trauma narrative to trauma resolution	Weekly	1-1½ hours	12 – 16 sessions	Chadwick, Home Start, Motiva

			<ul style="list-style-type: none"> • Is exposed to HIV/AIDS-related traumas • Is exposed to multiple traumas 					
Watch, Wait and Wonder (WWW)	<ul style="list-style-type: none"> • Improve parent-child relationship • Help parent understand child • Help child regulate emotions/self 	0-4 years	<ul style="list-style-type: none"> • Has attachment or behavioral problems 	Infant-led play, parent reflection; places mother in therapeutic role	Weekly	1 hour	14 avg.	n/a

Commonly Referenced Acronyms

Acronym	Meaning
CBCL	Child Behavior Checklist
ECBI	Eyberg Child Behavior Inventory
TAI	Therapy Attitude Inventory
TSCYC	Trauma Symptom Checklist for Young Children
TSCC	Trauma Symptom Checklist for Children
CDI	Child Depression Inventory
BSI	Brief Symptom Inventory
PSI	Parent Stress Index
DIS-III-R	Diagnostic Interview Schedule, Version III, Revised
WPPSI-R	Weschler Preschool and Primary Scale of Intelligence - Revised
PRIDE	Praise, Reflect, Imitate, Describe, Enthusiasm
MAS	Motivational Assessment Scale

ATTACHMENT 7: COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES, EARLY CHILDHOOD PROVIDERS

County of San Diego Behavioral Health Services Children, Youth and Families 0-5 Services

Early Childhood Providers:

- ✓ **Comprehensive Assessment and Stabilization Services (CASS): Provides** Assessment, evaluation, case management treatment (including Evidence- Based Practices), case consultation and other needed mental health interventions to children with that are at risk of change of placement to a higher level of care. Referrals are made by Child Welfare Social Workers. Served 555 unduplicated clients in FY 11-12.
- ✓ **Episcopal Community Services: Para Las Familias-**Provides outpatient family based services to children ages 0-5 and their families including family therapy, collateral parenting and some individual treatment. Services are provided in the South Region community. Served 100 unduplicated clients in FY 11-12. Early and Periodic Screening, Diagnosis, and Treatment (EPDST) funded.
- ✓ **Fred Finch: South Region and Polinsky Children’s Center Trauma Exposed Services-**Provides Early Intervention services to those children ages 0-17 referred by the South Region Point of Engagement Program and youth who have been placed at the Polinsky Children’s Center but are not showing symptoms requiring mental health services. Program began July 1, 2010. Provided services to 730 unduplicated children, youth and their families in FY 11/2 from referrals received by South Region Point of Engagement.
- ✓ **Jewish Family Service of San Diego: Positive Parenting Program (Triple P)-** Provides Prevention and Early Intervention (PEI) services through evidence based practice for children ages 0-5 and their families enrolled in Head Start and Early Head Start Centers with the goal of reducing the risk for behavioral/emotional problems in young children. Provides two selected Triple P community seminars annually to child care providers and parents not affiliated with Head Start. In FY 09/10, a pilot project offered Selected Triple P positive parenting seminars at a minimum of 50 elementary schools. Program began July 1, 2009. 972 unique families completed at least one level of the Triple P curriculum in FY 11-12. Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI) funded.
- ✓ **Palomar Family Counseling: Early Childhood Mental Health Services ChildNet-**Provides outpatient mental health services to SED (Seriously Emotionally Disturbed) children ages 0-5 and their families. Program implements Incredible Years, an evidence based parenting model, provides behavioral intervention and preschool teacher training to assist young children to succeed in preschool and the community. Served 158 unduplicated clients in FY 11-12. EPSDT and MHSA funded.
- ✓ **Palomar Family Counseling School Age Program-**Provides PEI services to at risk children at 11 elementary schools in Oceanside and Escondido that have a public pre-school on site. These

preschool children also receive these prevention services. Families receive PEI services through a family-focused component. This program is located in the north region and targets pre-school through third grade children. Program began November 1, 2009. In FY 11/12, 462 unduplicated families were screened and received Prevention and Early Intervention services. MHSA-PEI funded.

- ✓ **Rady Children’s Hospital San Diego: Developmental Evaluation Clinic**-Provides developmental assessment and testing for children primarily ages 0 to 5 years. Served 755 unduplicated clients in FY 11-12. EPDST funded.
- ✓ **Rady Children’s Hospital San Diego: KidSTART program**-Collaborative project with First 5 Commission and CWS. Services include a focused, comprehensive system to identify, assess and treat children with complex conditions at the earliest age possible, when that treatment can be most effective and cost-efficient. This program targets children ages 0-5. First 5 and EPSDT funded. Program began July 1, 2010. Served 384 unduplicated clients in FY 11-12.
- ✓ **San Diego Center for Children: Multidimensional Treatment Foster Care for Preschoolers (MTFC-P)**-Provides an alternative to residential treatment for foster children between 3-6 years of age. This is a treatment team approach program that promotes secure attachments in foster care and facilitates successful permanent placements. Intensive Treatment Foster Care (ITFC), EPSDT, and MHSA funded.
- ✓ **San Diego State University Workforce Education and Training (WET)-Training and Technical Assistance, Early Childhood Education (0-5)**-Specialized mental health early education training curriculum targeted for individuals working in public mental health with the 0-5 population. Program began July 1, 2010.
- ✓ **San Diego Unified School District: Incredible Years**-School based program for children ages 0-5 and their families that implements the Incredible Years model for basic parenting classes, early childhood socialization groups and teacher training. Services are provided at 3 school sites. Served 109 unduplicated clients in FY 11-12. MHSA funded.
- ✓ **San Diego Youth Services: East Region School Age Program**-Provides PEI services to at risk children at three La Mesa and Spring Valley elementary schools that have public pre-school on site. These preschool children shall also receive these prevention services. Families shall receive PEI services through a family-focused component. Program began July 1, 2010. Served 197 unduplicated clients in FY 11-12. MHSA funded.
- ✓ **South Bay Community Services: South Region Point of Engagement Program (Families as Partners-FAP)**-Provides assessment based services to families and children ages 0 to 17 who have been exposed to family violence and/or trauma and whose children may be at risk of entering the CWS System. Makes referrals to the Fred Finch South Region Trauma Exposed Services program. MHSA, Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), Children’s Trust Fund, and Promoting Safe and Stable Families (PSSF) funded.
- ✓ **Vista Hill: CWS East/Central Region: Incredible Years**-This is a collaborative effort with CWS. It provides mental health outpatient services to children that are Dependents of the Juvenile Court. This program implements the Incredible Years model for Parent Group Training and it serves children through age 11. Program began July 1, 2009. Served 152 unduplicated clients in FY 11-12. MHSA funded.

- ✓ **Women's Perinatal Recovery Programs:** Women's Alcohol and Drug Services Programs perinatal treatment programs serve women referred through Dependency Drug Court. Women participate in Incredible Years Evidence Based parenting groups. Services are also provided to the children in collaboration with First 5 and CWS. First 5 Healthy Developmental Services (HDS) provides developmental and social-emotional screening and treatment services to children 0-5. Over 4700 women and their children were served in FY 10/11.

Children under age of 5 may also receive services at outpatient services.

