



May 20, 2015

Members of the Board  
Children and Families Commission of Orange County

Dear Commission Members,

I look forward to our discussion at the June 3<sup>rd</sup> Annual Commission Planning Meeting. As we have done in the past, we will use this time to discuss important issues regarding the health and development of young children in Orange County. Our focus for the 2015 agenda will be on two issues that are both critical and timely regarding the health and early education of young children in Orange County.

The first issue for discussion will be understanding the emerging importance of children's mental health and the lifelong impacts of early influences, both positive and negative, on their development. Increasingly, researchers are documenting how early traumatic experiences as well as untreated mental health issues can impact the health and capacities in adulthood. You may recall that the Orange County Register developed a series of articles on Orange County's mental health system. One concern is the shortage of psychiatric hospital beds for children, including no beds for children under the age of 12. The series highlighted that one in five children will suffer psychiatric problems during childhood, and half of adults with mental illness had their first onset of symptoms before age 14. To address concerns related to pediatric mental health services, CHOC Children's has convened a Behavioral Health System of Care Task Force. Commission staff has participated in the System of Care Task Force planning effort and at the June meeting we will hear from a national expert, as well as local professionals that are working on building this System of Care. Our keynote speaker will be Dr. Larry Wissow from Johns Hopkins Bloomberg School of Public Health.

The second half of the agenda will focus on improving health and educational outcomes in Anaheim. In 2008, the Bridgespan Group conducted an assessment of the Commission and recommended prioritizing investments in three communities where children were at the greatest risk for not meeting targeted educational and health outcomes: Anaheim, Garden Grove and Santa Ana. According to the most recent Conditions of Children Report, children in the Anaheim City School District have the second highest rate of poverty (87%), second only to Santa Ana at 88%, and have the highest rate of English Language Learners. In 2014, the most recent published data placed Anaheim City schools with the second lowest API (Academic Performance Index) in the County. Additionally, Anaheim has one of the highest rates of childhood obesity in the County. While the Commission has had a long and successful partnership with school districts serving Anaheim, we recognize that improving conditions in this community will require expanded partnerships and developing the capacity of schools, community agencies, and other government agencies. This discussion will provide an opportunity for the Commissioners to hear from philanthropic, district, and community leaders on efforts underway and how the Commission is continuing to support these efforts.

I thank you for making the time to support these important conversations and your continued dedication to improving the lives of young children here in Orange County.

Sincerely,

Maria Minon, MD  
Commission Chair

**Annual Planning Meeting  
CHOC Children’s Holmes Tower**

**June 3, 2015  
8:30 a.m. – 11:45 a.m.**

Welcome and Opening Comments	8:30–8:35 a.m.	<b>Maria Minon MD, Chair</b>
<b>Supporting Young Children’s Mental Health in Pediatric Primary Care</b>	8:35–9:35 a.m.	<b>Presentation</b> <b>Larry Wissow MD, MPH, Professor</b> Health, Behavior, and Society Johns Hopkins Bloomberg School of Public Health
<i>Objectives:</i> <ul style="list-style-type: none"> <li>• <i>Understand the importance of supporting young children’s social-emotional health</i></li> <li>• <i>Explore approach to integrate child mental health into pediatric primary care</i></li> <li>• <i>Identify policy and practice opportunities and challenges in implementing a local coordinated system of care in Orange County</i></li> <li>• <i>Consider Commission role in ensuring a strong foundation for an integrated health care delivery system focused on optimizing young children’s social-emotional development</i></li> </ul>	9:35–9:45 a.m.	<b>Introductory Comments</b> <ul style="list-style-type: none"> <li>• <b>Heather Huszti, PhD - Facilitator</b> Chief Psychologist, Dept of Pediatric Psychology CHOC Children's Hospital</li> </ul>
	9:45–10:35 a.m.	<b>Panel</b> <ul style="list-style-type: none"> <li>• <b>Donald Sharps, MD</b> Medical Director, Behavioral Health Integration CalOptima</li> <li>• <b>Anne Light, MD</b> Medical Director County Social Services Agency</li> <li>• <b>Rosa Santoyo, LMFT</b> Mental Health Specialist Anaheim City School District</li> </ul>
Break	10:35–10:45 a.m.	
<b>Anaheim Capacity Building</b>	10:45–11:30 a.m.	<b>Panel</b> <ul style="list-style-type: none"> <li>• <b>Kim Goll</b> Director, Strategy and Operations Children and Families Commission of Orange County</li> <li>• <b>Shelley Hoss</b> President Orange County Community Foundation</li> <li>• <b>Wendy Dallin</b> Liaison, Business Planning Anaheim City School District/Network Anaheim</li> <li>• <b>Jill Bolton</b> Vice President of Community Relations Disneyland Resorts Board Chair Anaheim YMCA</li> </ul>
<i>Objectives:</i> <ul style="list-style-type: none"> <li>• <i>Discuss the current needs and services and Commission Capacity Investments to date</i></li> <li>• <i>Understand current state of philanthropic efforts to support strengthen the system of services in Anaheim</i></li> <li>• <i>Explore opportunities for continued Commission support in Anaheim</i></li> </ul>		
Recap and Commissioner Comments	11:30-11:45 a.m.	<b>Lisa Burke – Facilitator</b>

## Supporting Young Children's Mental Health in Pediatric Primary Care

**Larry Wissow, MD, MPH**, is Professor of Health, Behavior, and Society in the Johns Hopkins Bloomberg School of Public Health, with joint appointments in Pediatrics and Psychiatry in the School of Medicine. He is “triple boarded” in pediatrics, adult, and child psychiatry. Initially a faculty member in the Division of General Pediatrics and physician director of the multi-disciplinary child abuse team, he has worked for 10 years as a co-located child psychiatrist in a “medical home” clinic providing primary care to children and adolescents with HIV. For 10 years, he was an attending psychiatrist in the Community Psychiatry Hispanic Clinic, where he provided care to recent immigrants from Latin America and Francophone Africa. He is chair of a task force, jointly sponsored by Maryland chapters of the AAP and AACAP, developing plans for pediatric-child psychiatric collaboration in primary care. His research centers on patient-doctor communication in pediatric primary care, with a focus on the disclosure and discussion of sensitive psychosocial issues. He was principal investigator of a recently-completed RO1 trial of mental health communication skills training for primary care pediatricians (with Center co-investigators Brown, Gadomski, Larson, and Roter).

### Selected Publications

Wissow LS, Tegegn T, Asheber K, McNabb M, Weldegebreal T, Jerene D, Ruff A. Collaboratively reframing mental health for integration of HIV care in Ethiopia. *Health Policy Plan*. 2014 Jul 10. pii: czu058. [Epub ahead of print] PubMed PMID: 25012090.

Gadomski AM, Wissow LS, Palinkas L, Hoagwood KE, Daly JM, Kaye DL. Encouraging and sustaining integration of child mental health into primary care: interviews with primary care providers participating in Project TEACH (CAPES and CAP PC) in NY. *Gen Hosp Psychiatry*. 2014 May 21. pii: S0163-8343(14)00119-4. doi: 10.1016/j.genhosppsy.2014.05.013. [Epub ahead of print] PubMed PMID: 24973125.

Wissow LS, Brown J, Fothergill KE, Gadomski A, Hacker K, Salmon P, Zerkowitz R. Universal mental health screening in pediatric primary care: a systematic review. *J Am Acad Child Adolesc Psychiatry*. 2013 Nov;52(11):1134-1147.e23. doi: 10.1016/j.jaac.2013.08.013. Epub 2013 Aug 30. Review. Erratum in: *J Am Acad Child Adolesc Psychiatry*. 2014 Mar;53(3):382. PubMed PMID: 24157388; PubMed Central PMCID: PMC3942871.

Wissow LS, Rutkow L, Kass NE, Rabins PV, Vernick JS, Hodge JG Jr. Ethical issues raised in addressing the needs of people with serious mental disorders in complex emergencies. *Disaster Med Public Health Prep*. 2012 Mar;6(1):72-8. doi: 10.1001/dmp.2011.88. Epub 2012 Jan 4. PubMed PMID: 22217528.

Wissow L, Gadomski A, Roter D, Larson S, Lewis B, Brown J. Aspects of mental health communication skills training that predict parent and child outcomes in pediatric primary care. *Patient Educ Couns*. 2011 Feb;82(2):226-32. doi: 10.1016/j.pec.2010.03.019. Epub 2010 May 5. PubMed PMID: 20444568; PubMed Central PMCID: PMC2947561.

Wissow LS, Brown JD, Krupnick J. Therapeutic alliance in pediatric primary care: preliminary evidence for a relationship with physician communication style and mothers' satisfaction. *J Dev Behav Pediatr*. 2010 Feb-Mar;31(2):83-91. doi: 10.1097/DBP.0b013e3181cda770. PubMed PMID: 20110822; PubMed Central PMCID: PMC2846776.

Wissow L, Anthony B, Brown J, DosReis S, Gadomski A, Ginsburg G, Riddle M. A common factors approach to improving the mental health capacity of pediatric primary care. *Adm Policy Ment Health*. 2008 Jul;35(4):305-18. doi: 10.1007/s10488-008-0178-7. Epub 2008 Jun 10. PubMed PMID: 18543097; PubMed Central PMCID: PMC4002282.

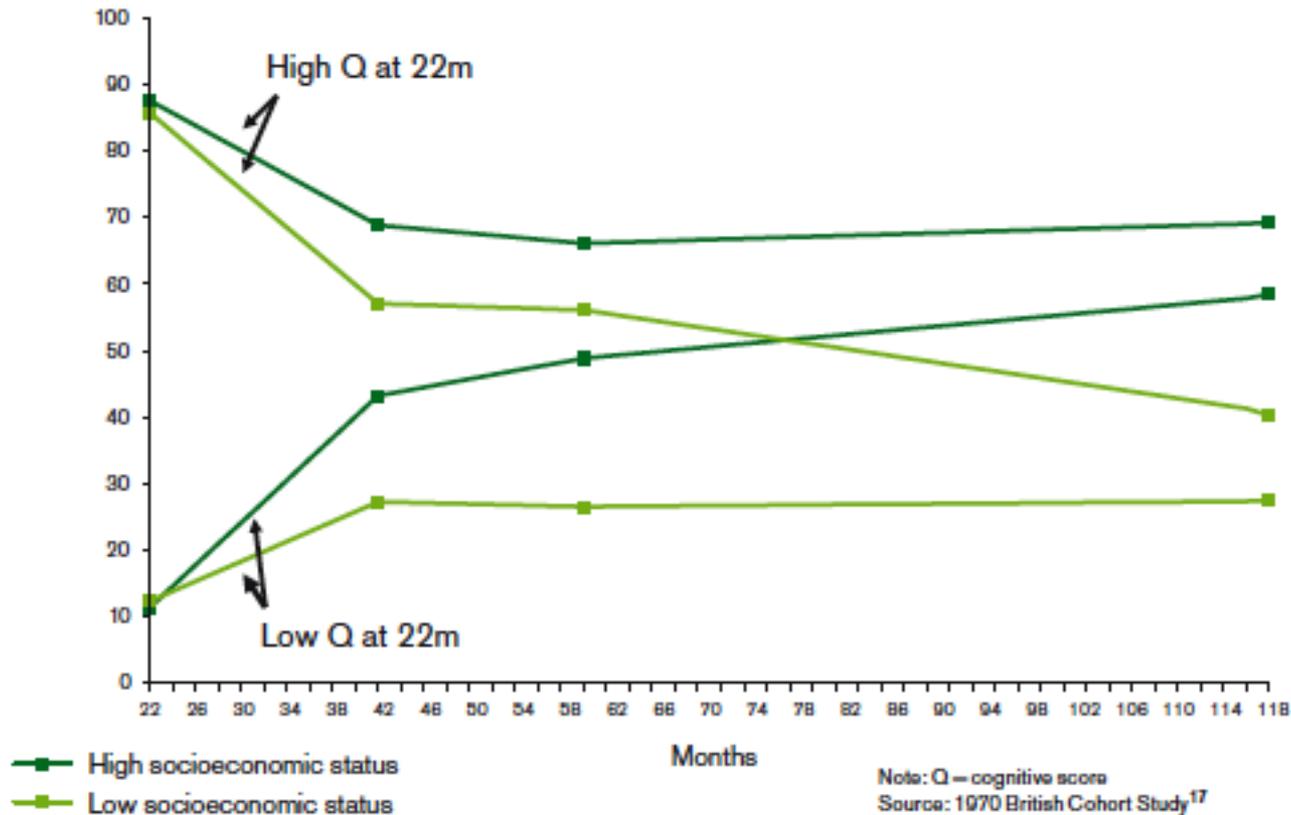
Supporting Young Children's  
Mental Health  
in Pediatric Practice

Larry Wissow, MD, MPH

June 3, 2015

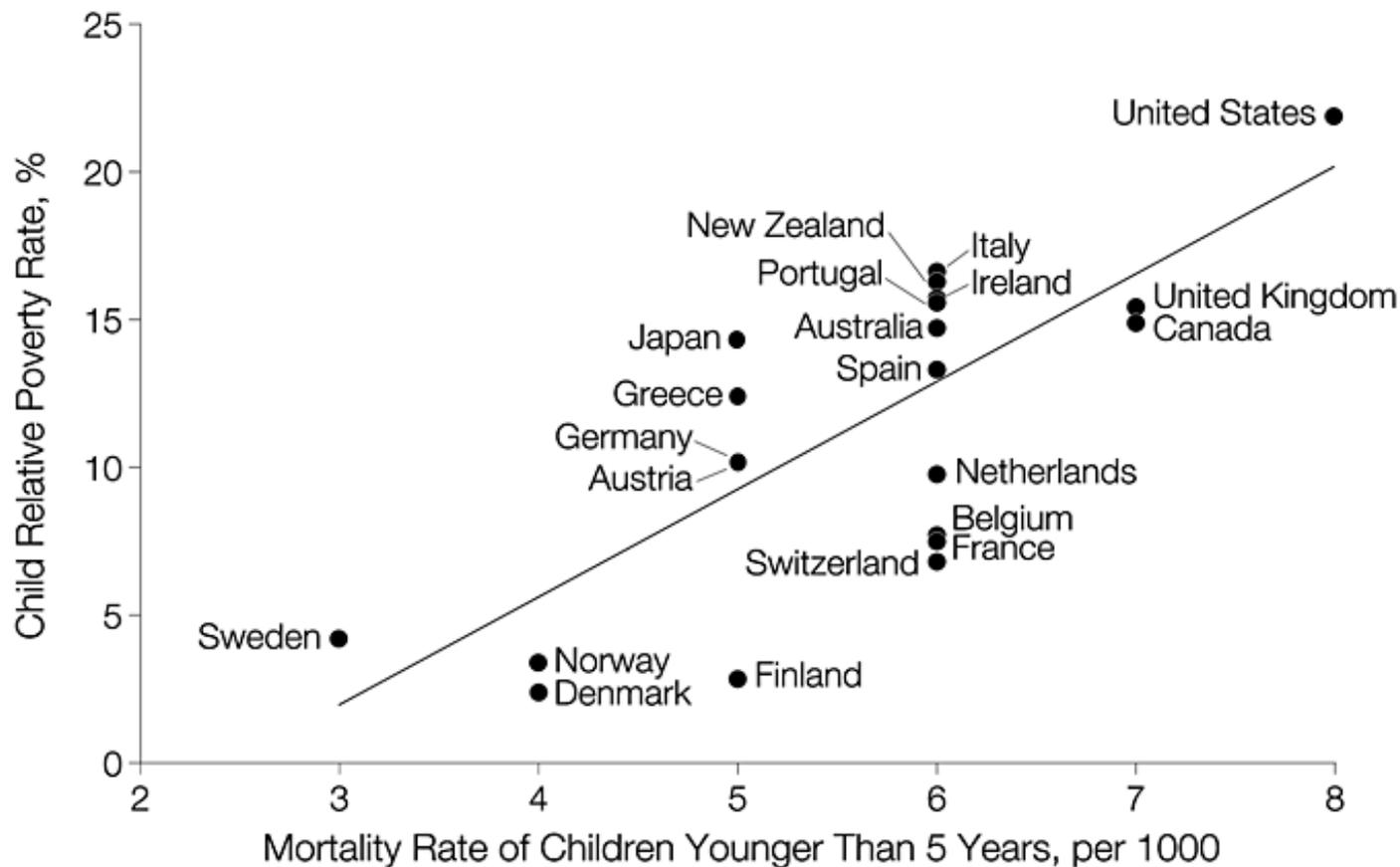
Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Average position  
in distribution



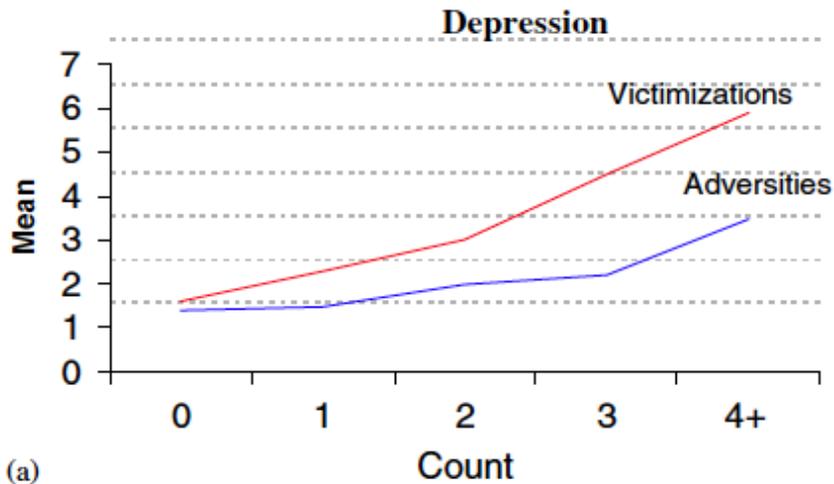
Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. February, 2010. [www.ucl.ac.uk/marmotreview](http://www.ucl.ac.uk/marmotreview)

# Relationship Between Relative Child Poverty\* and Under Age 5 Mortality in High-Income OECD Countries

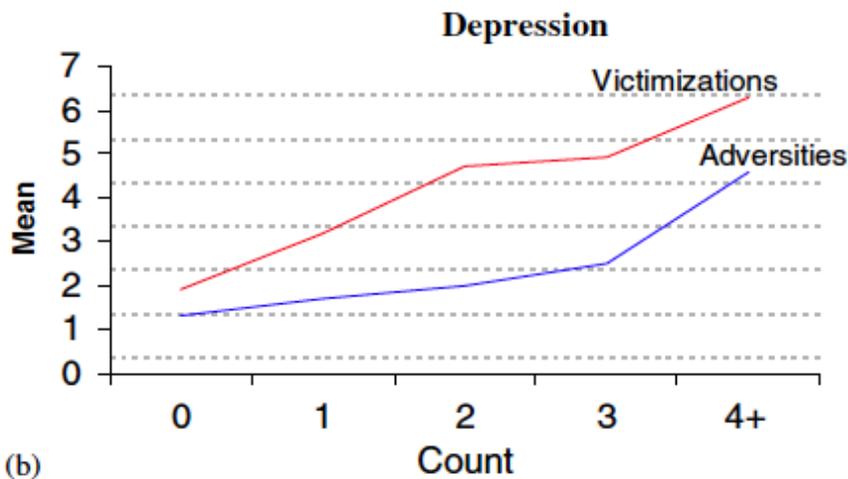
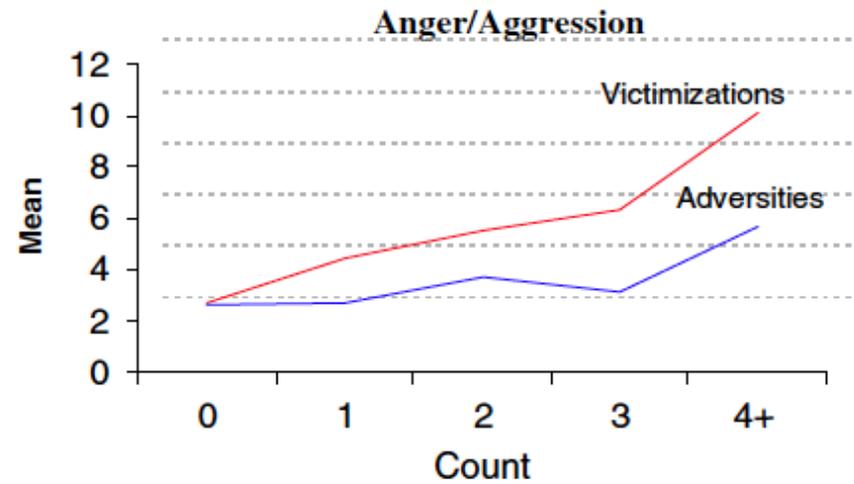


Emerson, E. JAMA 2009;301:425-426.

\*Relative child poverty = child living in household with income less than 50% of the national median; correlated with GINI coefficient



(a)



(b)

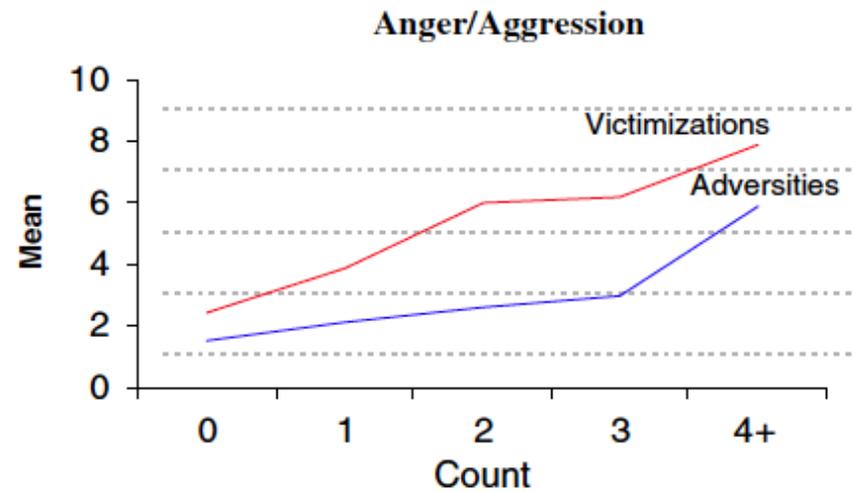
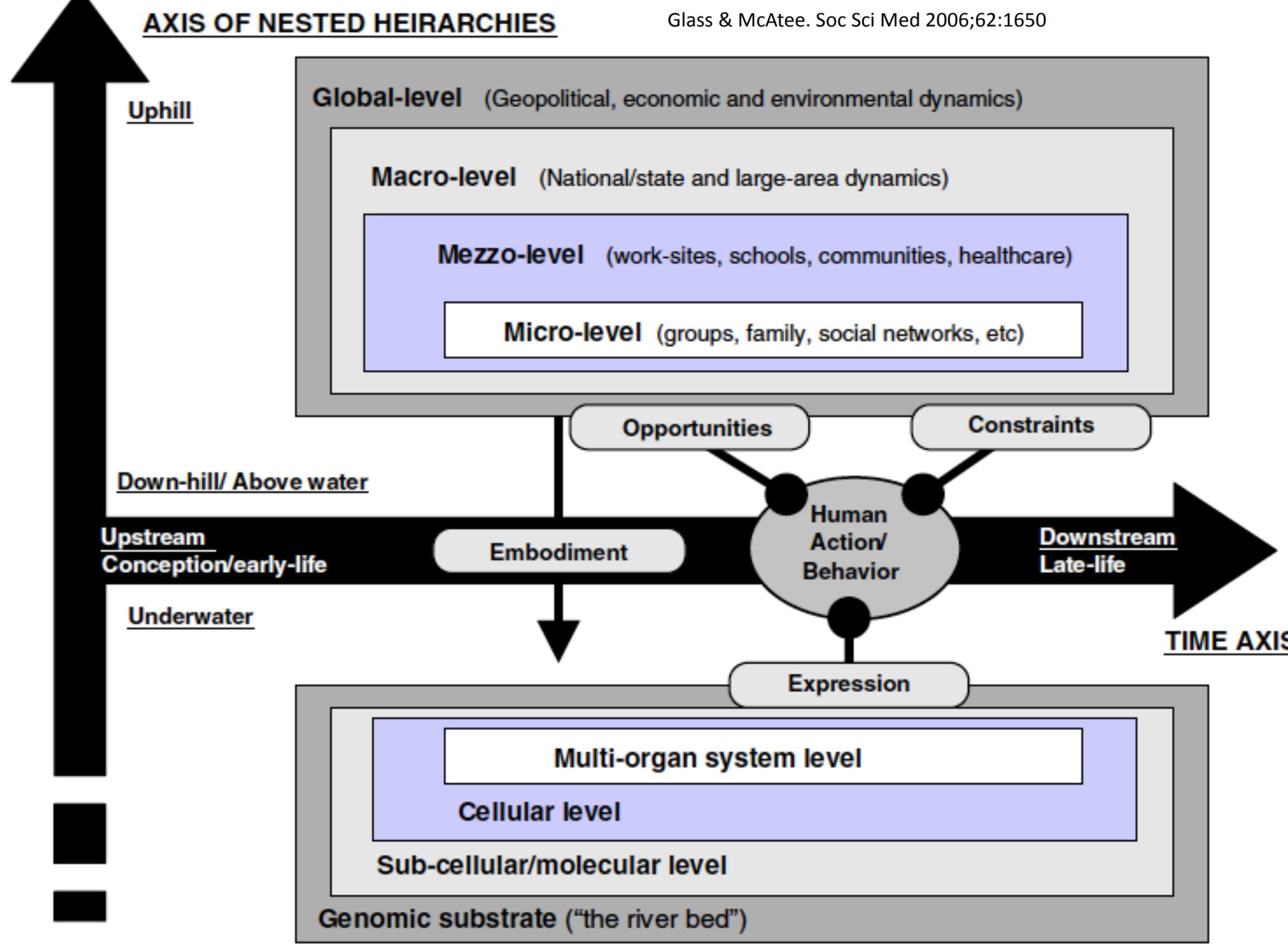


Fig. 1. Current symptoms levels across total lifetime victimization and adversity counts, controlling for victim age. (a) 2-9 year old sample, and (b) 10-17 year old sample.

# AXIS OF NESTED HEIRARCHIES



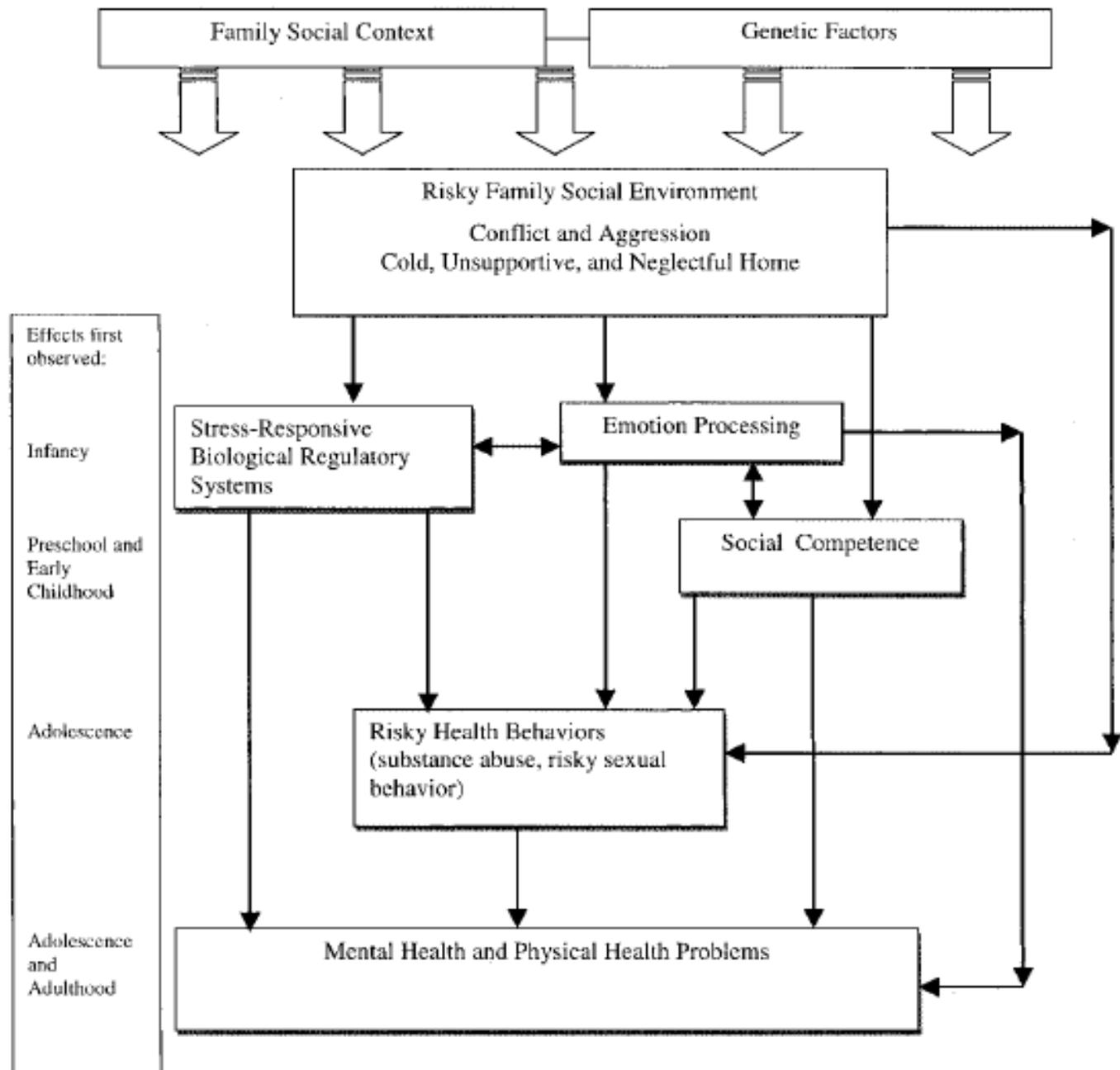
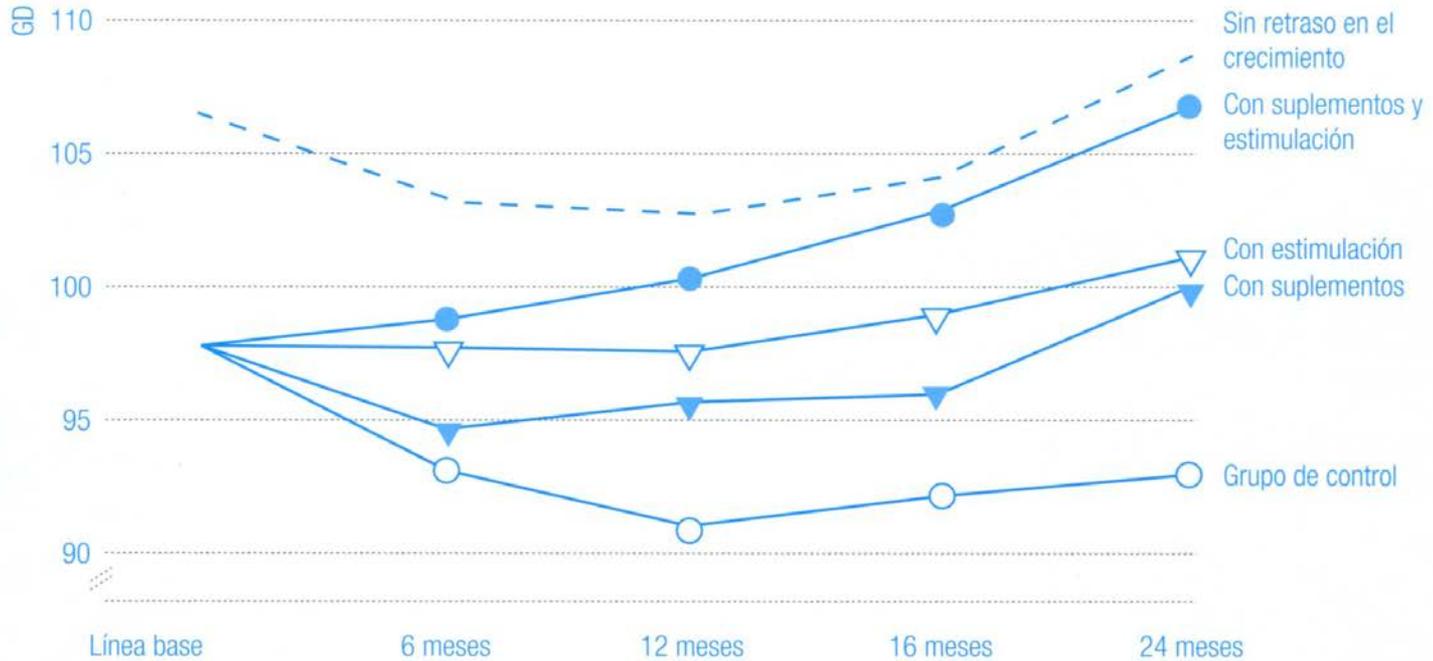


Fig 1 from Repetti

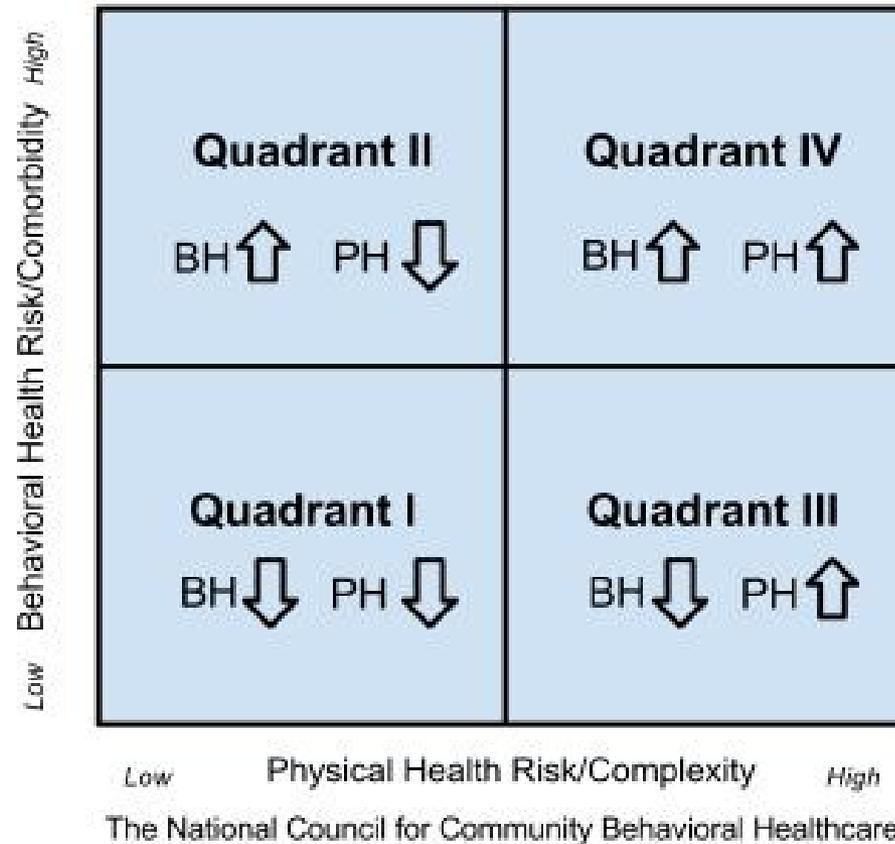
Efectos de la aplicación de medidas que conjugan los suplementos alimentarios y la estimulación psicosocial en niños con retraso en el crecimiento en el marco de un estudio sobre una intervención realizada a lo largo de dos años en Jamaica<sup>a</sup>.



<sup>a</sup> Grado de desarrollo (GD) medio de grupos con retraso en el crecimiento ajustado a la edad y al grado iniciales, comparado con grupos sin retraso en el crecimiento ajustado únicamente a la edad, según la escala de desarrollo mental de Griffiths adaptada a Jamaica. Reimpreso con la autorización de la editorial, extraído de Grantham-McGregor et al (1991).

Development quotients of growth-retarded infants in stimulation/nutrition study, Jamaica. WHO, 2008

**Figure 1: The Four Quadrant Clinical Integration Model**



But may or may not reflect family choice of where to seek care...

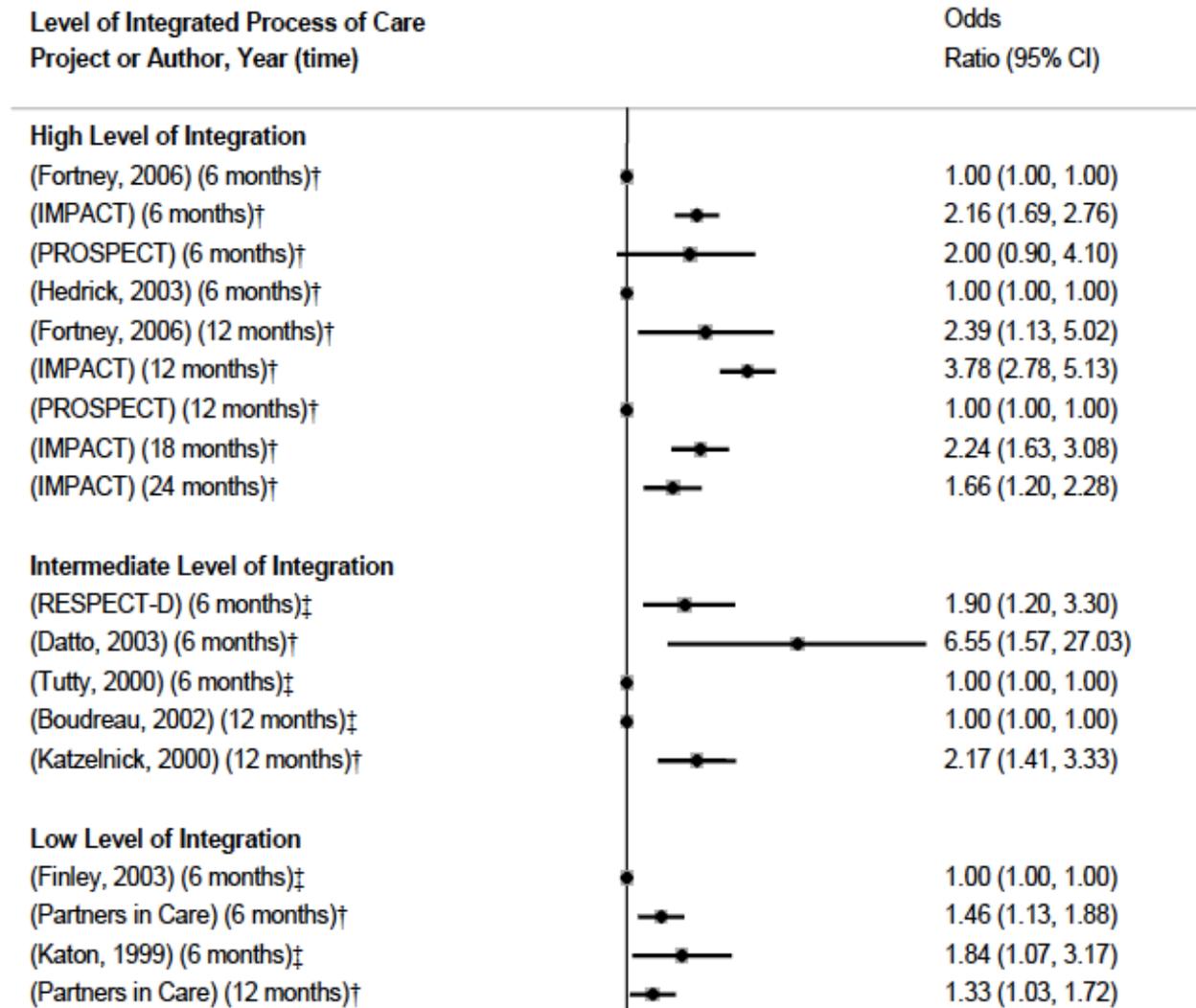
# 'Coordination continuum'

	Organization	Facility	Records and scheduling	Communication
Minimal	Separate	Separate	Separate	Sporadic
Basic distance	Separate	Separate	Separate	Periodic
Basic on-site	Separate	Co-located	Separate	?
Close partly	Same	Co-located	Some shared	Regular
Close fully	Same	?	Shared	Team meetings

Adapted from: Doherty WJ. Family Systems Medicine 1995;13:283-298.

# Good news and bad news

Figure 9. Remission rate by level of integrated process of care

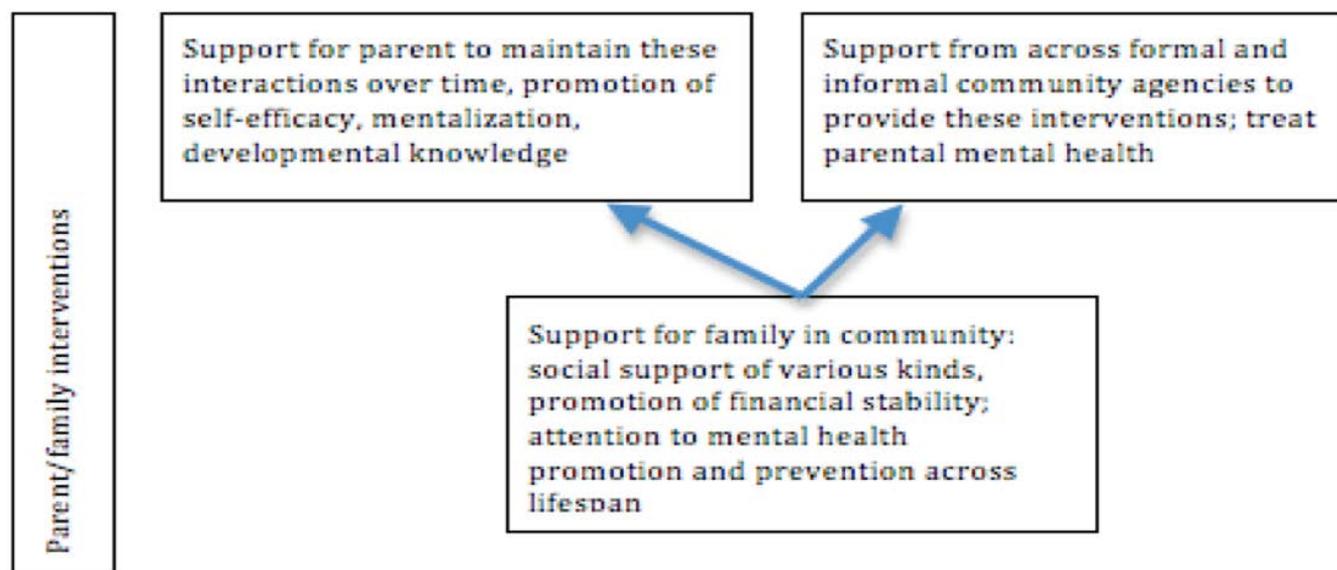


Where might children’s mental health care fit and thus balance of structural and relational aspects of programs?

**Table 5 Disease and task characteristics that influence uncertainty, and their manifestations in different clinical scenarios**

		<b>Pace of disease evolution</b>	<b>Patient control over outcomes</b>	<b>Standardized versus customized</b>	<b>Routine versus non-routine</b>	<b>Work-sharing interdependency</b>
<i>Clinical scenario</i>	Preventive care	Less rapid or not applicable, leading to less immediate uncertainty	May influence whether they access care	More standardized, less uncertain	More routine	Not reliant on other tasks, less uncertainty
	Chronic disease management	Typically less rapid. Exacerbations may develop in acute, atypical ways	Typically high, requiring patient adherence and engagement	Standardized delivery of recommended chronic care. Exacerbation care may have standardized and customized elements	More routine chronic care, exacerbation care may be routine and non-routine	High interdependence among specialties and settings
	Acute presentation of undiagnosed illness	Typically rapid	Lower	Workups may be mix of customized and standard, though some processes of care may be standard	Mixed	Multiple providers involved in care who are reliant on each other, many handoffs
	Sub-acute rehabilitation	Typically slow, with need for vigilance for clinical change	Varies	Routine daily care	Mixed	Multiple providers and handoffs, but fewer than inpatient settings

RDoC domain/construct	Promotion/prevention	Early intervention
Cognitive systems - effortful control - working memory	Parent-child joint attention activities, play involving concentration and memory, learning to structure work Whole-school interventions	Task monitoring, organizational support, rewards for sustained attention
Negative valence low mood	Contingent responsiveness, parental warmth, cognitive coping skills, promotion of self-esteem, self-efficacy (via social processes domain), skills and activities that build social capital	Behavioral activation, solution-focused problem solving
Negative valence - acute, potential, and sustained threat		Differentiation of sustained versus acute or potential fears, cognitive coping, behavioral rehearsal, modeling, graded exposure
Tolerance of negative valence states		Relaxation, distraction, mindfulness, controlled avoidance
Social processes - attachment - social communications - self representation	Parenting guidance Whole-classroom programmes Community-based group activities for children	Social skills groups Parent-child bibliotherapy
Arousal - sleep cycles	Monitoring of electronic activities	Sleep hygiene



## **Early Childhood Mental Health Panel**

### **Heather Huszti, Ph.D**

Heather Huszti, Ph.D. is the Chief Psychologist at CHOC Children's as well as the Director of Training for the Psychology Training Program at CHOC Children's and a Licensed Psychologist. She completed her doctoral degree in clinical psychology with an emphasis in family therapy from Texas Tech University and completed an internship and fellowship at the University of Oklahoma Health Sciences Center (OUHSC). She was on faculty at OUHSC, where she was the director of the Pediatric Psychology Program. She joined CHOC Children's in 2002. Dr. Huszti is currently the Principal Investigator on a federally funded grant to provide training on integrating mental health services into medical settings, including primary care clinics.

### **Anne Light M.D.**

Dr. Anne Light earned her MD from Harvard Medical School (2005) and completed residency training in pediatrics at Massachusetts General Hospital (2008) with a focus in trauma and emergency care. Until 2015 she worked as pediatric provider within the Massachusetts General/Partners system and led several multidisciplinary collaborations to improve patient care. In addition, from 2008-2011 Dr. Light served as the Executive Director of a nonprofit to optimize early learning in children aged zero to three. She is excited to join the team here in Orange County as the new Medical Director for the Orange County Social Services Agency.

### **Rosa Santoyo, L.M.F.T.**

Rosa Santoyo is a bilingual/bicultural Licensed Marriage, Family Therapist. She has a Masters' degree in Counseling/Psychology from California State University at Fullerton, has been a clinician for 38 years and is in private practice in the City of Orange, CA. She is also a Special Needs/Mental Health Consultant/Specialist with the Migrant Head Start Program, the Anaheim School District, La Habra Head Start, Orange County Head Start and Orange Children & Parents Together. As an independent contractor for the various school districts, she evaluates children for possible special concerns such as learning difficulties, speech delays, Attention Deficit Hyperactivity Disorder (ADHD) and autism. Ms. Santoyo also works with the staff and parents in assessing preschoolers for behavioral concerns. She has been associated with the Commission funded Child Behavior Pathways program, conducting parenting classes (Community Parent Education – COPE model) since 2002.

### **Donald Sharps, M.D.**

Dr. Sharps is a fulltime Medical Director for CalOptima's Behavioral Health Integration Department where he is responsible for clinical oversight and management of Behavioral Health case management, utilization management, and quality management program. For 17 years prior to joining CalOptima, he was an Associate Medical Director with the County of Orange Behavioral Health Services. Dr. Sharps is a Diplomate of the American Board of Psychiatry and Neurology, a Distinguished Fellow of the American Psychiatric Association, and Professor of Psychiatry at UCI. Following a one-year Pediatric, Ob-Gyn, Surgical, and Medical internship, he entered Psychiatry Residency at LAC-USC in 1982. Dr. Sharps returned to Orange County in 1988 after two years in Micronesia where he served as a US Public Health Service. He maintained a private practice in Orange County up until 2007. For the last 28 years, Dr. Sharps has given presentations on mental health and psychopharmacology to medical and law enforcement professionals, with an increasing focus on integrating physical health care with the assessment and treatment of serious mental illness.



# PEDIATRIC AND YOUNG ADULT MENTAL HEALTH



1 in 5 young people in the U.S. have a diagnosable mental health disorder



Half of people with lifetime mental illness have symptoms by age 14

# #3

Suicide is the 3rd leading cause of death in children ages 15-19

## DOLLARS & SENSE

For every \$1 invested in the treatment of depression, society saves \$7



2 out of 3 children in California would benefit from mental health treatment but don't receive it



## RESEARCH SHOWS

36% of visits to a pediatrician are for purely psychological reasons

# 36%

Visits to an emergency room for psychiatric problems rose 26% between 2001 and 2010, faster than any other diagnosis

# 26%

18% of high school students have considered suicide in the past year

# 18%

## IN ORANGE COUNTY

No psychiatric inpatient beds for children under 12

Only 32 psychiatric acute care beds for adolescents—or 1 bed for every 22,062 teens

Fewer psychiatrists, psychologists and licensed social workers than the state average



## OUR VISION

Every child and young adult in Orange County who needs behavioral health treatment can receive high quality services without stigma or barriers to access.

# Early Childhood Mental Health Data

## Orange County Specific Data

### Early Development Index (EDI) (2014 data):

Emotional Maturity Sub-domain	Participating Orange County Neighborhoods			
	N	Not Ready	Somewhat Ready	Ready
Prosocial and helping behavior	24,769	32%	31%	38%
Anxious and fearful behavior	26,104	2%	9%	89%
Aggressive behavior	26,060	7%	6%	87%
Hyperactive and inattentive behavior	26,088	14%	14%	72%

Social Competence Sub-domain	Participating Orange County Neighborhoods			
	N	Not Ready	Somewhat Ready	Ready
Overall social competence	26,116	11%	44%	45%
Responsibility and respect	26,122	8%	19%	74%
Approaches to learning	26,123	11%	29%	59%
Readiness to explore new things	25,834	3%	19%	78%

*Data Source: Teacher Reported EDI. Totals of 99 percent and 101 percent are due to rounding.*

### Help Me Grow (2013 data)

- 16% of parents calling Help Me Grow have a behavioral concern; 2.6% with a mental health concern. (Note: callers can have more than one concern)
- While a child can receive more than one referral, 5% of referrals provided by Help Me Grow were for Mental Health/counseling services and 6% for behavioral services

### California Data (2011/12 data)

At risk for developmental, behavioral or social delays (ages 4 months to 5 years)	
Low or no risk	72%
Moderate risk	11%
High risk	17%

*Source: National Survey of Children's Health. NSCH 2011/12.*

Number of items in which children are flourishing (ages 6 months to 5 years)	
Child met 0-2 flourishing items	5%
Child met 3 flourishing items	23%
Child met all 4 flourishing items	72%

*Source: National Survey of Children's Health. NSCH 2011/12*

- Note: Flourishing Items include:
- 1) Child is affectionate and tender with parent
  - 2) Child bounces back quickly when things don't go his/her way
  - 3) Child shows interest/ curiosity in learning new things
  - 4) Child smiles and laughs a lot.

Other measures **not** publically available:

- #/% of children receiving a mental health screening
- #/% of Emergency Room admissions for young children for mental health needs
- #/% of children receiving inpatient / outpatient services for mental health needs
- #/% of children born drug positive

# CHOC Children's Proposed System of Care for Pediatric and Young Adult Mental Health Services in OC

10/2014

Research (cross-cutting): Basic, Diagnostic, Interventional, Translational, Holistic

## Goals

- Improve overall health (mental and physical)
- Increase percentage of patients getting treatment
- Increase engagement in care
- Decrease visits to the ED for behavioral health diagnoses
- Decrease overall cost of health care for behavioral health issues

### Community: Point of Recognition and Entry (Who recognizes behavioral health issues and who do families access)

- Parents
- Faith community/Centers of Culture and Worship
- Schools (work with school-based clinics, CAPS at Chapman, Family and Schools Together, and others to help coordinate access to services and communication of needs)
- Primary Care/Community providers: American Academy of Pediatrics
- Child protection/Foster Care/Orangewood
- Juvenile Justice system (how to transition from JJ system to community services)
- Community Based Organizations (those that serve youth and do not have integrated psych services)
- County-funded Prevention Services (such as PEI/MHSA) - many of these services are in the schools
- Head Start
- Regional Center
- **Include integrated mental health services for parents at point of service**
- Integrated holistic approaches to treatment (e.g. Nutrition, Allergies)

Equip/Educate/Connect

### Coordination/Education (How to help families & providers find and coordinate services; educate to expand capacity)

- **County-wide behavioral health consultation line for providers and parents (psychiatry/psychology/social work)**
- **Family Navigators to help families get through systems**
- **Use of telemedicine to do case conferences, see patients, do consultations with providers**
- **Follow-up to ensure engagement in care after referral is made**
- **Education to expand capacity (e.g. faith community)**

Create more robust information and referral systems:

- Help Me Grow
- 211
- Beacon Line (for Medi-cal)
- Orange County Health Care Agency help line - 855-OC-LINKS

Connect/Educate

### Outpatient

- Emergency Departments - screening and crisis intervention - **Need for quick access to services**
- County behavioral health services/MHSA
- Community Providers/Other community resources for assessment and treatment (some funded by county) - **How to coordinate referrals and create pathways to ongoing care**
- Community based organizations
- Private practitioners - Psychiatry, psychology, social work, marriage and family counselors
- **Integration of behavioral health in primary care, faith-based organizations, schools**
- Integrated holistic treatment

### CHOC Children's

- CHOC Primary Care Clinics - **Need embedded behavioral health services, services for parents**
- CHOC Specialty Clinics - Need to expand integrated behavioral health staff
- CHOC Eating Disorder (BAN) Clinic expansion - Need to double capacity, add psychiatry, psychology/txt services, education of community providers
- Outpatient Psychology - focus on children with co-occurring medical problems and psychiatric disorders - **expand models and specialty areas; MHSA funds pending**
- Consultation and Liaison - coordinate services from inpatient consults
- Neuropsychological Assessment - provide complex evaluations

Place and Engage

### Intensive Outpatient

- Partial hospitalization - UCI
- UCI Intensive Outpatient Program
- County program for children with first psychotic break
- In-home services (Medical only)
- Teen parenting (at-risk populations)
- Substance Use
- **Therapeutic preschool**
- **Dialectical behavior therapy program**
- **Multisystemic Therapy**
- Holistic approach

Provide wraparound services

### Inpatient

- Units that treat adolescents
- Units that treat young adults
- **Beds for < 12 years old**
- **Substance Abuse services**
- **Additional inpatient beds**
- **Eating Disorders**
- **Med/Psych Unit**
- **Diagnostic Unit**
- **Residential treatment**
- Integrated holistic approach

Treat dangerous conditions

**Bold Italics** - programs that are not developed or need expansion

White font - services limited in some way

Least Intensive

Most Intensive

Coordination between all levels of services

# Pediatric and Young Adult Mental Health Services

**CHOC CHILDREN'S FOUNDATION**

1201 W. La Veta Ave.  
Orange, CA 92868  
714.509.8690

[choc.org/give](https://choc.org/give)

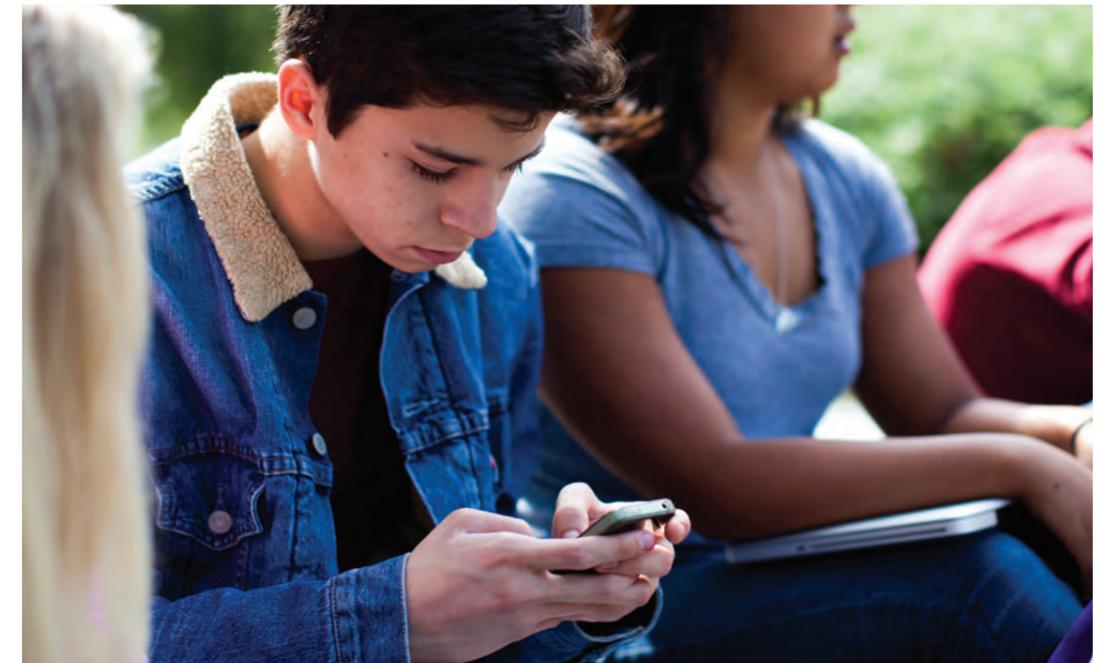


**FIVE DECADES OF CARING**

CHOC Children's opened its doors in 1964 with one mission: to nurture, advance and protect the health and well being of children. In the past 50 years, we have never waived from our mission, continually expanding our services and facilities to meet the growing demand for state-of-the-art pediatric health care. Today, more than 2 million children across four counties count on CHOC to be here when they need us most.

**THE FOCUS: MENTAL HEALTH SERVICES**

The stories of infants, children and adolescents living with cancer, heart disease, diabetes and asthma are vivid and dramatic. Yet one of the most common reasons for hospitalization of children in California is a condition that dwells in the shadows of health care: mental health problems. Despite that one in five children experience a mental health disorder during childhood, this health crisis remains shrouded in stigma, misconceptions and shame. Add to that a shortage of outpatient and inpatient treatment options, and inadequate or inconsistent coverage of care, and you can see why pediatric mental health is a public health crisis both locally and across the country.



# Pediatric and Young Adult Mental Health Services



Every child and young adult in Orange County who needs mental health care should have access to high-quality services without stigma or barriers.

Of those children with symptoms of mental health disorders, half have conditions that cause significant impairment in daily life (U.S. Public Health Service, 2000), which translates to about 54,000 children in Orange County. In addition, half of people with lifetime mental illness experience symptoms by age 14. How different might their lives be if these symptoms were recognized earlier by parents, pediatricians, clergy or teachers, and if families were empowered to seek timely and appropriate help?

## THE NEED: BRINGING MENTAL HEALTH SERVICES TO ORANGE COUNTY

As the leader in pediatric health care in Orange County, CHOC Children's treats more than 36,000 children with special health care needs annually. Young patients with these serious and chronic illnesses have two to five times higher rates of mental health disorders than their healthy counterparts. For example, children with diabetes and children with asthma are at risk for depression. And children treated for cancer are prone to anxiety as they face secondary issues in their teen years such as the possibility of infertility or a recurrence of their disease.

Where can these children go for help? Currently, there is no system of care for these children, either nationally or regionally. It is non-existent. On a local level, the Orange County community faces a lack of inpatient psychiatric treatment beds for children younger than 12, a shortage of psychiatric treatment beds for adolescents ages 12 to 18, and a constant need for outpatient services.

Not only is there a need for mental health services among our current patients, we also witness firsthand the frustration of children who present in our emergency department with a psychiatric diagnosis—and often have no place to go for treatment. Additionally, without a system of care in place for those with mental health issues, we have no way to track these children to determine if they found any treatment alternatives.

## THE VISION: AN INNOVATIVE MENTAL HEALTH SYSTEM OF CARE

At CHOC Children's, we believe every child and young adult in Orange County who needs mental health care should have access to high-quality services without stigma or barriers. Our goal is to create an integrated and coordinated mental health system of care for children, teens and young adults that allows for early identification and diagnosis; treatment at the right level of intensity; and support for children, families and community-based organizations involved in this process.

Our vision is ambitious, involving both outpatient and inpatient services. From an outpatient standpoint, we want to embed mental health services into CHOC Children's primary and specialty care clinics. We want to expand outpatient psychology and psychiatry services and



specialized neuropsychological assessments. In terms of inpatient care, we want to create inpatient psychiatric beds for children younger than 12, as well as for adolescents who are struggling.

We want to help coordinate care by developing communication systems between medical and psychiatric providers, and between providers and families. We want to focus on education, training pediatricians and family practice physicians to identify and manage care for young people with mental health needs. This education extends to those in the community, including psychologists, pediatricians and clergy. Through our research, we hope to improve early identification and diagnosis of children with mental health disorders, and determine the best strategies to translate research into everyday practice. And we will continue advocating for insurers to treat mental health problems the same as any other health condition.

## LIGHTING THE WAY

CHOC Children's vision for a mental health system of care recognizes and addresses the unmistakable link between mental and physical health. Without early, timely identification and appropriate treatment, children who are anxious, depressed, withdrawn, experiencing hallucinations, harming family members and pets, or injuring themselves are unlikely to escape long-term impacts on their health and well-being. A reliable mental



Our goal is to create an integrated and coordinated mental health system of care for children, teens and young adults.

health system of care has the potential to turn lives around—providing services that reach children while the developing brain still has the greatest potential to respond. Further, treating children early can also have a major effect on the adult mental health problem.

CHOC Children's has made the commitment to take a leadership role in meeting the need for more mental health services in Orange County. We believe this ambitious project will ultimately create a system of mental health care that is a state and national model.

**Your donation can light the way to making this mental health system of care a reality.**



## Anaheim Project Panel

### **Kim Goll**

Kim Goll is the Strategy and Operations Director for the Children and Families Commission of Orange County, which provides over \$25 million of funding annually to programs in Orange County that support the early education and healthy development of children ages five and under. She is responsible for managing all contract development, execution, and compliance. Additionally, she has lead responsibility for program implementation for strong families and capacity building program areas, and provides key support in cultivating relationships with other local and regional funders.

### **Shelley Hoss**

Shelley Hoss has served as President of the Orange County Community Foundation since 2000. Under her leadership, the Community Foundation has become recognized as a “center of gravity” for philanthropy in Orange County, increased annual grant and scholarship awards nearly 10-fold, increased assets stewarded by the Foundation, and has awarded more than \$330 million in grants and scholarships since its inception in 1989. Prior to joining the Community Foundation, she was the Executive Director for Girls Incorporated of Orange County, served in leadership positions for 10 years with Orangewood Children’s Foundation. She was the founding chair of the Orange County Funders Roundtable, serves on the board of the League of California Community Foundations, and a regular guest lecturer at Stanford Graduate School of Business and the Merage School of Business at UC Irvine. She is a Phi Beta Kappa scholar with a joint Master’s Degree in Business and Public Administration from the University of California, Irvine. Hoss resides in Laguna Niguel with her husband and son.

### **Wendy Dallin**

Wendy Dallin began her educational career 25 years ago. In the La Habra City School District she has taught in a bilingual classroom, facilitated a Conflict Management Program, served as a middle school Resource Specialist for a special education, a guidance counselor, and coordinated the school district’s Healthy Start grant that moved into a fully funded Family Resource Center. She is currently with the Anaheim City School District where she served among other things as the McKinney-Vento Homeless and Foster Care Liaison. She managed the Safe Schools/Healthy Students grant, now called JumpStart4Kids, which is seen in the way mental health services and education coexist in a seamless manner on several of the school campuses in the school district. Wendy is known for her advocacy and creative way of looking for solutions to problems, or removing barriers to success, by taking a “whatever is good for kids” position that translates into higher academic achievement scores, better behavior reports, and safer school campuses for the children and families of the Anaheim City School District. She is a graduate of California State University, Fullerton.

### **Jill Bolton**

Jill joined the Disneyland Resort Public Affairs Division in February 1994 as Manager of Disney Educational Programs where she was responsible for implementing numerous educational programs. In 1998, her responsibilities were expanded to encompass all of the Disneyland Resort Community Relations’ efforts. In 2000, she was promoted to Director and oversees all donations to our community and a variety of outreach programs. She serves on numerous community boards and committees, and is Chairman of the board for the Anaheim Family YMCA. She has received numerous awards and was identified by the Orange County Register as one of Orange County’s 100 most Influential People of 2014. Jill holds a Bachelor of Arts degree in Psychology from the University of California, Irvine and a Master’s degree in Counseling from Long Beach State University. She also holds credentials in pupil personnel, school psychology and school administration. Jill is a native Californian and has resided in Orange County for most of her life and currently lives in Huntington Beach with her husband Mark.

# Anaheim Capacity Building



Children & Families Commission of Orange County

June 3, 2015  
Planning Meeting



## Bridgespan Assessment (2008)

- Anaheim, Santa Ana, Garden Grove account for 31% of total OC population, but 48% of low income population
- More than 50% of socioeconomically disadvantaged kindergarteners are in just three school districts
- Recommendations to increase impact:
  - Focus on children most at risk for targeted health and education outcomes
  - Make catalytic investments

# Need for Investment in Anaheim



49% of Students Receiving Free & Reduced Meals are in 3 Districts



Anaheim City, Garden Grove and Santa Ana districts account for **28%** of all districts with a **Kindergarten population** but **49%** of all those with a **Free & Reduced Priced Meals**

# Need for Investment in Anaheim



- Anaheim represents 15% of the county population that lives at or below the federal poverty level but represents only 11% of the county population
- 5<sup>th</sup> Grade Math and Reading Scores
  - Math Scores- 380 Anaheim City versus County average 416
  - Reading Scores- 350 Anaheim City versus County average 378
- Anaheim City School District 2014 EDI data reveals
  - 62% are English Language Learners compared to 50% countywide
  - 42% are not ready in gross and fine motor skills compared to 34% countywide
  - 20% are not ready in basic numeracy skills compared to 13% countywide
  - 50% are not ready in communication and skills and general knowledge compared to 42% countywide
- Anaheim Union has lowest graduation rate in County at 84.3%



- 2013 - Round 2 Catalytic Funding (\$25,000)
  - Supported a Feasibility Study to adapt a Magnolia Place "type" Initiative in Anaheim to implement scalable evidence-based strategies to:
    - Increase access, use and quality of services, activities, resources and support
    - Strengthen protective factors among residents
    - Improve economic opportunities and development
    - Connects diverse programs and providers to shared accountability and a common change process
  - Feasibility Results and Recommendations
    - Convene community stakeholders for further exploration and coordination
    - Explore creation of a network manager to initiate coordination of cross sector initiatives
    - Establish a dissemination strategy for EDI results to Anaheim organizations



- 2013 – Capacity Building Grant to Network Anaheim (\$12,000)
  - Matched by Orange County Community Foundation and Samueli Foundation
  - Business plan completed in February 2015
    - Strengthen existing partnering agencies, expand to additional community partners, develop administrative structure for collaborative, and refine outcome measurements and evaluation approach
    - Integrated foundational elements of Magnolia Place Model
  - Next Steps
    - Actively conduct outreach meetings with non profits and community partners
    - Seeking additional grant funding



## **Shelley Hoss**

President

Orange County Community Foundation

## **Wendy Dallin**

Coordinator Pupil Services

Anaheim City School District

## **Jill Bolton** (Director Corporate Citizenship, Disneyland Resort)

Chair of the Board of Directors

Anaheim YMCA



ACCELERATE  
CHANGE  
TOGETHER  
ANAHEIM

## Support for Nonprofits to Help At-Risk Anaheim Youth

The Accelerate Change Together Anaheim (ACT Anaheim) grant initiative addresses gaps in service for underserved Anaheim youth. It is focused on building the ability of the nonprofit sector to engage youth and parents in programs that strengthen families and communities. It was launched in 2014 by Angels Baseball, the Anaheim Ducks and Disneyland Resort, which together committed \$3 million to benefit Anaheim youth over three years. As managing partner of the grant initiative, OCCF increased the inaugural granting pool from \$1 million to \$1.5 million for local nonprofits.

## Why We Need to ACT Now

Anaheim's youth are the key to our future, but many are in danger of falling through the cracks. The 2012 Anaheim Youth Services Assessment Report found that:

- Anaheim youth are at significant risk for poverty, gang involvement and school dropout.
- The highest-risk youth, those aged 13 -18, are the least served by local programs
- Few programs operate after 5 p.m., when risk and vulnerability for older youth skyrocket.
- There are critical gaps in the most-needed programs, like gang prevention, teen pregnancy prevention, and safe spaces for teens to engage with each other and their community in positive ways.

ACT Anaheim funded programs work specifically to:

- Enhance programming geared to older youth (primarily ages 13 – 18).
- Increase access to youth programming.
- Engage parents in meaningful ways to strengthen families.
- Increase the capacity of programs to meet the needs of Anaheim youth and families.

## Taking ACTion to Make Change

ACT Anaheim funding allowed for not only the creation of new services and programs in Anaheim, but the expansion and enhancement of existing programs with local nonprofits. Assessment of impact of the Act Anaheim grant initiative is based on the number of youth associated with funded programs that are college and career ready; positively engaged in the community; have a healthy life style; and have a positive relationship with parents (and other adults).



# Business Plan

May 18, 2015

# Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>2</b>
<b>INTRODUCTION.....</b>	<b>3</b>
<b>BACKGROUND.....</b>	<b>4</b>
<b>NETWORK ANAHEIM: HISTORY &amp; EVOLUTION .....</b>	<b>8</b>
<b>MAGNOLIA COMMUNITY INITIATIVE: A MODEL &amp; INSPIRATION .....</b>	<b>9</b>
<b>BUSINESS PLAN PROCESS .....</b>	<b>9</b>
<b>PHILOSOPHY OF NETWORK ANAHEIM.....</b>	<b>10</b>
<b>STEPS TO GUIDE DEVELOPMENT.....</b>	<b>25</b>
<b>STRATEGY PLAN .....</b>	<b>13</b>
<b>APPROACH.....</b>	<b>15</b>
<b>COMMON VISION, UNCOMMON APPROACH .....</b>	<b>16</b>
<b>COLLABORATIVE STRUCTURE.....</b>	<b>17</b>
<b>NETWORK ANAHEIM HUB CONCEPT.....</b>	<b>26</b>
<b>INVESTMENT &amp; SUSTAINABILITY PLAN.....</b>	<b>28</b>
<b>EVALUATION PLAN .....</b>	<b>32</b>
<b>NEXT STEPS IN IMPLEMENTATION PLAN.....</b>	<b>33</b>
<b>APPENDICES .....</b>	<b>34</b>

## Executive Summary

Network Anaheim is a collaboration of public and private entities and residents in Anaheim, CA that has removed traditional organizational boundaries in favor of a single, more easily accessible delivery system of support services that maximizes existing local resources and produces greater success.

Network Anaheim's productive approach is one that: 1) is connected, responsive and collaborative; 2) recognizes and builds on the assets of individuals, families and communities, and; 3) focuses on prevention first, then on needed interventions.

Key to the process is the preservation of the dignity of clients and their active involvement in realizing Network Anaheim's vision that *children of all ages and their families in Anaheim will lead healthy, meaningful, productive lives that enrich society*. In order to achieve this, Network Anaheim has identified the following four pillars as essential components:

**Move Well** - Children, Youth and Families are Physically Active and Healthy

**Learn Well** - Children are Ready to Learn, Succeed in School & are College and Career Ready

**Think Well** - Children, Youth and Families are Socially-Emotionally Healthy

**Live Well** - Children, Youth and Families are Economically Self-Sufficient

This Business Plan (Plan) introduces Network Anaheim's *common vision, uncommon approach* to creating transformational change in the lives of Anaheim's residents. The Plan articulates Network Anaheim's philosophy, approach, role and strategies, and outlines the infrastructure and resources required for successful implementation and long-term sustainability. Network Anaheim's philosophy and work is guided by the following strategies:

1. We strengthen protective factors for children, youth and families.
2. We empower individuals to create change both personally and within their communities.
3. We engage community to achieve change.
4. We work to move systems from transactional to transformational.
5. We work together towards a shared vision for Anaheim.
6. We build trust and support for partner efforts.
7. We commit to being a Learning Community - continuously evaluating, reflecting, and learning from our work.

Network Anaheim's vision and mission are focused on rebuilding the foundation of the systems and supports in Anaheim. Network Anaheim's proposed collaborative infrastructure, comprised of *Champions, Working Group and Network Partners* has been conceived to achieve:

- Shared leadership and decision-making;
- Engagement from a diverse group of partners; and
- Implementation of change strategies.

Critical to Network Anaheim’s success is an organizational infrastructure to support achieving results for children, youth and families. The infrastructure consists of a Fiscal Agent, Network Manager, Community Engagement Coordinator, a Network Support Coordinator, an Evaluation Consultant, a Facilitator Consultant and a Learning Community Consultant.

In order to support our strategies, Network Anaheim outlined the following steps to guide its development over the next two years:

- 1: Expand Network Anaheim to ensure diverse representation from public and private agencies, community-based organizations, and community residents**
- 2: Establish the Organizational Infrastructure to support ongoing operations and full implementation of this Plan**
- 3: Secure ongoing funding for the growth and operations of Network Anaheim**
- 4: Explore and identify potential physical hub site(s)**
- 5: Explore a virtual hub approach**
- 6: Generate public awareness about Network Anaheim**
- 7: Identify and implement system change strategies**
- 8: Develop and implement an evaluation plan to monitor the impact of Network Anaheim**

This Plan includes an operating budget in the amount of \$7,868,955 - \$16,048,270 to fund the proposed organizational infrastructure support over the next three years. The proposed budget includes staffing and support to fully implement the strategies and action steps outlined in this Plan.

## **Introduction**

The City of Anaheim has many individual organizations, including public, private and nonprofit, with a long history of providing services and supports to Anaheim’s residents. Dedicated to improving the well-being of children, youth and families, these institutions have focused on developing and providing quality and effective services to serve as many clients as funding allows. Despite these efforts, the rates of poverty and homelessness, school graduation, gang involvement and teen births continue to climb. Many of the service providers recognize that their services alone – no matter how effective - are not sufficient to

create the profound community-level change that Anaheim’s children, youth and families need and deserve.

In 2011 a group of individuals from local school districts, the City, and community partners that had been working collaboratively for several years together, began working in a new, more productive way than they had previously experienced - exploring how to share resources, coordinating services for clients and identifying interventions that would be more effectively if done jointly. This collaborative, known as Network Anaheim, has been characterized by strong and trusting relationships among the partners and a shared commitment to transforming the current service delivery system in Anaheim from one that responds and intervenes to the needs of individuals to a system that is connected, responsive and collaborative, and works in new ways to support improved outcomes for all of Anaheim’s children, youth and families.

This Business Plan (Plan) introduces Network Anaheim’s *common vision* and *uncommon approach* to creating transformational change in the lives of Anaheim’s residents. The Plan articulates Network Anaheim’s philosophy, approach, role and strategies, and outlines the infrastructure and resources required for successful implementation and long-term sustainability. The budget and strategies included in this Plan support a three-year implementation timeframe.

## Background

### Anaheim: A Snapshot

Anaheim is the 10<sup>th</sup> largest city in CA and is one of the poorest in Orange County and in the state with an ethnically diverse population that is 53% Hispanic, 27% White, 15% Asian and 5% other; more than 60% of households speak a language in the home other than English. Anaheim’s school districts have high rates of students qualifying for the free and reduced lunch program, with Anaheim City School District (ACSD), the largest of Orange County’s elementary school districts, having the second highest percentage (86.8%) of all districts in the county.<sup>1</sup> Anaheim’s lack of affordable housing (average monthly rent for a 1 bedroom apartment is \$1,240) has forced families to share cramped living spaces in neighborhoods plagued by increasing crime rates perpetrated largely by an estimated 1,800 gang members (35 gangs) responsible in 2012 for: 559 violent crimes – 13 homicides, 72 rapes, 474 aggravated assaults, and 9,620 property crimes<sup>2</sup>.

Anaheim also has a young population, with more than a quarter of its population under the age of 18. Throughout the City, low income 3-5 year old children are served in State Preschools and Head Start programs and income eligible children receive services as funds become available. Learning Links provide Parent-Child learning opportunities for children ages 0-5 for a limited number of families in School District settings. A teen birth rate of 41.2

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<sup>1</sup> Report on the Conditions of Children in Orange County, 2014.

<sup>2</sup> Anaheim Police Department, 2012.

out of 1,000, is higher than the California and national averages, and; more than 29% of children are living in single parent families, placing them at greater economic and social-emotional risk. Additionally, Anaheim's residents also face significant mental health issues, often precipitated by the stresses of poverty. In fact, the City has the second highest rate of hospitalizations in Orange County due to mental health issues (63 out of 1000).<sup>3</sup>

### *Early Developmental Index (EDI)*

ACSD has participated in the Early Developmental Index or EDI since 2009. EDI is a population-based measure of childhood development within communities that holistically measures groups of children in five key domain areas: 1) physical health and well-being; 2) social competence; 3) emotional maturity; 4) language and cognitive development, and; 5) communication skills and general knowledge. The questionnaire is completed by kindergarten teachers on each child in their classroom and determines whether children are on track developmentally in these areas. The EDI is being implemented across Orange County and in communities nationwide.

This data helps to understand observed child outcomes and contributes to valuable planning information for community stakeholders. Data is analyzed and compared at a group level to identify developmental vulnerabilities and strengths of children in target communities. Use of the EDI data has been shown to result in; 1) increased community awareness of the importance of childhood development; 2) more collaborative relationships between stakeholders; 3) data-informed planning processes; 4) changes to early childhood strategies, policies and levels of funding; and 4) strengthened grant applications.

As the largest elementary school district in the City of Anaheim, ACSD participates in EDI data collection at all of its 24 schools. This data reveals that on average 11% of children in these schools are developmentally vulnerable in at least one of the five domain areas (lowest 10<sup>th</sup> percentile) compared to 9% countywide.<sup>4</sup> This data will prove invaluable for community change efforts underway in Anaheim. Network Anaheim will be the driving force to get EDI shared out into the community.

### *Anaheim Youth Services Assessment*

In 2012, the Anaheim Community Foundation (ACF) released the *Anaheim Youth Services Assessment*, with support from Disneyland Resort, which examined the landscape of needs, programs and services for Anaheim's at-risk youth, ages 5 to 18. For purposes of the report, at-risk youth were defined as those at-risk of poor economic, health, social, education and personal outcomes. The assessment demonstrated the critical importance of investing in Anaheim's youth and targeted, high-need neighborhoods. Specifically, the Assessment provided compelling input from the perspective of youth, parents, community and business leaders, educators and service providers. Some of the key findings identified included:

- Parent concerns about their children's safety

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<sup>3</sup> Orange County Health Profile, Public Health Services, Orange County Health Care Agency, 2013.

<sup>4</sup> *Early Development Index District Profile Report, Anaheim City School District*, prepared by Children & Families Commission of Orange County and UCLA Center for Healthier Children, Families and Communities, 2014.

- Youth concerns about the lack of parental presence, often resulting from parents struggling to make ends meet by working multiple jobs
- Gangs and pressure on youth for gang involvement
- Lack of employment opportunities
- Lack of trusted social networks for families
- Educators saw gangs, drugs and violence as key challenges within their schools
- Businesses want youth to be more prepared for the job market<sup>5</sup>

### *Orange County Prevention Services Provider Report*

The *Anaheim Youth Services Assessment*, coupled with a 2013 report issued by Families and Communities Together (FaCT) titled *Orange County Prevention Services Provider Report*<sup>6</sup>, provides data-based insight on the challenges and opportunities facing the social services landscape countywide and in Anaheim. While the FaCT report demonstrated the diversity and scale of the service landscape, it also highlighted major challenges, including the lack of a referral infrastructure and inability to provide sufficient “warm handoffs” of clients among agencies. For Anaheim, the major assets and challenges facing the systems serving its youth and their families have been clearly documented through these studies.

### **Assets: What’s Working**

#### ➤ **Commitment by City Government**

The City is focused on strengthening Anaheim’s neighborhoods, improving safety, and promoting collaboration. The City’s 2014-16 *Anaheim Forward Workplan* outlines its strategic goals and specific success measures that will be tracked to assess progress. These measures focus on, but are not limited to:

- Engaged and thriving youth
- Open space/recreational opportunities
- Decreased poverty rates, and
- Increased employment opportunities.

#### ➤ **Desire for a common vision and strategy to support families**

According to the provider feedback captured in the Youth Assessment, many providers desire a collaborative and strategic approach to supporting youth and families with parents and students actively serving as key partners in finding effective solutions.

#### ➤ **Emergence of collaboration to address the challenges facing youth and families**

Over the years, several collaborations have emerged in Anaheim to develop, fund and promote collaboration and programming. Among the most notable of these are: Anaheim Achieves, JumpStart4Kids, the Collaboration to Assist Motel Families, the Anaheim Religious Council (ARC), the Anaheim Human Services Network, the Village Plan of Anaheim (now Network

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<sup>5</sup> Anaheim Youth Services Assessment, Anaheim Community Foundation, 2012.

<sup>6</sup> The FaCT report can be found at <http://www.factoc.org/print-and-publication>

Anaheim), Anaheim Police Chief's Advisory Board and *Accelerate Change Together for Anaheim* (ACT Anaheim).

ACT Anaheim represents the first time a group of area funders came together as a collaborative to support Anaheim's youth. ACT Anaheim was launched in 2014 to address the priorities identified in the Youth Assessment. Supported with funding by the Disneyland Resort, Los Angeles Angels of Anaheim, and the Anaheim Ducks, \$1.5 million in grants was awarded to 10 local nonprofit organizations providing youth services. The purpose of ACT Anaheim is to bolster efforts to address critical gaps in services for youth in Anaheim, and to build the capacity of the nonprofit sector to engage youth and parents in programs that strengthen families and communities. Two Network Anaheim Working Group partners, the Anaheim YMCA and Western Youth Services, are also ACT grantees.

### **Opportunities: Developing Impact- Based Solutions**

Despite the opportunities that exist in Anaheim, there are clear challenges facing its communities and the service delivery system.

#### **➤ Access to information about opportunities for youth**

The Youth Services Assessment revealed that families often face challenges gathering information about the opportunities and services that are available to support their children. This is due in part to the difficulty of navigating the complex service delivery system, an overreliance on schools for information, and the limited time working parents have to be involved. Most of those interviewed indicated that families would only access services at trusted locations and agencies within their respective neighborhoods.

#### **➤ Lack of a coordinated, continuum of programs and services**

There is no clear continuum of programs and service for children, youth and families, limiting the ability of service providers to address needs systematically. Educators participating in the Youth Services Assessment indicated that the "absence of clear, consistent and concrete communication across stakeholders" hinders a school's ability to support and connect youth and families to needed services. Anaheim also lacks a clear referral infrastructure, which is attributable in part to the longstanding silos that exist in Anaheim among the service providers, community organizations and public agencies. Despite the presence of several active collaborations, the organizational culture within Anaheim is often to act alone. The Anaheim Youth Services Assessment recommended developing a continuum of care that incorporates prevention and intervention, focuses on transitional ages, and responds to the needs of all age groups. Specific improvements were identified, including:

- Improving communication for effective collaboration;
- Developing a unified vision for collective action;
- Involving youth and parents as a part of the solution;
- Focusing on prevention as much as intervention; and

- Creating identifiable service delivery "hubs" for a collective effort. (Schools were highlighted as existing trusted entities and opportunities to have "hubs" or physical locations within the various neighborhoods.)

➤ **Need for greater focus on prevention**

The systems in place respond to immediate problems, rather than addressing the underlying and systemic conditions, such as poverty, economic opportunity, health and well-being of Anaheim's residents. This is largely attributable to several factors:

- Limited resources to develop and sustain efforts focused on prevention and supports, beginning with families with young children;
- Lack of a coordinating infrastructure to support collective endeavors; and
- Limited understanding of how best to seamlessly support children and youth across their lifespan.

➤ **Disparities in resources and outcomes across the city**

There are critical gaps in the existence or scope of gang prevention programs, safe spaces for youth to hang out, teen pregnancy prevention programs, and community engagement. The sentiment was that Anaheim needed to think more holistically and allocate resources and services more strategically to address the needs of its growing and diverse population. There are also concerns about the disparities in outcomes and access to services and supports across the neighborhoods within the City of Anaheim. And, critical barriers to program access exist, including transportation, lack of information, and security of program funding.<sup>7</sup>

## **Network Anaheim: History & Evolution**

Network Anaheim began as an informal partnering between public and non-profit organizations to address specific needs of Anaheim's youth and has since developed into a longstanding collaborative committed to tackling the broader systemic issues challenging Anaheim. The partnership began in 1999, when the City of Anaheim, Anaheim City School District (ACSD), Magnolia School District, the YMCA, and Marcus Management Solutions (a firm with deep roots in the city that provides grant writing and evaluation support for the partner agencies) came together to strengthen the after-school enrichment opportunities for Anaheim's youth. Together, they launched *Anaheim Achieves Afterschool Collaborative*. The program works with youth on academics, enrichment, physical fitness, character education and asset development. Over the years, the collaborative partnership has expanded to include two more school districts (Savanna and Anaheim Union High School District), and many other community organizations. As a result of this partnership, in 2001, the Cities, Counties & Schools Partnership recognized Anaheim Achieves as the top collaboration in California. Today, Anaheim Achieves serves over 6,000 children and youth across the city. Building on

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<sup>7</sup> ACT Anaheim RFP 2014

the success of Anaheim Achieves and the relationships that were formed among the partners, the collaborative continued to meet regularly to problem solve and explore joint funding and programming to support the children and youth whom they all serve. In 2006, the collaborative identified a need to partner with Western Youth Services and succeeded in securing a \$9 million federal grant named JumpStart4Kids to provide school-based mental health services for children in the Anaheim City School District.

In 2011 the Anaheim Achieves and JumpStart4Kids partners continued to meet to collaborate on the operation and expansion of these programs, sharing of information, joint grant writing and problem solving. The collaborative recognized that a partner in wellness was needed and added Complete Balance Wellness Center. The collaborative recognized that they were working collectively in a unique way to support the children, youth and families of Anaheim, and were embodying the African proverb "*It takes a village to raise a child.*" The Village Plan of Anaheim was born with a dream to build on their successes and take their collaborative spirit and work to scale to support health and well-being for all of Anaheim's children, youth and families.

In 2014, the Village Plan requested support from local funders to support the development of a strategic business plan to clarify and guide their work. The Children & Families Commission of Orange County, the Orange County Community Foundation, and the Samueli Foundation provided funding for this effort. From August 2014 to January 2015, the Village Plan met biweekly and benefited from guidance from the Children's Bureau. In November 2014, they rebranded as Network Anaheim to reflect their new direction and approach.

## **Magnolia Community Initiative: A Model & Inspiration**

Network Anaheim looked to the Magnolia Community Initiative (MCI) in Los Angeles County to learn from its experience. MCI is a voluntary network of 70+ partners across the health, education, family support and public partnerships sectors that came together to strengthen individual, family and neighborhood protective factors by increasing social connectedness, community mobilization, and access to needed supports and services in a targeted area in the City of Los Angeles. MCI includes a building with co-located public and private services in the targeted area. The Children's Bureau, a Network Anaheim Partner, houses the staff of MCI within Magnolia Family Center and serves as a guiding champion.

## **Business Plan Process**

Network Anaheim began work on a strategic business plan in August 2014. With the support of facilitators, the Working Group put forth a great effort to define who they are, where they have been and where they plan to go as a collaborative. They also devoted time to learning about the Magnolia Community Initiative and made a visit to see Magnolia Place Family Center in action.

The Working Group agencies include:  
Anaheim City School District

Anaheim Family YMCA

Anaheim Union High School District  
Children's Bureau of Southern California  
City of Anaheim

Complete Balance Wellness Center  
Marcus Management Solutions  
Western Youth Services

As part of the planning process, Network Anaheim invited a diverse group of stakeholders to two meetings where they were introduced to Network Anaheim and provided feedback to help inform and strengthen the business plan. Participating stakeholders represented the following sectors: school districts, city government, nonprofit organizations, faith-based community, and funders.

## Philosophy of Network Anaheim

Network Anaheim's organizational philosophy serves as a foundation for its work of transforming the educational and social service delivery systems supporting children, youth and families. As part of this philosophy, Network Anaheim has identified the following components:

- **Vision** – A broad and aspirational goal for the City of Anaheim
- **Mission** - A focused purpose to achieve its vision
- **Target Population** – The intended beneficiaries of Network Anaheim's work
- **Long-Term Outcomes** – The four pillars Network Anaheim believes are essential for a thriving community
- **Theory of Change** – A roadmap to achieve the vision
- **Strategies – To support the overarching pillars of community change: Move Well, Learn Well, Think Well and Live Well**

### Vision

Children of all ages and their families in Anaheim will lead healthy, meaningful, productive lives that enrich society.

### Mission Statement

Network Anaheim is a network of school districts, the City of Anaheim, local businesses and community-based agencies, in partnership with residents and families, that is committed to strengthening the well-being of children, youth and families by transforming the current systems supporting the Anaheim community and engaging residents and families to actively participate in this change.

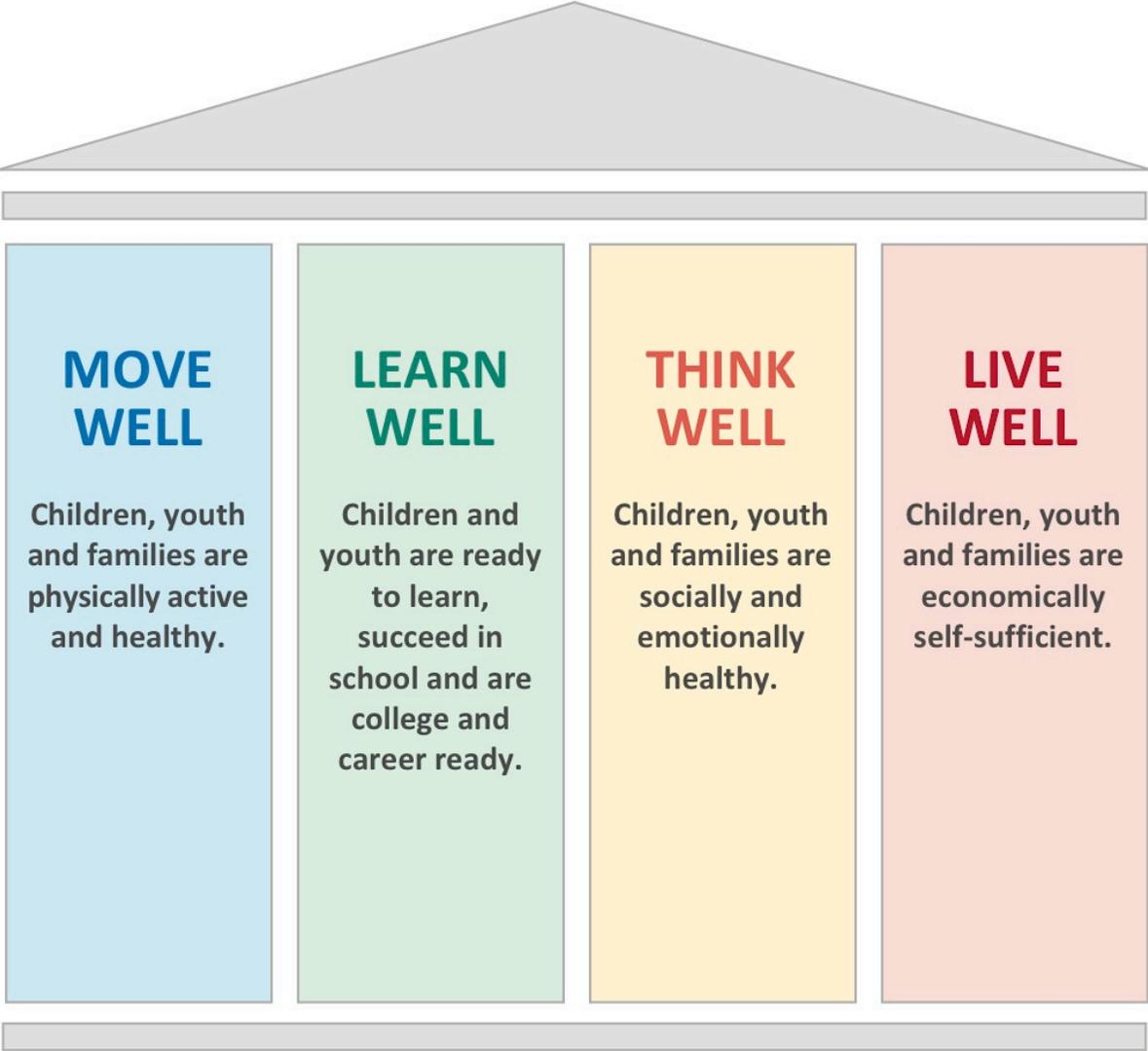
### Target Population

Network Anaheim is committed to improving health and well-being for all of Anaheim's children, youth and their families, from prenatal to young adults, 24 years of age.

This approach seeks to strengthen the multitude of systems and supports for children across the lifespan. Research and practice have demonstrated how crucial it is to focus on the first

five years of life to support healthy brain development, social-emotional well-being and good health. As such, Network Anaheim will have a primary focus on supporting families with children, 0 to 5, as well as children across their life span.

# The 4 Pillars of Health and Well-Being



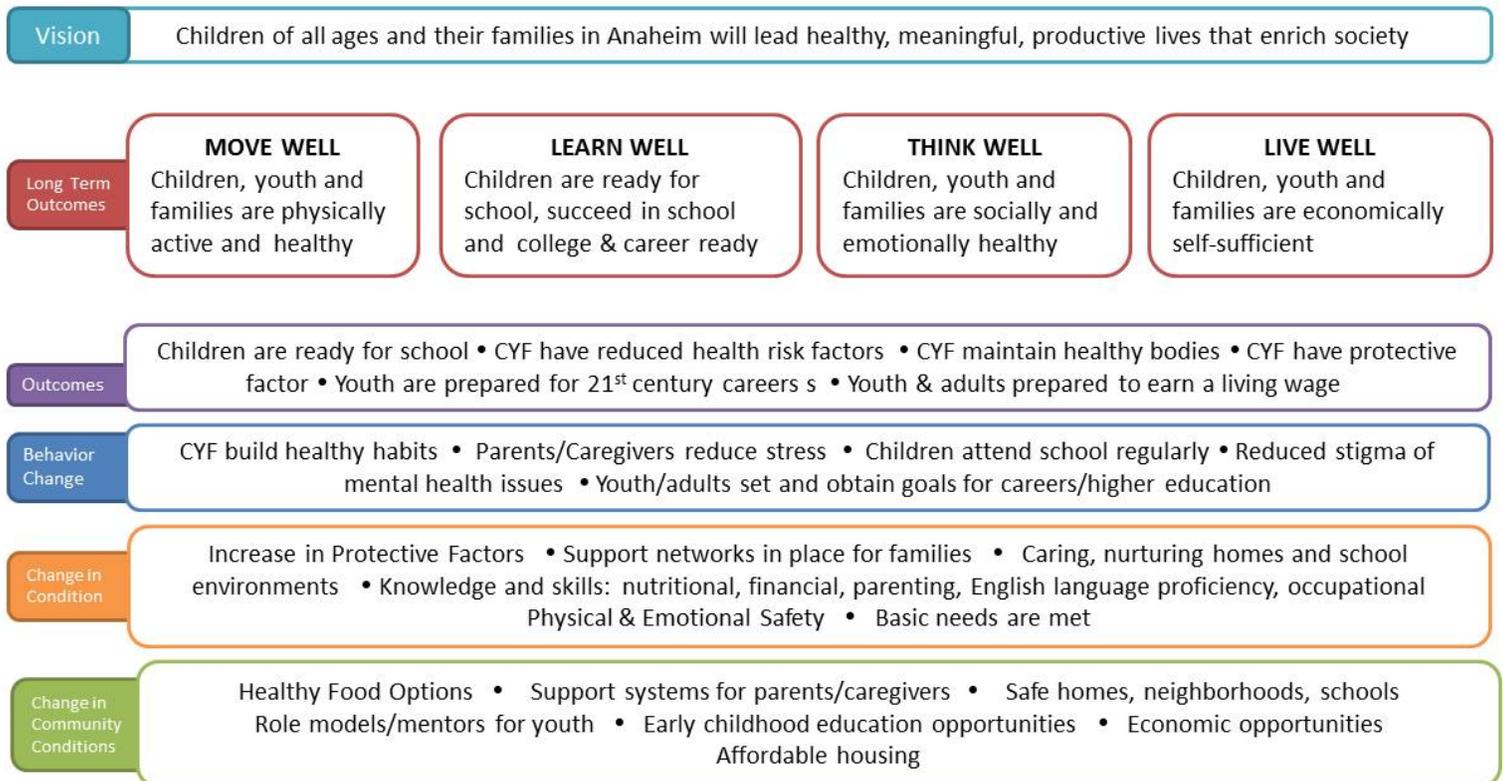
## Long Term Outcomes: The Pillars of a Thriving Community

Network Anaheim has identified four pillars that it believes must remain strong and supported to truly achieve a healthy community. These include: **Move Well, Learn Well, Think Well, and Live Well**. Each pillar represents a long-term outcome that the Network Anaheim is working towards.

## Theory of Change

At the start of its planning process, Network Anaheim developed a Theory of Change (TOC) that identifies the preconditions that they believe must be achieved in Anaheim to ensure success for children, youth and families, as defined by the vision and long-term outcomes. The following TOC has guided the development of Network Anaheim’s business plan and will continue to guide the work of this collaborative. As the TOC demonstrates, multiple conditions and behavior changes contribute to progress in each of the four pillars. Network Anaheim has also developed a pathway for each of the four pillars that demonstrate the conditions that must be in place to achieve progress. (See Appendix 3)

## Network Anaheim Theory of Change



# Strategy Plan

The Network Anaheim’s tagline, “Common Vision, Uncommon Approach”, highlights two central tenets of this network – 1) Network Anaheim will work to ensure its vision for Anaheim is shared by others, including providers, policymakers funders and residents, and 2) The methods and approach that Network Anaheim has adopted to achieve its vision are different from the traditional service-focused approach.

The following Strategy Plan will drive how the network operates, and how partners interact with one another and communities.

## **1. We strengthen protective factors<sup>8</sup> for children, youth and families.**

Network Anaheim believes that protective factors are critical to ensuring improved individual, family and community conditions. These protective factors include:

- Building personal resilience and coping strategies during challenging times
- Establishing social connections within the community
- Having concrete support from friends, families and community in times of need
- Parents have the skills and knowledge to connect with and nurture their children
- Children have social and emotional competencies

Network Anaheim’s focus on prevention rather than intervention embraces an emphasis on Early Childhood education in building protective factors from 0-5 years of age and supporting parents in this effort to ensure that:

- Children live in home environments supportive of cognitive development
- Parents learn child development and practice healthy and effective parenting strategies
- Children participate in early education programs
- children will be socially/emotionally/physically and academically ready for kindergarten
- Children will be successful in all levels of school
- Children's health and or developmental concerns will be supported and/or ameliorated

## **2. We empower individuals to create change both personally and within their communities.**

We believe that each individual, family and community possesses unique strengths and qualities that, when realized, can contribute to individual- and community-change efforts. We will empower and support individuals to recognize and harness those strengths to support our network, systems and communities.

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<sup>8</sup> The Protective Factors are based on the Center for the Study of Social Policy’s Strengthening Families Framework. See [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net)

### **3. We engage community to achieve change**

Change occurs when all stakeholders, especially children, youth and families, are actively engaged. Our collaborative approach focuses on leveraging our resources and expertise to impact and engage CYF in Network Anaheim to define, promote and create systems and community change. Engaging community members in Network Anaheim provides invaluable knowledge and unique insight that is critical to realizing change.

### **4. We work to move systems from transactional to transformational.**

Network Anaheim is not about providing more services. While we believe that services are often necessary for individuals and families at points throughout their lives, we also believe that the delivery of programs does not create lasting community level change no matter how well they are delivered. Instead, we are focused on moving systems from transactional to transformational. This will require profound changes in how the systems operate, how organizations and broader systems interact with one another, and how they engage with children, youth, families and communities. An inevitable result of this work will be unduplicated stronger and more effective services.

### **5. We work together towards a shared vision for Anaheim.**

Other organizations and individuals working and living in Anaheim who agree to share Network Anaheim's vision will work collectively to forge stronger partnerships, address the four pillars, and collect data to measure progress on the collective impact made.

### **6. We build trust and support for partner efforts.**

We believe that the success of our efforts is contingent on the success of our partners. Bringing together their collective experience complements and strengthens the mission of each individual partner. Our network will work to build trust, support partner efforts and help all of our partners achieve their missions.

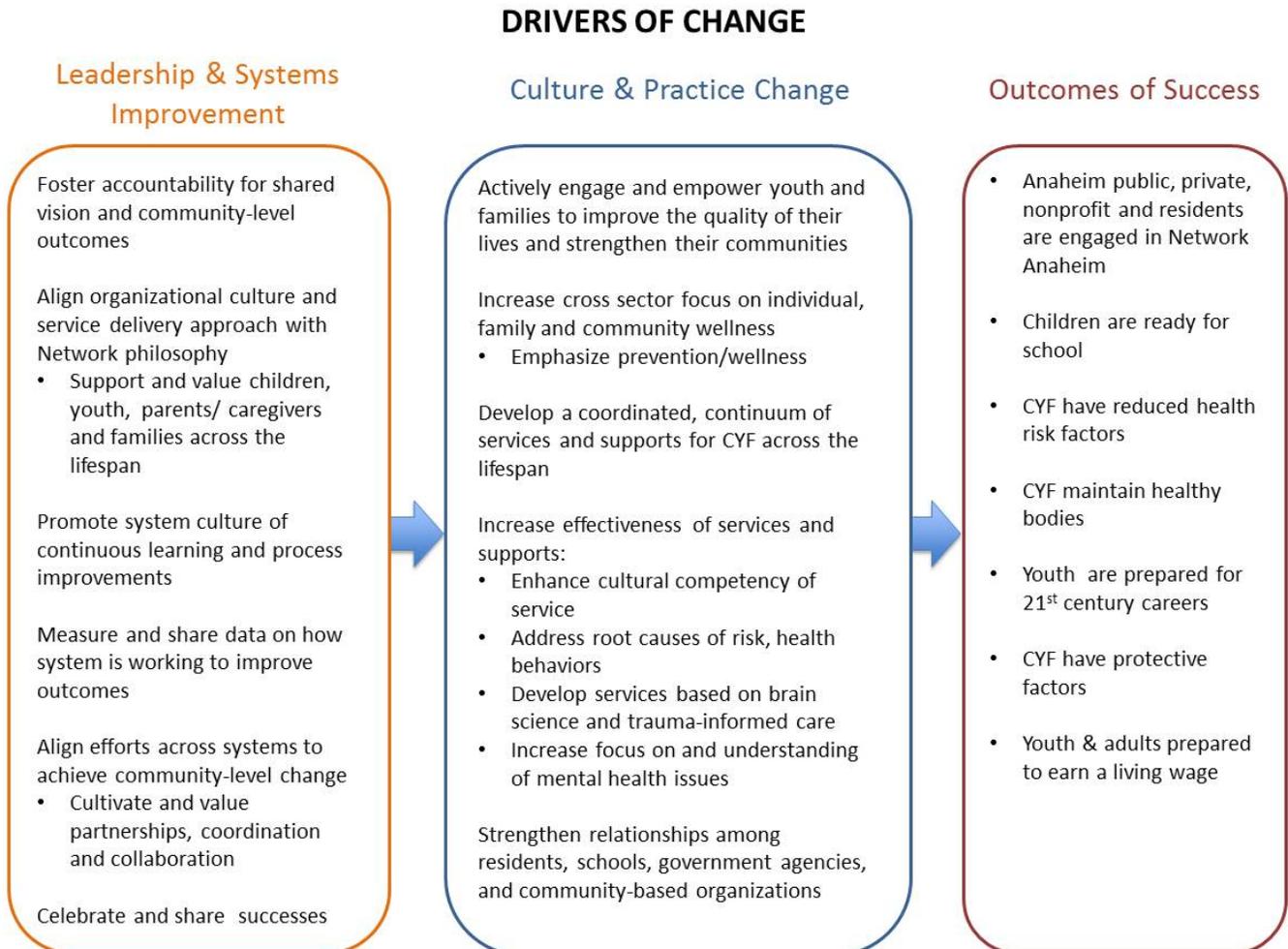
### **7. We commit to being a Learning Community - continuously evaluating, reflecting, and learning from our work.**

Integral to Network Anaheim's successful collaborations (Anaheim Achieves, JumpStart4Kids, Village Plan), is a practice to continuously evaluate, reflect and learn from experience and apply the principles of Continuous Improvement Management. This approach has led all decisions to be evidence based thereby improving the Network's effectiveness. We are committed to continue using this approach and also implement shared data collection to further leverage and measure the collective impact of participating organizations.

# Approach

Network Anaheim is pursuing a collective, cross-sector approach – one that is desired by many, but is not yet in place in Anaheim - to spur broader community-level change. This change requires a diverse network of committed partners, both agencies and individuals - youth, parents, residents, who will work together to champion and embed Network Anaheim’s vision and approach within Anaheim’s systems and communities. To transform the systems supporting children, youth and families, Network Anaheim has identified the key activities to drive that change. The drivers of change are organized into two distinct categories, both of which inform how organizations and larger systems must improve, behave, and act to achieve the long-term outcomes for youth and families in Anaheim. The drivers of change include:

1. **Leadership & Systems Improvement Drivers** - These drivers must be embraced and championed by organizational leadership to ensure change.
2. **Culture & Practice Change Drivers** – These drivers must occur within organizations and the system as a whole to help achieve the preconditions in the Theory of Change.
3. **Outcomes of Success** – These Drivers will occur in phases as Leadership and Systems Improve + Culture and Practice Change = Outcomes of Success.



## Common Vision, Uncommon Approach

Network Anaheim seeks to be a unifying, cross-sector collaborative in Anaheim that focuses on improving the lives of all children, youth and families, not just those served by a particular organization or program. It is committed to building and guiding a network of public, private and nonprofit organizations, in partnership with residents and families, to transform the systems and communities in Anaheim.

Network Anaheim will serve as the driving force to achieve the following changes:

- **Generate collective accountability for “moving the needle” on improved outcomes for children, families and communities.**

Collective impact relies on a shared vision and commitment to shared outcomes. Network Anaheim will collect and use data to inform progress towards outcomes and to support organizational learning. To keep the work of Network Anaheim relevant and on track, data will be regularly collected, reported and analyzed to assess if Network Anaheim is achieving its intended results as outlined in its Theory of Change. Also critical is capturing and understanding the unintended results that have emerged.

- **Promote broad systems and organizational change that result in a more effective, integrated and family-centered approach.**

Network Anaheim will identify change opportunities that Network partners can pursue collectively and within their organizations. These strategies could include, but are not limited to: building community partnerships, changing how services interact with and support Anaheim’s communities, and promoting and leading organizational, policy and systems change.

- **Connect and leverage existing and emerging efforts and initiatives supporting Anaheim.**

Network Anaheim will play the important role of connecting to and building on efforts currently underway to support children, youth and families, such as ACT Anaheim.

- **Implement, model and spread implementation of the drivers of change within organizations, communities and systems.**

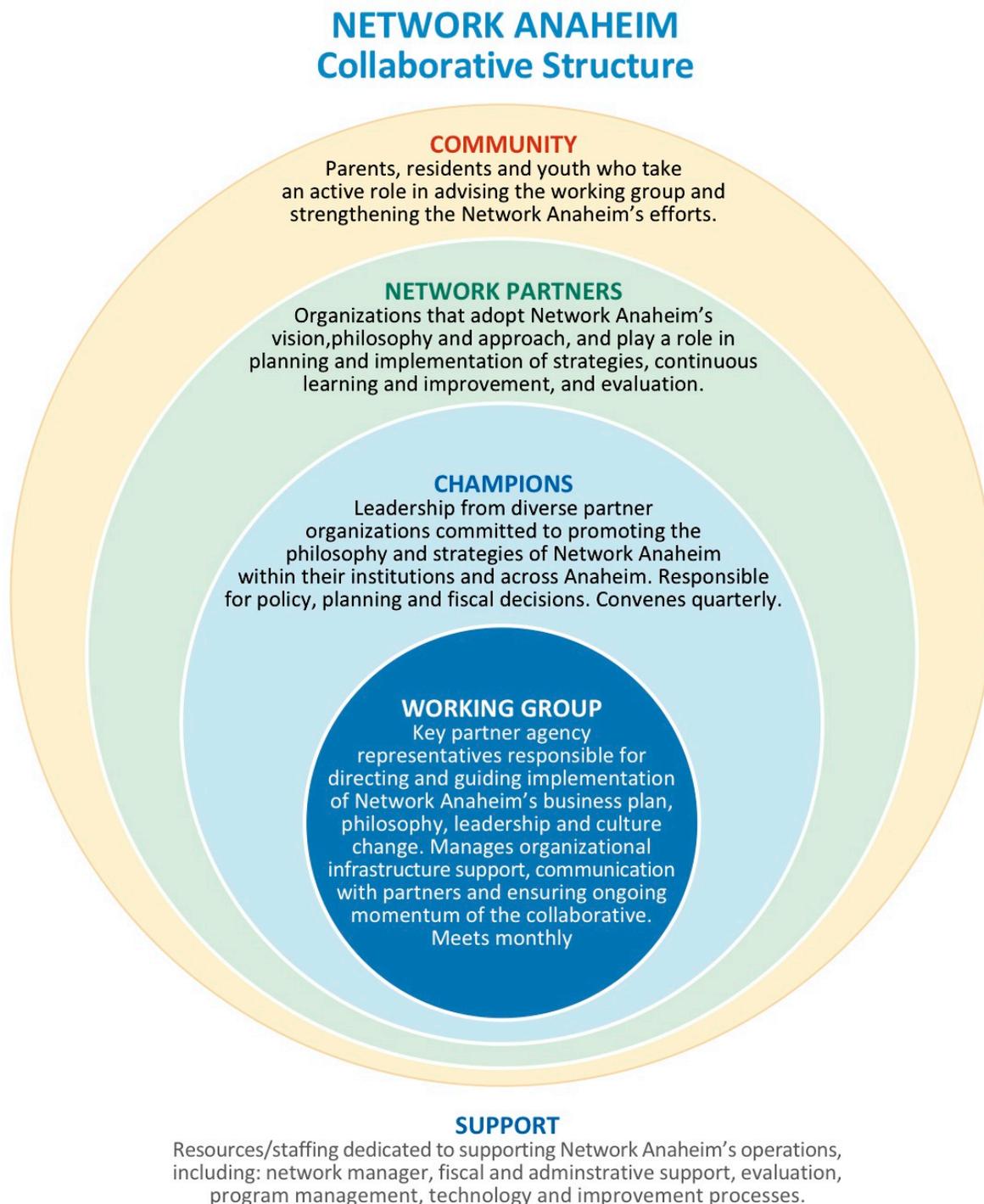
Network Anaheim will provide a platform for participating organizations and individuals to model the way in which Network Anaheim aspires to interact with partners, residents and community.

- **Lead efforts to engage community in the network’s decision-making and action.**

Network Anaheim will serve as a bridge, connecting community and system providers and empowering community, families, local businesses and providers to play a role in shaping and implementing change

## Collaborative Structure

Network Anaheim’s collaborative structure has been developed to support shared leadership, engagement from a diversity of partners, and a lean infrastructure to support implementation of strategies. Decision-making, strategy design, and results are shared among partners:



## **WORKING GROUP**

The Working Group is comprised of partner organization representatives who are responsible for directing and guiding the work of Network Anaheim. This entity will meet on a monthly basis to ensure forward momentum of the network. Currently, the Working Group includes representatives from eight organizations that established the Village Plan (now Network Anaheim) and have been working together to develop this Plan. They include:

### **Anaheim City School District (ACSD)**

ACSD is one of the largest elementary school districts in California with 24 schools, serving 19,190 K-6 students and is the main feeder school district to AUHSD. ACSD's student population is diverse with large numbers of high priority populations who are classified as being at risk including: 2,063 students who meet the McKinney Vento criteria for homelessness; 431 students who are truant, 81 of which went to the attendance District Attorney meetings, and; 69 in the Foster care system. The school population is 85.5% Hispanic/ Latino, 4.7% Asian American, 1.6% Filipino, 1.7% African American, 0.3% American Indian/Alaskan Native, 0.6% Pacific Islander, and 5.1% White. 54% of ACSD students are English Language Learners, and 85.5% qualify for Free/Reduced Lunch. ACSD also serves 1,228 preschool age children in its Head Start and State Preschool programs.

### **Anaheim Union High School District (AUHSD)**

AUHSD is a 7-12<sup>th</sup> grade secondary school district. Within its attendance boundaries are the cities of Anaheim, Buena-Park, Cypress, La Palma, Stanton, and unincorporated areas. The student population is approximately 31,522 located at 8 comprehensive junior high schools, 8 comprehensive high schools, a college preparatory academy, an alternative education facility, a community day school, and one facility for developmentally disabled students. AUHSD's diverse student population is made up of 60.1% Hispanic/Latino, 12.1% Asian American, 3.7% Filipino, 2.9% African American, 0.3% American Indian/Alaskan Native, 1.0% Pacific Islander and 17.9% White. 19.8% of AUHSD students are English Language Learners and 62% qualify for Free/Reduced Lunch. High priority populations include: 4,350 students who meet the McKinney Vento criteria for homelessness; 2,000 students who were visited at home for truancy and 300 who went to the attendance District Attorney meetings; 400 pregnant minors in 2012-13, and; 115 in the Foster care system.

### **Anaheim Family YMCA**

The Anaheim Family YMCA was founded in 1911 and currently impacts nearly 20,000 youth, teens and adults across the Greater Anaheim area. The "Y" has long-standing community partnerships and physical presence to deliver lasting personal and social change for a stronger and thriving community. With a focus on youth development, the "Y" builds character and STEM skills through preschool and early learning activities, sports and fitness, camps, swim and afterschool programs. The "Y" also leads healthy community initiatives such as the Anaheim HEAL Zone (Healthy Eating Active Living), and unites the community around the importance of giving back through its social responsibility efforts.

## **City of Anaheim**

The City of Anaheim's Department of Community Services is actively involved in Network Anaheim. The mission of the Community Services Department is to enrich individuals, families, and the community through the provision of services, facilities, and programs, which improve the quality of life in Anaheim.

## **Children's Bureau**

The Children's Bureau mission is to help children succeed and excel at leading happy, healthy, productive lives through a combination of prevention, treatment, research and advocacy. Children's Bureau offers innovative, quality programs designed to nurture the child, strengthen the family and build caring communities and is the largest investor in child abuse prevention in the country. They are developing a national model to transform an entire at-risk community through the Magnolia Community Initiative in Los Angeles. Children's Bureau in Orange County serves approximately 7,000 children and families annually and provides a wide range of comprehensive services and supports through several Family Resource Centers (FRCs).

## **Complete Balance Wellness Center**

Complete Balance is a Chiropractic and Wellness Center serving Placentia and surrounding areas including Yorba Linda, Anaheim, Fullerton and Brea. They provide chiropractic and wellness care. They also offer free Stress Release Workshops to local schools and businesses as part of their mission to improve the health of the community.

## **Marcus Management Solutions**

Marcus Management Solutions (MMS) is a professional evaluation firm with a proven reputation throughout the state and in Anaheim for developing measurement tools and preparing analyses that "tell the story". MMS has been the evaluator for many of Network Anaheim partner programs for over 15 years and has applied the principles of Continuous Improvement Management (CIM) to measure outcomes for youth, families and the service delivery system with the aim to understand "what can we do to make it even better?"

## **Western Youth Services**

Western Youth Services (WYS) is a leading expert in mental health and wellness services in Orange Country. For over 40 years, WYS has been providing comprehensive services and programs that empower children, families and communities to succeed, through prevention and specialized services that enrich mental health and wellness. WYS is the trusted collaborative partner with government entities, school districts and community based organizations, providing solution-focused mental health services, guidance and strategies for integrated care and systems. WYS' strengths-based philosophy, integrated service delivery model and evidence based treatment modalities are innovative and transformative. They have over 200 employees and interns that comprise an experienced

team of psychologists, psychiatrists, clinicians, mental health workers and administrative staff. They provide a full range of services from prevention, early intervention, individual and intensive services. WYS is the mental health provider for JumpStart4Kids, the school-based counseling program and collaborative operating at ACSD.

### **Roles & Responsibilities**

The Working Group has the following roles and responsibilities:

- Guide and manage the development and implementation of Network strategies, this Business Plan and other collaborative activities;
- Serve as bridge between Champions and Partners by communicating key information;
- Oversee the organizational infrastructure components and staff of Network Anaheim;
- Develop the budget and coordinate fund development; and
- Identify and engage potential and new partners.

To ensure the Working Group includes the expertise and insight from a diversity of voices, additional partners will be invited to join the Working Group. The Working Group has developed and is committed to maintaining the following norms, which they see as critical to a successful partnership:

- Engage mentally and emotionally
- Be considerate and respect others
- Accept ambiguity (for a bit) before action
- Maintain confidentiality
- Agree to hold each other accountable for moving forward

## **CHAMPIONS**

Network Anaheim will include a Champions group that consists of leadership from a diversity of partner organizations committed to promoting the philosophy and strategies of the network within their institutions and across Anaheim. Community leaders (parents, youth, etc.) will also be represented on the Champions. Champions will promote the network, identify opportunities for the network to explore, and assist the network with connecting to other organizations, civic leaders, and residents.

### **Roles & Responsibilities**

The Champions will serve in leadership capacity and will have the following roles & responsibilities:

- Provide guidance and decision making on significant policy, planning and fiscal decisions;
- Promote Network Anaheim's philosophy, approach and accomplishments broadly;
- Provide practical assistance in the implementation of Network Anaheim strategies; and
- Connect Network Anaheim to relevant resources.

Champions will be identified from across the City and County and could include:

- School Superintendents and Board Members
- City and County Leadership – Mayor, City Council, Department Heads, Supervisors
- Community-Based Organizations – Executive Directors, Board Members
- Funders
- Leadership from Private Sector (Banks, Corporations, etc.)

The Champions group will convene quarterly and be supported by the Working Group and Network Manager.

## **NETWORK PARTNERS**

The Network Partners are those organizations and individuals that are committed to implementing the vision, mission, philosophy and approach of Network Anaheim. Partner organizations play a vital role in:

- Identifying, planning and implementing change strategies;
- Modeling the culture change within their own organizations;
- Engaging in continuous learning and improvement, and;
- Supporting Network Anaheim’s efforts to track common outcomes.

Recognizing that each Network Partner will bring different skills, resources and insight to the network, individual partner participation will vary and align with organizational capacity and resources.

Network Anaheim’s success is dependent upon the active participation and support of its partners that represent the diversity of services, sectors, and communities in Anaheim. To that end, Network Anaheim will engage organizations and residents to ensure that it is able to provide a range of skills, expertise, and influence. Specifically, the Network Partners will reflect the sectors that comprise Anaheim, including public, private, education, non-profit, and community-based. The Working Group will strive to identify partners from the followings sectors:

- |                               |   |
|-------------------------------|---|
| ▪ City & County Government    | ▪ Non-profit Agencies                           |
| ▪ School Districts            | ▪ Parents, Youth and Community                  |
| ▪ Faith-Based Community       | ▪ Colleges/ Universities/ Postsecondary schools |
| ▪ Family Resource Centers     |   |
| ▪ Hospitals/Community Clinics |   |

## **Roles & Responsibilities**

To be a Network Anaheim partner, organizations and individuals must be committed to the network philosophy and approach. Specific roles and responsibilities include:

- Participation in new partner orientation and training on philosophy
- Adoption and support of Network Anaheim’s vision, mission, philosophy and outcomes
- Gaining organizational buy-in for participation and support of philosophy (e.g., leadership commitment, promoting Network Anaheim on website, allowing use of logo on Network materials, etc.)
- Supporting and participating in Network Anaheim by active involvement in the following:
  - Shared measurement/evaluation
  - Test/implement specific strategies
  - Practice/culture change within own organization
  - Leverage existing assets to support collaborative
  - Help spread the philosophy to other partners and stakeholders
- Support and work towards implementation of the drivers of change
- Promote and represent Network Anaheim’s philosophy to other partners and stakeholders

### **Benefits of Serving as a Network Partner**

While the benefits of participation will vary based on who is involved and the level of engagement, participating in Network Anaheim is expected to reap numerous benefits for partner agencies and individuals, including but not limited to:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Collective strategies that will help partner organization’s realize their mission</li> <li>▪ Knowledge sharing</li> <li>▪ Seeing the “big picture”</li> </ul> | <ul style="list-style-type: none"> <li>▪ Joint problem solving and strategizing</li> <li>▪ Working collectively to support shared clients</li> <li>▪ Reducing duplication of services</li> <li>▪ Opportunities for creative solutions</li> </ul> |
|--|--|

### **COMMUNITY**

Anaheim Network is committed to continually involve and solicit feedback from community residents as part of its Continuous Improvement Management approach. Currently the Working Group solicits parent, youth, and resident feedback via its partners and through existing community groups such as DELAC (District English Learner Advisory Committee), PTSA’s (Parent Teacher Student Association), Community Liaisons, and various youth groups who participate in surveys, focus groups, and community meetings that gage the effectiveness of the service delivery system as well as specific program components as needed. Going forward, Network Anaheim will invest in a Community Engagement Coordinator to ensure Anaheim residents will continue to take an active role in advising and strengthening Network Anaheim’s efforts.

## **Network Anaheim Infrastructure Support**

An organizational infrastructure has been developed to ensure that the operations of Network Anaheim are working effectively towards achieving its goals. To date, the accomplishments of Network Anaheim have been a direct result of the dedication, time and resources of the collaborative partners (Working Group members). However, relying on in-kind partner resources alone has meant that progress is slower at times as the forward momentum of the network is reliant on the availability and resources of individual partners. Working group members are concerned that potential initiatives or opportunities may become available, but challenging to pursue due to lack of dedicated staff support.

Informed by the Magnolia Community Initiative as well as other collective impact efforts, the following organizational infrastructure has been designed to support the ongoing daily operations, management, and implementation of Network Anaheim. These Network support functions would be overseen (and prioritized) by the full Working Group and would directly support the work and actions of the Network Partners that contribute to Network Anaheim's goals of improved outcomes for children and youth. It is anticipated that the infrastructure will be phased in according to available resources and "readiness" of the Network to assume certain activities and tasks.

Phase 1 - Children's Bureau will provide dedicated staff for the initial start-up to assist with the continued development of Network Anaheim. This staff has extensive experience with Magnolia Community Initiative and will offer a broad range of expertise in the process.

Phase 2 - Six to nine months: Assuming sufficient resources, Children's Bureau will hire a full time Network Manager who will report to the Network Anaheim Working Group.

## **Fiscal Administration**

A Network Anaheim Working Group agency will serve as the fiscal agent and intermediary to provide Network Anaheim with an administrative home, be responsible for holding and disbursing the network's operating funds upon approval of the Network Working Group and Champions, and provide select back office support, such as human resources and accounting. This organization would also serve on the Working Group and be actively engaged in the implementation of the Network Anaheim strategies.

Network Anaheim has confirmed the Anaheim Family YMCA will serve as the fiscal agent for Network Anaheim. The YMCA will also provide space for Network Anaheim staff on an interim basis, until a permanent hub is identified for the network.

## **Network Manager**

An essential resource for Network Anaheim is a Network Manager to serve as the lead organizer, coordinator and manager of Network Anaheim. This position would be modeled after a similar position of the Magnolia Community Initiative in Los Angeles and would oversee the coordination and implementation of the Network to meet its mission, vision, philosophy, and strategies. This position would have the following responsibilities:

- Manage and support the network governance structure, including the work of the Partners, Working Group and Champions;
- Support partner development and implementation of change strategies;
- Oversight over fiscal and administrative functions, including management of other staff and/or contractors;
- Lead internal and external communications; lead the process necessary to communicate the philosophy and achieve the goals of Network Anaheim, including: coordinating, convening, and assisting with program planning, development and implementation for Network Anaheim staff and partners;
- Implement strategic partnerships;
- Oversee fund development and work closely with the Champions and Working Group to cultivate opportunities, secure funding through grants, and develop reports to grant making organizations (including foundations, and government sources);
- Oversee the measurement and monitoring of Network Anaheim's efforts and address issues necessary to enhance desired outcomes, and;
- Conduct new partner outreach and identification and support the Champions and Working Group in this effort.

## **Community Engagement Coordinator**

A core component of Network Anaheim is the active participation of community – youth, parents, residents, and community-based organizations. True community engagement takes skill, time and commitment, as well as ongoing dialogue and feedback. Network Anaheim is committed to investing in a staff position responsible for expertly identifying and engaging community in Network Anaheim. This position would also support the Network Manager in its duties. Specific responsibilities include:

- Support development and implementation of a community engagement plan;
- Outreach and build relationships with community groups, residents, students and families;
- Conduct public education to build the knowledge and reputation of Network Anaheim;
- Engage and support community members participating in Network Anaheim;
- Serve as bridge between community voices and Network governance structure.

## **Network Support Coordinator**

- Provide administrative support to Network Anaheim.
- Provide communication with all partners.
- Collect data and provide oversight of the database.

### Evaluation Consultant

A core strategy of this Plan is the development of common outcomes and a collaborative effort to collect and share data towards achievement of those outcomes. The organizational infrastructure includes a contracted position to help Network partners develop and implement an evaluation plan, provide technical assistance to partner agencies, and assist in the collection, analysis and reporting of outcome data. This position would serve on a contracted basis as the needs and capacity of Network Anaheim will shift over time.

### Facilitator Consultant

To provide expertise and facilitation support, a skilled consultant is needed to guide the Network Anaheim partners in developing and implementing the change strategies, continuous quality improvement processes, and implementation planning.

### Learning Community Consultant

To coach organizations in how to use the process improvement methods to set aims with goal targets, identify, collect, and use data for learning and change, identify meaningful actions.

## Steps to Guide Development

Network Anaheim seeks to align the multitude of services, initiatives and players in Anaheim working to support children, youth and families under a common vision, and to work towards collective outcomes. To support our Strategies, Network Anaheim outlined the following steps to guide its development over the next two years.

**1: Expand Network Anaheim’s partners to ensure diverse representation from public and private agencies, community-based organizations, and community residents.**

Network Anaheim will develop a community engagement plan to: 1) introduce parents, youth and communities to Network Anaheim, and 2) identify and engage parents and community residents to serve as Network Anaheim partners.

**2: Establish the Organizational Infrastructure to support ongoing operations and full implementation of this Plan.**

Full implementation of this Business Plan is contingent on the infrastructure support outlined in this plan. This strategy outlines the steps that will be taken to establish a successful infrastructure.

**3: Secure ongoing funding for the growth and operations of Network Anaheim.**

Network Anaheim recognizes that without a concerted development plan, the operational needs of Network Anaheim will not be secured. This strategy focuses on the creation and implementation of a fund development plan to secure funding opportunities to support Network Anaheim, including private donors and public sector grants.

**4: Explore and identify potential physical hub site(s).**

Network Anaheim will continue to identify potential physical hub site or sites.

**5: Explore virtual hub approach**

Network Anaheim will explore the potential for establishing a virtual hub to as outlined earlier in this Plan.

**6: Generate public awareness about Network Anaheim**

Key to the long-term success of Network Anaheim is a broad understanding and support of its vision and mission. This strategy outlines the steps the Network partners will take to champion Network Anaheim’s vision and approach for Anaheim with system partners and community and resident leaders.

**7: Identify and implement system change strategies**

Once the Network Partners have been established, they will focus on identifying and implementing critical systems change strategies. Network Anaheim will engage in a thoughtful process to elicit broad input on the potential strategies and implement a continuous quality improvement approach to implementation.

**8: Develop and implement an evaluation plan to monitor the impact of Network Anaheim**

Network Anaheim partners will develop and implement a process to guide the data collection, analysis and reporting to assess if Network Anaheim is achieving its intended results as outlined in its Theory of Change.

## **Network Anaheim Hub Concept**

A fundamental goal of Network Anaheim is to implement organizational, practice and systems change so that the systems are more effective in supporting children, youth and families. Network Anaheim is also committed to making it easier for families to be connected to services when needed. To achieve this, Network Anaheim is exploring

options to develop a **physical hub** where Partners can work together seamlessly to achieve the Network Anaheim goals and a **virtual hub** to connect the Network Partners to one another and community members to important information via a web-based platform. These approaches could be implemented separately or together, depending on the opportunities and availability of resources.

## Physical Hub(s)

While a Network Anaheim physical hub concept builds on the family resource center model, it goes beyond the intent of most family resource centers in two important ways:

1. Provide children, youth and families with an accessible location to access co-located and integrated services and supports provided by Network Anaheim partners, and;
2. Create Network partner learning communities to embed the Network philosophy at the sites, and identify, test and promote new and innovative change strategies for integrating services and supporting community level change.

Network Anaheim is inspired by the Magnolia Community Initiative physical hub in Los Angeles that serves a catchment area and provides services from a multitude of public and nonprofit organizations that support families and work collectively to implement the MCI vision and strategies. While not all of MCI's network partners are housed at this building, it serves as a crucial hub and laboratory for Magnolia to continuously implement and refine its practice change strategies and mobilize community.

Current Network Anaheim options being explored include:

### 1. **Establishment of a centralized hub**

Similar to Magnolia Place, Network Anaheim would like to develop a centralized hub that would house Network Anaheim's organizational infrastructure staff and a range of partners to provide services to residents in the City of Anaheim. Ideally this hub would be large enough to provide multiple services and supports for families and serve as a space to convene as Network Anaheim, community groups and other efforts focused on strengthening Anaheim.

### 2. **Establishment of multiple, smaller hubs within targeted neighborhoods**

Network Anaheim recognizes that Anaheim is large and has many different neighborhoods, which may require the development of smaller hubs located at school sites, community-based organizations, or family resource centers to provide Network Anaheim partner services and supports to targeted neighborhoods and/or school catchment areas. The Working Group is currently exploring the feasibility of developing a hub in a new family resource center, as well as other community-based sites. An FRC proposal by Network Anaheim partners YMCA and Western Youth Services with leadership from the Children's Bureau was submitted in February 2015, which if accepted would serve as an initial step in the multi-hub concept.

## Virtual Hub

Network Anaheim is exploring the use of technology to support collaboration among partners, increase community access to information, services and supports, and provide tools to promote community-wide health and well-being. The virtual hub concept would include two core components:

1. **A web-based portal that is a coordinated and fully integrated source of information on local community resources, services and information that support the four pillars of health and well-being.**

With wide access to the Internet and increasing use of mobile devices by Anaheim residents<sup>9</sup>, the virtual hub will provide residents and providers with online access to comprehensive information on programs, services and other important resources. This virtual hub will serve as a primary communication tool to engage community, promote and stage community events, and build a true brand for Network Anaheim. It will also serve as a communication and coordinating portal for Network Anaheim Partners.

2. **An interactive wellness program to engage individuals and groups (e.g. organizations, schools, neighborhoods) in interactive online programming to improve health and well-being.**

The online program would encourage participation in a series of daily activities that help individuals master healthy routines and make them habit forming. This integrative approach will help individuals and families get engaged, learn of the network partners and create long-term sustainable change. Another potential benefit is that it may be possible to sustain this strategy without additional funding by utilizing online revenue from the site.

Currently, in the absence of a physical or virtual hub, Network Anaheim continues to move forward with implementation of this Plan. However, they are also actively exploring various options within the City of Anaheim to develop a physical hub and exploring models for a virtual hub.

## Investment & Sustainability Plan

To date, the work of Network Anaheim has been supported through the in-kind resources of its Working Group partner agencies. As the network continues to grow and expand its partner base, however, stable, ongoing funding is necessary. The partners recognize that they must secure dedicated and ongoing funding for the organizational infrastructure to implement the strategies outlined in this Plan.

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<sup>9</sup> *Anaheim Achieves* parent survey conducted April 2014 by Marcus Management Solutions. Out of 1581 responses, 63% of parents have mobile access and 92% have Internet access via all electronic devices.

### Current and Ongoing Investments

Over the last several years, the current Working Group partners have dedicated considerable in-kind resources in the form of staff time, meeting and administrative support. The Working Group has contributed resources including their staff time to identifying and developing collaborative grant proposals, meeting coordination/convening, and business plan development. Moving forward, the Working Group partners will continue to devote their time and energy to the success of Network Anaheim and have committed equivalent to a .5 FTE based on their collective investments, to guide, support and implement Network Anaheim until sufficient and permanent infrastructure support is in place.

### Funding Needs

Implementation of this business plan is contingent on the backbone support that the proposed organizational infrastructure will provide. **This Plan includes an operating budget with a range of \$7,868,955 - \$16,048,270 to fund the proposed infrastructure support.** If funded, the proposed budget includes staffing and resource support to fully implement the strategies and action steps outlined in this Plan. The following budget includes personnel and contract support costs and administrative expenses to support the ongoing operations of Network Anaheim.

### Strategies Annual Budget Narrative

## STRATEGY OPERATING EXPENSES

### Strengthen protective factors for children, youth and families

- **Strengthening Families Self-Assessment:** agencies receive training, implementing guidance
- **Protective Factors Framework Trainings:** rental of space and food; preparation of materials and supplies for parents, partners trainings/meetings

**Total Strategy Cost: \$7,000**

### **Empower individuals to create change personally and in their communities**

- **Virtual Hub:** a mobile friendly virtual portal that is a coordinated and fully integrated source of information on local community resources, services and information that support the four pillars of health and well-being. (startup cost: \$95,000)
- **Togetherhood:** engage the community in resident-led service projects
- **Pop Up Events:** introduce youth and parents to Network Anaheim through neighborhood outreach events

**Total Strategy Cost: \$450,000-\$595,000**

### **Support all community stakeholders to affect community change**

- **Collaborative Meetings:** build relationships and service connections among partners

**Total Strategy Cost: \$7,500**

### **Move systems from transactional to transformational**

- **Physical Hub:** develop centralized physical hub to provide children, youth and families with an accessible location to access co-located and integrated services
- **Small Physical Hubs:** multiple smaller hubs in targeted neighborhoods

**Total Strategy Cost: \$7 million-\$15 million\***

*\*over multiple years*

### **Collaborative partners share a common vision**

- **Data collection:** collect data and share among partners to strengthen the Network Anaheim movement
- **Technical Assistance:** agencies receive guidance to update individual strategic plans to reflect shared commitment of the 4 pillars of Network Anaheim

**Total Strategy Cost: \$5,000**

### **Build trust and support for partner efforts**

- **Return on Involvement:** strengthen each partners' mission through ROI practices
- **Interactive Leadership Sessions:** intentional relationship building at meetings

**Total Strategy Cost:\$2,000**

### **Partners develop increased capacity by committing to participate as a Learning Community**

- **Continue Improvement Management Model:** agencies will utilize CIM annually
- **Learning Community Sessions:** agencies will participate in on going learning community town halls

**Total Strategy Cost: \$15,000**

## SUPPORT FOR ALL STRATEGIES EXPENSES

**Administrative Overhead:** rent, utilities, office supplies

**Total: \$60,000**

**Community-wide promotion:** Network Anaheim branded materials for partners and residents (USB drive bracelets, banners, T-shirts, notebooks)

**Total: \$50,000**

**Technology Equipment:** computers, printers, iPads, cell phones

**Total: \$20,000**

## PERSONNEL EXPENSES

**Network Anaheim Manager:** the lead organizer that would oversee the coordination and implementation of the Network Anaheim to meet its mission, vision and strategies

**Total: \$105,705**

**Community Engagement Coordinator:** develop community engagement plan; build relationships with community groups, residents, students & families; conduct public education

**Total: \$31,750- \$66,065\*\***

*\*\*Phased position: year 1 part time, year 2 fulltime*

**Network Support Coordinator:** provide communication with all partners, data collection, database and virtual hub support

**Total: \$60,000**

**Evaluation Consultant:** implement a CIM plan, provide technical assistance to agencies, and assist in the collection, analysis and reporting of outcome data to partners and community

**Total: \$25,000**

**Facilitator Consultant:** provide group facilitation for Network Anaheim partners for planning, implementation, network building and collective impact

**Total: \$20,000**

**Learning Community Consultant:** coach organizations in how to use process improvement methods to set aims with goal targets, identify, collect and use data for learning and change, identify meaningful actions that can focus on high leverage changes

**Total: \$10,000**

### **Fund Development**

Network Anaheim will also create a fund development plan to secure funding for the above budget. The Working Group members have a successful track record of working collaboratively over several years to identify, apply and secure grant support for their joint programming. While they will continue to identify programmatic funding opportunities, Network Anaheim will dedicate its efforts to securing several forms of funding in support of its organizational infrastructure.

During the planning of this Business Plan, the Working Group continued to explore options for funding that have included: 1) submitting a request to a private investor, 2) submitting a FaCT Family Resource Center RFP and 3) submitting an ACT Anaheim application.

### **Evaluation Plan**

To ensure the strategies and direction of Network Anaheim remain on track, the network will develop an evaluation plan to assess its progress towards achieving the strategies outlined in this Plan, as well progress towards achieving its vision and mission. Network Anaheim partners have a more than fifteen-year history of using the principles of Continuance Improvement Management (CIM) to evaluate their programs. CIM is a comprehensive process that provides both qualitative and quantitative data that helps the collaboration to thoroughly assess the effectiveness of programs' strategies and to guide programs' modifications as indicated. Network Anaheim evaluations usually include the following components:

- Documentation on effectiveness of programs achieving objectives and completing planned activities;
- Disaggregation of data (school, grade, duration of program participation) to determine dosage and programmatic practices that produce the most significant outcomes;
- Examination of program wide components that ensure equity between multiple sites if applicable, and;
- Surveys and focus groups that ascertain student, parent, staff and teacher perceptions/ satisfaction levels for each program element.

Network Anaheim will integrate the CIM principles into its evaluation plan to assess the progress and impact of the network in achieving its strategies.

The evaluation framework will include five core components:

- **Theory of Change** – A roadmap that articulates what conditions Network Anaheim believes need to be in place to achieve its four pillars. The TOC also includes the outcomes that Network Anaheim is working to improve. The TOC is a living document that will be reviewed and refined as new partners join Network Anaheim to ensure it continues to reflect Network Anaheim’s thinking and the conditions in place in Anaheim.
- **Metrics** – Network Anaheim will develop a set of key metrics to ensure that good data exists to track progress, identify potential gaps and barriers, share lessons learned and demonstrate the impact of its work. Network Anaheim partners will track these measures over time to assess impact.
- **Data Collection**– Network Anaheim will develop an approach for gathering the desired data. This will require data partnerships among the Network Anaheim partners and support from evaluation and data experts.
- **Data Analysis & Reporting** – Network Anaheim will analyze and report on the results of its data collection and evaluation. Network partners will use a “Dashboard” and other reporting tools to evaluate and engage in continuous process improvements. These tools will also assist in messaging the impact of Network Anaheim’s work to external stakeholders.
- **Data Development Plan** – a plan to develop meaningful data that does not currently exist to inform progress on the impact of Network Anaheim strategies that

Core questions that the data collection efforts will address are:

- Are we improving results for children, youth and families?
- Are conditions and behaviors changing in Anaheim?
- Are partners engaged in this change work making progress?
- What unintended consequences have emerged from our work? Do we need to make changes as a result?
- What strategy modifications are needed?

## Next Steps in Implementation Plan

Network Anaheim’s collaborators continue to share a solid commitment to moving to the next level of its vision for Anaheim by implementing the eight strategies identified in this Plan now. However, at this time, there is the effort of the current Work Group (equivalent to .5FTE) that continues to meet regularly but is hindered as each partner participates in addition to regular work responsibilities. Funding is essential to establishing the organizational infrastructure that will support the Implementation Plan with the full effort and time of a dedicated staff (See Appendix 2 Annual Strategy Plan).

## **Appendices**

1. Pathways for Learn Well, Move Well, Think Well, and Live Well
2. Annual Strategy Plan
3. Theory of Change
4. Drivers of Change
5. Strategies Annual Budget Narrative

## LEARN WELL

**VISION: Children of all ages and their families in Anaheim will lead healthy, meaningful, productive lives and enrich society**

<b>Long Term Outcomes</b>	<b><i>Children are ready for school, succeed in school and are college and career ready</i></b>					
<b>Intermediate Outcomes</b>	Children are ready for school			Youth are prepared for 21 <sup>st</sup> century careers		
<b>CYF Behavior Change</b>	Parents are engaged in children's education	Children attend school regularly	Children and youth set and obtain goals for higher education/careers	CYF build skills and healthy habits	Youth graduate from high school	
<b>Change in CYF Conditions</b>	Increased protective factors	Increased knowledge and skills in STEM	CYF's basic needs are met (Access to food, shelter, etc.)	CYF are healthy	Support networks in place for families	Proficiency in English language
<b>Change in Community Conditions</b>	Economic and employment opportunities	Safe communities, homes, schools	Healthy food options	Role Models & Mentors for CYF	Shelter/Affordable Housing	
<b>Systems Change</b>	Access to a coordinated, continuum of services/supports for CYF (PreK – secondary)	Access to cultural, spiritual & physical enrichment activities	Provision of culturally sensitive & competent services	Increase youth access to technology		

## Network Anaheim MOVE WELL

**VISION: Children of all ages and their families  
in Anaheim will lead healthy, meaningful, productive lives and enrich society**

<b>Long Term Outcome</b>	<b><i>Children, Youth &amp; Families are Physically Active and Healthy</i></b>				
<b>Intermediate Outcomes</b>	CYF have reduced health risk factors		CYF maintain healthy bodies		
<b>CYF Behavior Change</b>	CYF make healthy food choices	CYF engage in regular physical activity	Families and communities exercise together	Parents and caregivers reduce stress	Families engage in preventative health care
<b>Change in CYF Conditions</b>	Knowledge and skills to make healthy food choices	Opportunities to engage in physical activity			
<b>Change in Community Conditions</b>	Healthy food options	Safe and accessible places to recreate	Quality and accessible healthcare	Support systems in place for parents	
<b>Systems Change</b>	Establish nutrition standards for children and youth in schools and afterschool programs	Sufficient physical activity for children and youth in schools and afterschool programs (Increase alternative exercise programs, schools build in routines for health and wellness)	Systems serving children and youth increase employee health and wellness	Empower CYF to engage in exercise and healthy habits	Tools and programs developed to support healthy living

**Network Anaheim  
THINK WELL**

**VISION: Children of all ages and their families in Anaheim will lead healthy, meaningful, productive lives that enrich society**

<b>Long Term Outcome</b>	<b><i>Children, Youth and Families are Socially-Emotionally Healthy</i></b>							
<b>Intermediate Outcomes</b>	CYF have positive social-emotional skills				CYF have protective factors			
<b>CYF Behavior Change</b>	CY build strong relationship(s) with caregiver/role model	Parents/ Caregivers reduce stress	Reduced stigma of mental health issues	CYF feel physically and emotionally safe in homes, school and community	CYF build protective factors: Self Awareness, Self Regulation, Empathy, Resiliency, etc.			
<b>Change in CYF Conditions</b>	Families have tools for family stability	Increased exposure/ interactions with role models	Participate in experiential learning	Physical and Emotional Safety	Caring, nurturing home and school environments	Support networks are in place for families	Empathy-based parenting skills	
<b>Change in Community Conditions</b>	Mentors and Role Models for Youth	Accessible mental health services	Community-building opportunities	Opportunities for children to play	Empathy-based child-rearing guidance & support for caregivers			
<b>Systems Change</b>	Build/maintain supportive relationships between children and caregivers/role models	Continuum of social-emotional services & supports, PreK through secondary	Services are trauma-informed	Elevate awareness and importance of mental health issues	Schools serve as community hubs	Integrated, accessible mental health programs		

**Network Anaheim  
LIVE WELL**

**VISION: Children of all ages and their families  
in Anaheim will lead healthy, meaningful, productive lives and enrich society**

<b>Long Term Outcome</b>	<b><i>Children, youth and families are economically self-sufficient</i></b>			
<b>Intermediate Outcomes</b>	Youth are prepared for 21 <sup>st</sup> century careers		Youth and adults are prepared to earn a living wage	
<b>CYF Behavior Change</b>	Culture of ongoing learning and skill building	Youth and adults set and obtain goals for careers/higher education	Children are ready for school	CYF have protective factors
<b>Change in CYF Conditions</b>	CYF build knowledge and skills: personal finance, ESL, STEM	Families are able to meet basic needs		Opportunities for mentoring
<b>Change in Community Conditions</b>	Support networks in place for families in times of need (e.g. tax preparation, financial education, etc.)	Availability of affordable housing, health care, child care, transportation	STEM training, education and workforce development	Economic opportunities
<b>Systems Change</b>	Continuum of social-emotional services & supports, PreK through secondary	Build/maintain supportive relationships between children and caregivers/role models	System priority for ongoing learning and skills development of CYF	



## Annual Strategy Plan

The following seven strategies will support the overarching pillars of community change: Move Well, Learn Well, Think Well and Live Well.

1. Strengthen protective factors for children, youth and families			
Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Protective factors are critical to ensuring improved conditions for children, youth and families.</p> <p>There is a need to strengthen protective factors.</p>	<p>All service providers are trained and are using the Protective Factors Framework in their organizational practices/ activities.</p> <p>All service providers/staff will Complete the Strengthening Families Self Assessment.</p>	<p>80% of Network Anaheim partners are trained and implementing/operating within the Protective Factors Framework.</p> <p>100% of agencies participate in the Strengthening Families Self Assessment.</p>	<p>100% of all agencies will have 90% of all staff trained in the Protective Factors Framework.</p> <p>95% will have a plan in place that links their activities to the Framework.</p>
2. Empower individuals to create change personally and in their communities			
Needs/Assumptions	Actions Steps	Outputs	Impact
<p>All children, youth and families possess strengths and qualities that can contribute to positive community impact.</p> <p>All individuals want to be an active participant in making those decisions that will affect their life.</p>	<p>Develop virtual hub that is mobile ready to provide and track community-wide wellness challenges and connecting agencies.</p> <p>Implement the YMCA's "Togetherhood" model to engage the community in resident-led service projects.</p> <p>Introduce youth and parents to Network Anaheim through outreach "Pop Up" neighborhood events.</p>	<p>500- 1000 residents participating in volunteer leadership activities over three years.</p> <p>2500-8000 online mobile users.</p> <p>Host 10 Pop-Up events to introduce the virtual app.</p>	<p>15-25 parents/ residents will have an active and ongoing leadership role in advising the Working Group and strengthening Network Anaheim efforts.</p> <p>25,000 -55,000 residents will be more strongly connected to services that align to the 4 pillars.</p>
3. Support all community stakeholders to affect community change			
Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Leveraging resources and expertise leads to true systems change.</p> <p>Change occurs when ALL stakeholders are actively engaged in Network Anaheim philosophy.</p>	<p>Leverage resources and expertise to strengthen community outreach efforts partners/agencies.</p> <p>Conduct a community "Kick Off" event.</p>	<p>75% of Network Anaheim Partners will refer 50% of current clients to another Network partner within a year.</p>	<p>100% of Network Anaheim Partners sharing the same philosophy.</p> <p>90% of Network Anaheim clients will be contacted by two or more Network Partners within a year (not initiated by client).</p>

#### 4. Move systems from transactional to transformational

Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Maximize the effectiveness of services by synthesizing the resources through obscuring organizational boundaries between agencies.</p> <p>Not changing the conditions of the environment.</p>	<p>Build relationships among service providers.</p> <p>Develop centralized physical hub in Anaheim to provide access to co-located and integrated services.</p> <p>Develop multiple smaller hubs in targeted neighborhoods</p>	<p>100% of Network Anaheim Partners will build relationships with residents at hub.</p> <p>100% of Network Anaheim Partners will have a physical presence at the hub.</p> <p>90% of Network Anaheim Partners will refer 75% of their clients to another Network partner by the third year.</p>	<p>10,000- 20,000 Residents will have access to a centralized service delivery system.</p>

#### 5. Collaborative partners share a common vision

Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Anaheim agencies operate in silos</p>	<p>Collect data and share among partners to strengthen the Network Anaheim movement.</p> <p>Agencies update individual strategic plans to reflect shared commitment of the 4 pillars of Network Anaheim.</p>	<p>85% of Network Anaheim Partners develop their strategic plans and/or other updated planning documents with the common vision.</p>	<p>100% of Network Anaheim Partners share same standards in dealing with Anaheim residents.</p>

#### 6. Build trust and support for partner efforts

Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Anaheim agencies do not have the time to build relationships with other agencies because they are busy implementing/delivering their own services.</p>	<p>Help strengthen each partner's mission through Return on Involvement (ROI) practices.</p> <p>Intentional relationship building at meetings.</p> <p>Align meetings of the Anaheim Human Services Network to Network Anaheim partner meetings.</p>	<p>100% of Network Anaheim Partners will participate in the "Linkages" survey that measures how well partners are connected to each other.</p> <p>Each Network Anaheim Partner will complete an ROI form indicating how Network Anaheim can strengthen their agency mission.</p>	<p>90% of agencies value their relationship with other Network Anaheim Partners.</p> <p>90% of agencies believe participation in Network Anaheim is worthwhile.</p> <p>90% of Network Anaheim Partners will report having learned about or connected to at least one other agency for the first time.</p>

#### 7. Partners develop increased capacity as a Learning Community

Needs/Assumptions	Actions Steps	Outputs	Impact
<p>Most Anaheim agencies focus on customer/ client satisfaction surveys.</p> <p>Anaheim agencies are not aware of the EDI results.</p>	<p>Each agency will commit to Continuous Improvement Management model.</p> <p>All agencies will self-identify which of the 4 pillars their organization's mission aligns to when joining Network Anaheim.</p> <p>Conduct trainings with the agencies on EDI.</p>	<p>100% of Network Partners will have at least three staff members take the pre-post Practice Change Survey every year.</p> <p>90% of Network Partners will choose one area to improve within their organization as a result of the Practice Change Survey in the first year of participation.</p>	<p>50% of Network Partners will increase their score in the pre-post Practice Change Survey in their first year of Network participation.</p> <p>75% of Network Partners will increase their score in the pre-post Practice Change Survey by their third year of Network participation.</p> <p>100% agencies will be aware of the local community EDI results.</p> <p>90% of Network Partners will score 4 (scale 1-5) on the Practice Change Survey within three years of Network participation.</p>

# Network Anaheim Theory of Change

**Vision** Children of all ages and their families in Anaheim will lead healthy, meaningful, productive lives that enrich society

Long Term Outcomes

**MOVE WELL**  
Children, youth and families are physically active and healthy

**LEARN WELL**  
Children are ready for school, succeed in school and college & career ready

**THINK WELL**  
Children, youth and families are socially and emotionally healthy

**LIVE WELL**  
Children, youth and families are economically self-sufficient

Outcomes

Children are ready for school • CYF have reduced health risk factors • CYF maintain healthy bodies • CYF have protective factor • Youth are prepared for 21<sup>st</sup> century careers • Youth & adults prepared to earn a living wage

Behavior Change

CYF build healthy habits • Parents/Caregivers reduce stress • Children attend school regularly • Reduce stigma of mental health issues • Youth/adults set and obtain goals for careers/higher education

Change in Condition

Increase in Protective Factors • Support networks are in place for families • Caring, nurturing homes and school environments • Knowledge and skills: nutritional, financial, parenting, English language proficiency, occupational Physical & Emotional Safety • Basic needs are met

Change in Community Conditions

Healthy Food Options • Support systems for parents/caregivers • Safe homes, neighborhoods, schools  
Role models/mentors for youth • Early childhood education opportunities • Economic opportunities  
Affordable housing



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# OVER 100 YEARS OF SERVICE



## 1911

The Anaheim Family YMCA was established in 1911 by Charles Pearson (who would later go on to become the city's mayor). The YMCA operated out of a house on Philadelphia Street and began offering Hi-Y clubs in local schools. In 1924, Camp Osceola began the Anaheim Y's first camping season. The YMCA Indian Guides program got started two years later, providing parents and children the opportunity to share one-on-one experiences.

## 1930s-1950s

In 1930, the Anaheim YMCA became incorporated. Through the 40s, the Hi-Y Clubs continued to be very popular among youth. In 1950, the YMCA building on Citron Street was constructed, providing a place for even more young people to share in the YMCA experience. Also in 1950, a new YMCA program called Youth & Government made its mark with local high school students.

## 1960s-1980s

In the late 1960s, the shores of Catalina Island became the home of YMCA Camp Fox, a place for teens to continue their camp experience. In 1967, ground-breaking began at the YMCA's North Street location. A two-phase plan resulted in a magnificent 58,000 sq. ft. facility offering expanded sports activities, aerobics and swimming. The building was officially dedicated in 1972 thanks to generous support from the Crean family, Klein family and many others. In 1980, the word "family" was added to the YMCA's name; it would now be officially called the Anaheim Family YMCA.

## 1980s-1990s

In 1993, the YMCA opened the Children's Station through a partnership with the City of Anaheim to offer quality, low-cost childcare. In 1994, YMCA Character Development was adopted nationwide, tying all Y programs to the four pillars of Honesty,

Caring, Respect and Responsibility. In 1995, the YMCA sold its North Street facility and expanded programs across Anaheim. In 1998, the YMCA partnered with the City to offer its Youth Sports programs at the Downtown Community Center. In 1999, the Anaheim Achieves after-school program made its debut on 16 school sites, providing a safe place for thousands of students each day.

## 2000-Today

In 2001, the Anaheim Y kicked off its new Endowment Program to help ensure a strong, viable YMCA for future generations. In 2011, the Anaheims Family YMCA celebrated its 100th anniversary.

Today, the Anaheim Family YMCA impacts more than 18,000 people of all ages annually. **Our cause is to strengthen community and so much more through a focus on youth development, healthy living and social responsibility.** Our community impact is made possible by a volunteer board of directors, 400 full and part-time staff, and hundreds of volunteers and supporters.

From infants to active older adults, the Anaheim Family YMCA impacts people of all ages through a variety of character-building programs in more than 55 locations across Anaheim, Stanton, Cypress and La Palma. The Anaheim Achieves after-school program serves 5,500 students daily in 46 schools, promoting math, literacy, fitness and values; Youth Sports promotes teamwork, fitness and character; the Children's Station gives our youngest residents ages 8 weeks to 6 years a positive start; Youth & Government builds teens' confidence and leadership; YMCA Express improves the well-being of active older adults; and Resident Camps, Day Camps, Swim and more provide positive summer outdoor experiences. The YMCA is currently planning centers of wellness in the community to further strengthen the health and well-being for all residents.

**ANAHEIM FAMILY YMCA**  
[www.anaheimymca.org](http://www.anaheimymca.org)

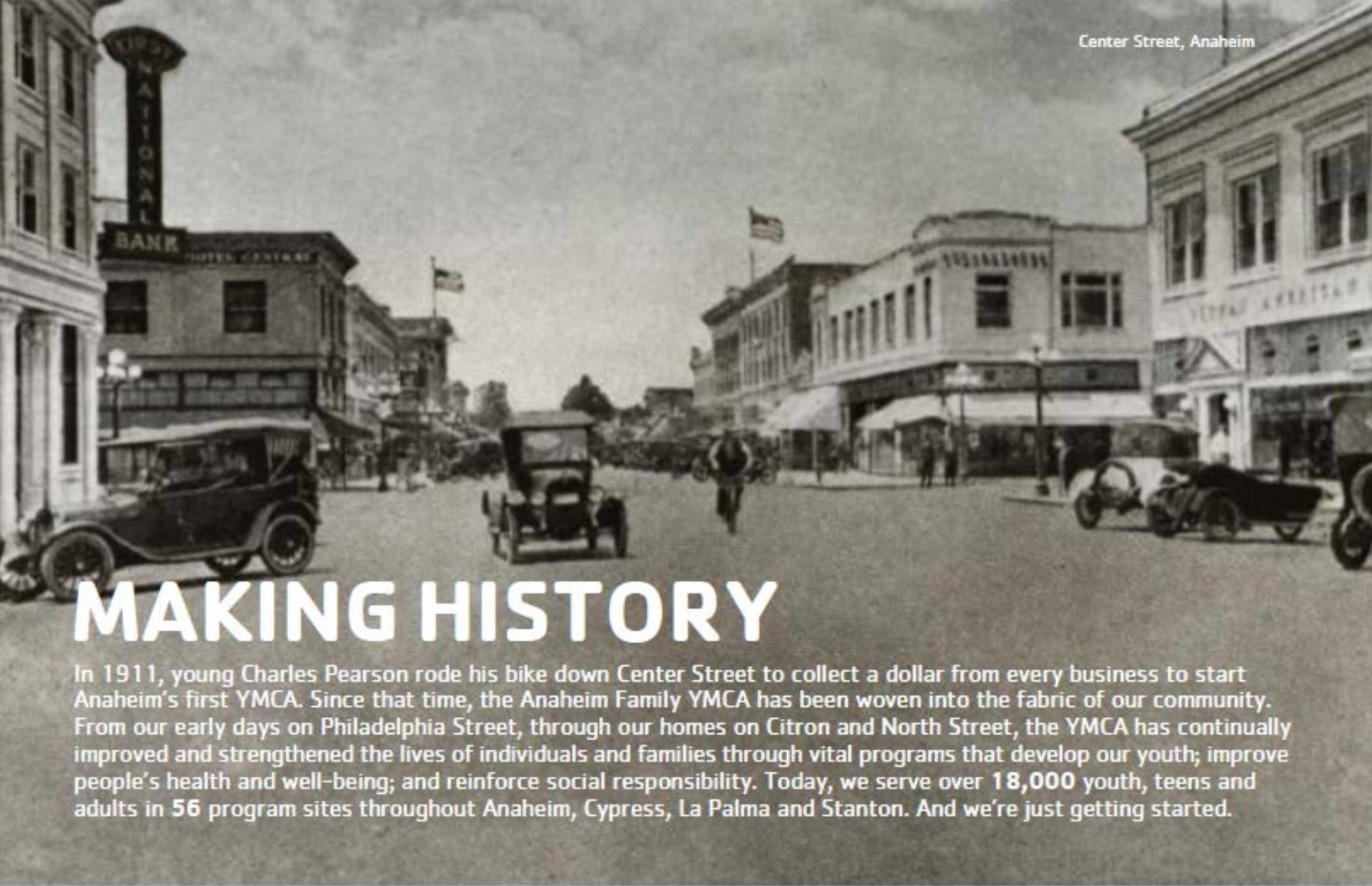


FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A GREATER IMPACT

Capital Campaign Case for Support  
ANAHEIM FAMILY YMCA

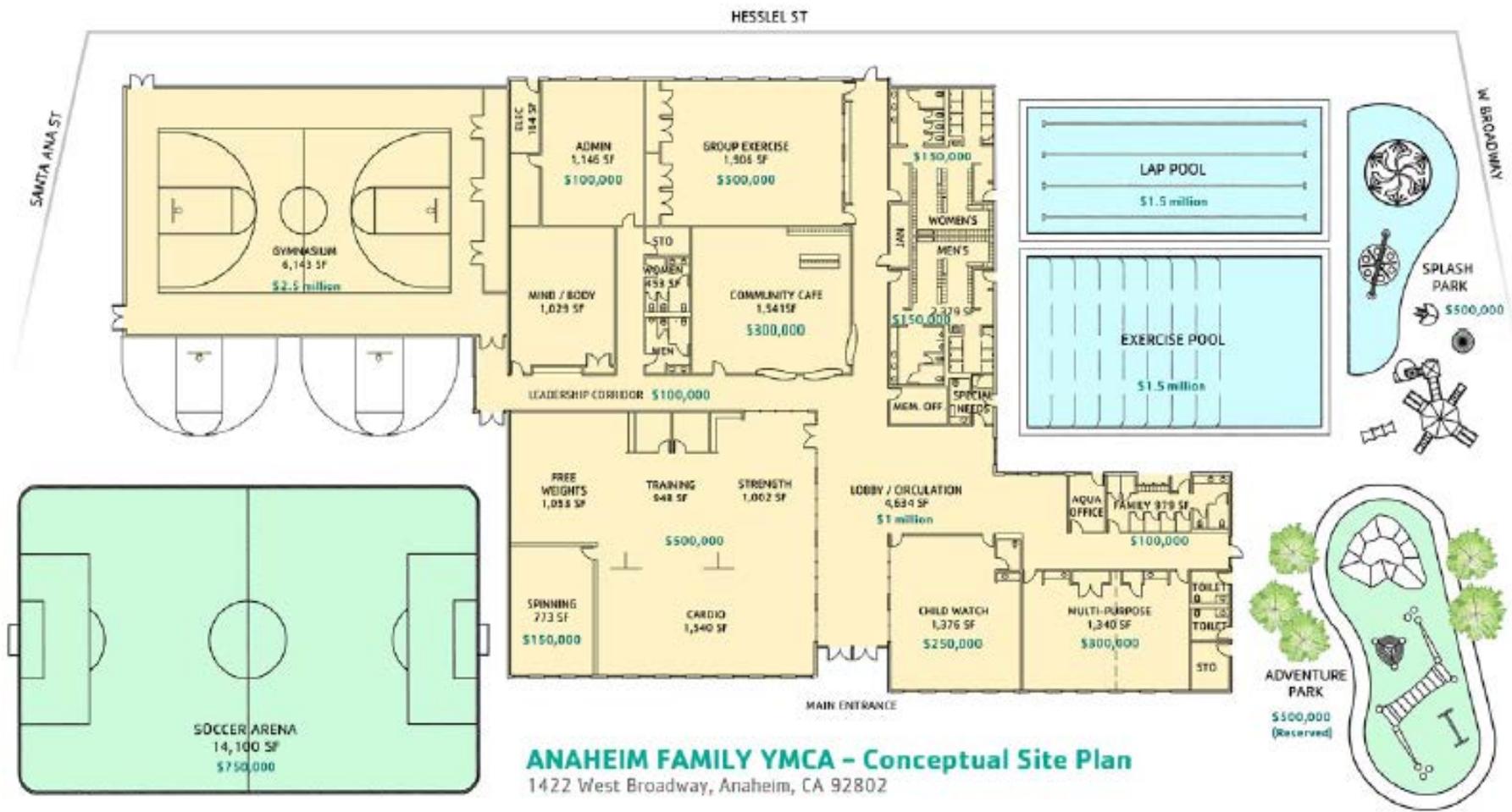




Center Street, Anaheim

# MAKING HISTORY

In 1911, young Charles Pearson rode his bike down Center Street to collect a dollar from every business to start Anaheim's first YMCA. Since that time, the Anaheim Family YMCA has been woven into the fabric of our community. From our early days on Philadelphia Street, through our homes on Citron and North Street, the YMCA has continually improved and strengthened the lives of individuals and families through vital programs that develop our youth; improve people's health and well-being; and reinforce social responsibility. Today, we serve over **18,000** youth, teens and adults in **56** program sites throughout Anaheim, Cypress, La Palma and Stanton. And we're just getting started.



# IT STARTS WITH YOU

**CORE FACILITY**  
 21,900 ft<sup>2</sup>  
**\$10.9 mil**

**+ SOCCER ARENA**  
 +14,100 ft<sup>2</sup>  
 + \$375k  
**\$11.3 million TOTAL**

**+ POOL (outdoor)**  
 + 12,000 ft<sup>2</sup>  
 + \$1.7 mil  
**\$13 million TOTAL**

**+ GYM**  
 + 4,400 ft<sup>2</sup>  
 + \$1.9 mil  
**\$14.9 million TOTAL**

**HELP US GET THERE**  
 This \$15 million campaign will create 26,300 ft<sup>2</sup> YMCA facility, with added outdoor program space, including:

- Health & Wellness
- Community Cafe
- Adventure Park
- Child Watch
- Lockers/Showers
- Parking
- Pool/Splash Area
- Gymnasium
- Group Exercise
- Soccer Arena
- Multi-Purpose
- Landscaping

Future expansion can include a pool enclosure and other improvements to address community needs.



# VISION FOR THE FUTURE

At the YMCA, we don't just change lives—we **save lives**. We do this by instilling lifelong values in youth, teaching kids to swim, guiding teens away from gangs and toward leadership, helping families become healthier by reducing the risk of chronic disease, and creating opportunities to give back. **This is the Y** — and our cause is to strengthen the foundations of community.

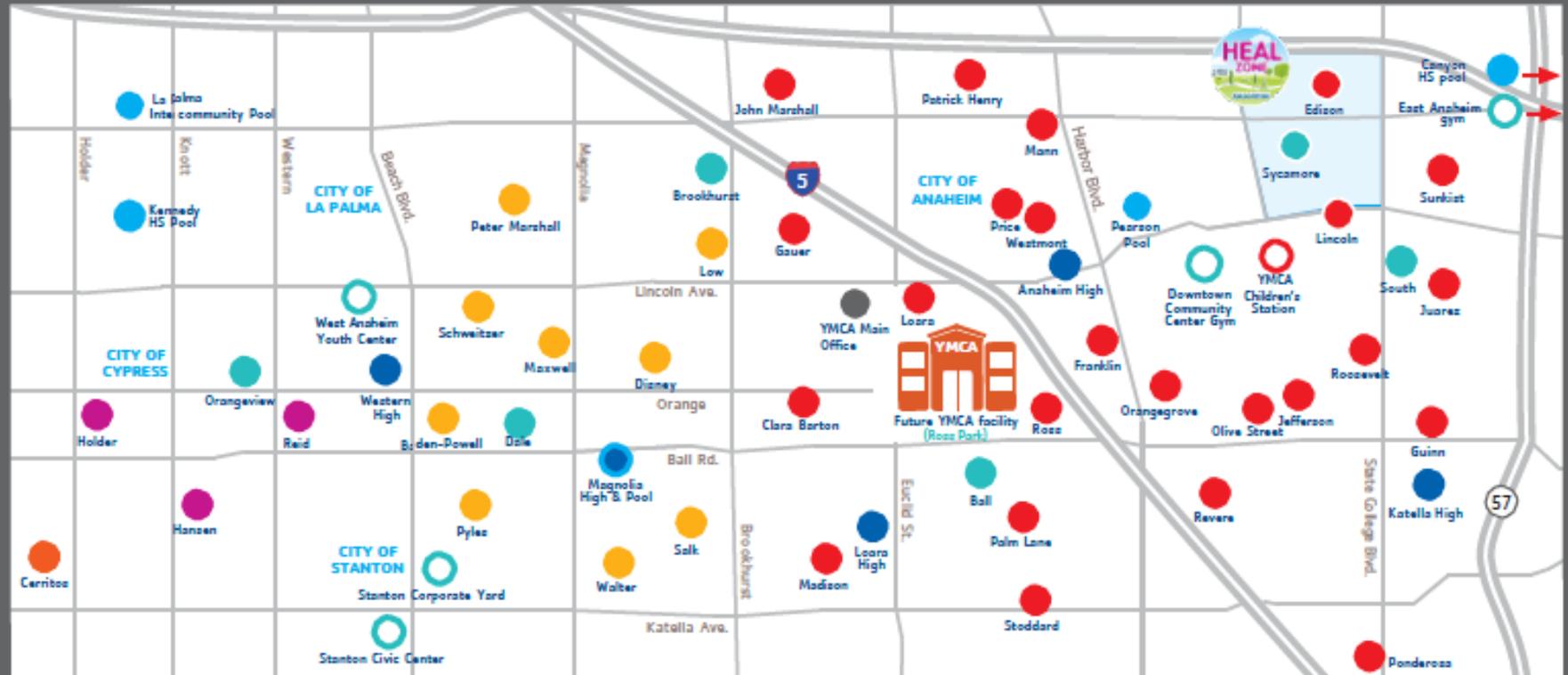
Today's residents are seeking ways to keep their **families** closer, have a greater sense of **belonging** and become **healthier** at a time when 40% of our youth are at risk of diabetes and other chronic diseases. Together, we have the power to address these needs and transform people's lives like never before.

We are already in the schools where kids learn—and will soon have a greater impact in communities where families live. In response to community needs, the Anaheim Family YMCA is proposing a \$15 million capital campaign to build a permanent full-service facility at Ross Park. This project will expand the YMCA's reach from 18,000 people to more than **30,000 people** of every age and background.

Beyond health and wellness, this new YMCA facility will help us do **so much more**. It will be a place that welcomes all and expands our efforts in early childhood development, teen leadership, family programs, after-school outreach and volunteerism. It will also help the Y provide more scholarships and camperships to deserving youth.



WE STRENGTHEN COMMUNITIES AND SO MUCH MORE.



**ANAHEIM FAMILY YMCA**

240 S. Euclid Street, Anaheim, CA 92802  
 P 714 635 9622 W anaheimymca.org

-  Anaheim Achieves (24)  
Anaheim City School District
-  Anaheim Achieves (6)  
Anaheim Union H.S. District  
(Junior High)
-  City Partner Space
-  Anaheim Achieves (9)  
Magnolia School District
-  Anaheim Achieves (5)  
Anaheim Union H.S. District  
(High School)
-  YMCA Children's Station  
Infant Care, Childcare & Preschool
-  Anaheim Achieves (3)  
Savanna School District
-  Character Builders  
After School
-  Pools with YMCA Swim Program

# A Healthy Beginning for Young California Kids: Universal Developmental & Behavioral Screenings

Identifying concerns and intervening early **boosts child success** and **reduces health and education system costs**



Nearly **85%** of brain development happens in the first three years of life

Infants and toddlers rapidly grow and gain skills in many areas simultaneously:



gross & fine motor



cognitive & problem-solving



social & emotional



speech & language

Pediatricians recommend all children be screened routinely between birth and age three



Fewer than **1 in 3** young children in California receive timely developmental screenings



**1 in 4 CA kids** under age 6 are at moderate- or high-risk for developmental, behavioral, or social delays, but

**CA ranks 30<sup>th</sup>** in the nation on the rate of infant & toddler developmental screenings

**California can do better!**

**2 in 5 CA parents**

with children under age 6 report having concerns about their child's physical, behavioral, or social development

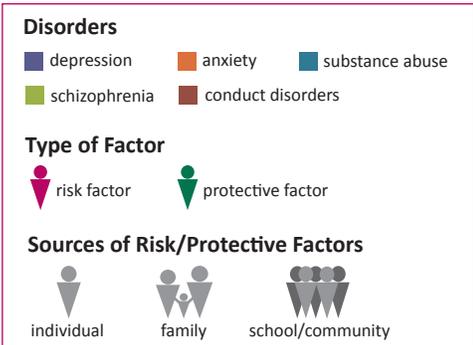


**Routine screenings** of children's development during a health care visit help guide referrals to the services children need, resulting in cost-effective care and better outcomes for kids





## Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle



- Difficult temperament
- Insecure attachment
- Hostile to peers, socially inhibited
- Irritability
- Fearfulness
- Difficult temperament
- Head injury
- Motor, language, and cognitive impairments
- Early aggressive behavior
- Sexual abuse

- Parental drug/alcohol use
- Cold and unresponsive mother behavior
- Marital conflict
- Negative events
- Cold and unresponsive mother behavior
- Parental drug/alcohol use
- Family dysfunction
- Disturbed family environment
- Parental loss

- Poor academic performance in early grades
- Specific traumatic experiences
- Negative events
- Lack of control or mastery experiences
- Urban setting
- Poverty

- Self-regulation
- Secure attachment
- Mastery of communication and language skills
- Ability to make friends and get along with others
- Reliable support and discipline from caregivers
- Responsiveness
- Protection from harm and fear
- Opportunities to resolve conflict
- Adequate socioeconomic resources for the family
- Support for early learning
- Access to supplemental services such as feeding, and screening for vision and hearing
- Stable, secure attachment to childcare provider
- Low ratio of caregivers to children
- Regulatory systems that support high quality of care

- Negative self-image
- Apathy
- Anxiety
- Dysthymia
- Insecure attachment
- Poor social skills: impulsive, aggressive, passive, and withdrawn
- Poor social problem-solving skills
- Shyness
- Poor impulse control
- Sensation-seeking
- Lack of behavioral self-control
- Impulsivity
- Early persistent behavior problems
- Attention deficit/hyperactivity disorder
- Anxiety
- Depression
- Antisocial behavior
- Head injury
- Self-reported psychotic symptoms

- Parental depression
- Poor parenting, rejection, lack of parental warmth
- Child abuse/maltreatment
- Loss
- Marital conflict or divorce
- Family dysfunction
- Parents with anxiety disorder or anxious childrearing practices
- Parental overcontrol and intrusiveness

- (family risk factors continued)
- Parents model, prompt, and reinforce threat appraisals and avoidant behaviors
  - Marital conflict; poor marital adjustments
  - Negative life events
  - Permissive parenting
  - Parent-child conflict
  - Low parental warmth
  - Parental hostility
  - Harsh discipline
  - Child abuse/maltreatment
  - Substance use among parents or siblings
  - Parental favorable attitudes toward alcohol and/or drug use
  - Inadequate supervision and monitoring
  - Low parental aspirations for child
  - Lack of or inconsistent discipline
  - Family dysfunction

- Peer rejection
- Stressful life events
- Poor grades/achievements
- Poverty
- Stressful community events such as violence
- Witnessing community violence
- Social trauma
- Negative events
- Lack of control or mastery experiences

- (school/community risk factors continued)
- School failure
  - Low commitment to school
  - Peer rejection
  - Deviant peer group
  - Peer attitudes toward drugs
  - Alienation from peers
  - Law and norms favorable toward alcohol and drug use
  - Availability and access to alcohol
  - Urban setting
  - Poverty
  - Mastery of academic skills (math, reading, writing)
  - Following rules for behavior at home, school, and public places
  - Ability to make friends
  - Good peer relationships
  - Consistent discipline
  - Language-based rather than physically-based discipline
  - Extended family support
  - Healthy peer groups
  - School engagement
  - Positive teacher expectations
  - Effective classroom management
  - Positive partnering between school and family
  - School policies and practices to reduce bullying
  - High academic standards

# Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle *(continued)*

## ADOLESCENCE

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support
- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)

- Parental depression
- Parent-child conflict
- Poor parenting
- Negative family environment (may include substance abuse in parents)
- Child abuse/maltreatment
- Single-parent family (for girls only)
- Divorce

### *(family risk factors continued)*

- Marital conflict
- Family conflict
- Parent with anxiety
- Parental/marital conflict
- Family conflict (interactions between parents and children and among children)
- Parental drug/alcohol use
- Parental unemployment
- Substance use among parents
- Lack of adult supervision
- Poor attachment with parents
- Family dysfunction
- Family member with schizophrenia
- Poor parental supervision
- Parental depression
- Sexual abuse
- Peer rejection
- Stressful events
- Poor academic achievement
- Poverty
- Community-level stressful or traumatic events
- School-level stressful or traumatic events
- Community violence
- School violence
- Poverty
- Traumatic event
- School failure
- Low commitment to school
- Not college bound
- Aggression toward peers
- Associating with drug-using peers
- Societal/community norms about alcohol and drug use

### *(school/community risk factors continued)*

- Urban setting
- Poverty
- Associating with deviant peers
- Loss of close relationship or friends
- Positive physical development
- Academic achievement/intellectual development
- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture
- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Clear expectations for behavior and values
- Presence of mentors and support for development of skills and interests
- Opportunities for engagement within school and community
- Positive norms
- Clear expectations for behavior
- Physical and psychological safety

## EARLY ADULTHOOD

- Early-onset depression and anxiety
- Need for extensive social support
- Childhood history of untreated anxiety disorders
- Childhood history of poor physical health
- Childhood history of sleep and eating problems
- Poor physical health
- Lack of commitment to conventional adult roles
- Antisocial behavior
- Head Injury

- Parental depression
- Spousal conflict
- Single parenthood
- Leaving home
- Family dysfunction

- Decrease in social support accompanying entry into a new social context
- Negative life events
- Attending college
- Substance-using peers
- Social adversity

- Identity exploration in love, work, and world view
- Subjective sense of adult status
- Subjective sense of self-sufficiency, making independent decisions, becoming financially independent
- Future orientation
- Achievement motivation

- Balance of autonomy and relatedness to family
- Behavioral and emotional autonomy

- Opportunities for exploration in work and school
- Connectedness to adults outside of family

**Disorders**

- depression
- schizophrenia
- anxiety
- conduct disorders
- substance abuse

**Type of Factor**

- risk factor
- protective factor

**Sources of Risk/Protective Factors**

- individual
- family
- school/community

# Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life

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WORKING PAPER 6



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The National Scientific Council on the Developing Child, housed at the Center on the Developing Child at Harvard University, is a multi-disciplinary collaboration designed to bring the science of early childhood and early brain development to bear on public decision-making. Established in 2003, the Council is committed to an evidence-based approach to building broad-based public will that transcends political partisanship and recognizes the complementary responsibilities of family, community, workplace, and government to promote the well-being of all young children.

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Suggested citation: National Scientific Council on the Developing Child (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper #6*. <http://www.developingchild.net>

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# The Issue

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SIGNIFICANT MENTAL HEALTH PROBLEMS CAN AND DO OCCUR IN YOUNG CHILDREN. IN SOME CASES, these problems can have serious consequences for early learning, social competence, and lifelong health. Furthermore, the foundations of many mental health problems that endure through adulthood are established early in life through the interaction of genetic predispositions and sustained, stress-inducing experiences. This knowledge should motivate practitioners and policymakers alike to address mental health problems at their origins, rather than only when they become more serious later in life.

Public awareness of significant emotional and behavioral problems in early childhood is growing, as preschool teachers report increasingly major disruptions in their classrooms<sup>1</sup> and kindergarten teachers identify social and emotional problems as a common impediment to school readiness.<sup>2,3</sup> The emergence of mental health problems in young children occurs within the context of an environment of relationships that can include parents, relatives, caregivers, teachers, and peers. Science shows that this environment of relationships plays a critical role in shaping a child's social, emotional, and cognitive development in the earliest years of life. In turn, problems in these domains affect not only the child, but those who care for, play with, or attempt to teach that child. Thus, while problems in cognitive development are already the focus of much attention, emerging emotional and behavioral problems in the early years are also an important societal issue that must be addressed.

The science of early childhood development also tells us that, for some children, mental health problems may begin early and endure. Although establishing diagnostic criteria for psychological disorders in young children remains a challenge, many children show clear characteristics of anxiety disorders, attention-deficit/hyperactivity disorder, conduct disorder, depression, post-traumatic stress disorder, and other problems at a very early age.<sup>4</sup> Recent reports suggest that some of the characteristics of neuro-developmental disabilities such as autism can be detected during the first year<sup>5</sup> and that older children often exhibit the emotional legacy of early abuse or neglect.<sup>6</sup> Beyond the challenges facing these children and their caregivers, attention to early mental health problems is warranted because these kinds of

problems disrupt the typical pattern of developing brain architecture and impair emerging capacities for learning and relating to others. Most important, there are indications that early intervention can have a profound positive effect on the trajectory of emotional or behavioral problems as well as improve outcomes for children with serious disorders, be they psychological or genetic in origin.

While all children experiencing prolonged adversity are at risk for poor outcomes, studies show that long-term physical and mental health impacts are most likely to affect individuals who are genetically more vulnerable to stress. Early stresses can include child abuse or neglect, family turmoil, neighborhood violence, extreme

## **The foundations of many mental health problems that endure through adulthood are established early in life.**

poverty, and other conditions in a child's environment that can prime neurobiological stress systems to become hyper-responsive to adversity.<sup>7</sup> Exposure to adverse experiences such as these early in life, particularly for vulnerable children, predicts the emergence of later physical and mental health problems, including psychological disorders like depression.<sup>8,9</sup>

Although mental health challenges for young children share many biological and behavioral characteristics with those of older children and adults, there are at least three ways in which early childhood is a period of special vulnerability. First, psychological health for young children is strongly influenced by their environment of relationships and the support or risks these rela-

tionships confer.<sup>10</sup> Therefore, to understand the reasons that young children may be at risk for mental health impairments, how best to provide assistance, and strategies for preventing these problems from arising, it is important to look at the quality of their early relationships. To a greater extent than is true of older children and adults, viewing the child alone as the “patient” or the source of the problem can lead to costly or ineffective policies and practices.

Second, young children often respond to emotional experiences and traumatic events in ways that are very different from adults. They understand, manage, and talk about their experiences differently from adults. Their self-awareness and capacity to think about their emotions and the events that trigger them are not yet well-developed. These

developmental differences are important to understanding the behavioral and emotional disturbances that young children may experience, how they are manifested, and how to assist them.

Third, there is a broad range of individual differences among young children that can make it difficult to distinguish typical variations in behavior from persistent problems, or normal differences in maturation from significant developmental delays.<sup>11</sup> Although many enduring mental health problems have their origins in the early years, many behavioral or emotional difficulties in children and even adolescents are transient.<sup>12,13,14</sup> Thus, caution is needed when evaluating an infant or young child for potential indicators of emotional or behavioral difficulty.

## What Science Tells Us

**Significant adversity early in life can damage the architecture of the developing brain and increase the likelihood of significant mental health problems that may emerge either early or years later.**<sup>7, 15,16,17,18,19,20,21</sup> Life circumstances associated with family stress, such as persistent poverty, threatening neighborhoods, and very poor child care conditions, elevate the risk of serious mental health problems and undermine healthy functioning in the early years.<sup>22</sup> Early childhood adversity of this kind also increases the risk of adult health and mental health problems because of its

**Persistent poverty, threatening neighborhoods, and very poor child care conditions elevate the risk of serious mental health problems.**

enduring effects on the body and brain development.<sup>23</sup> Young children who experience recurrent abuse or chronic neglect, regularly witness domestic violence, or live in homes permeated by parental mental health or substance abuse problems are particularly vulnerable. Relationship-based conditions contributing to early emotional difficulties,

such as maternal depression, also have well-documented effects on developing brain function in the early years.<sup>24, 25, 26, 27, 28</sup>

All of these situations are stressful for children. Persistent activation of biological stress response systems leads to abnormal levels of stress hormones that have the capacity to damage brain architecture if they do not normalize. In the absence of the buffering protection of supportive relationships, these hormone levels can remain out of balance. Known as toxic stress, this condition literally interferes with developing brain circuits, and poses a serious threat to young children, not only because it undermines their emotional well-being, but also because it can impair a wider range of developmental outcomes including early learning, exploration and curiosity, school readiness, and later school achievement.<sup>15,21,29,30,31,32,33,34,35</sup>

**Much impairment in mental health arises as a result of the interaction between a child’s genetic predisposition and his or her exposure to significant environmental adversity.** Differences in individual behavioral styles (which child development researchers call temperament) influence the mental health consequences of early traumatic, abusive, or stressful experiences. A young child with a genetic predisposition to

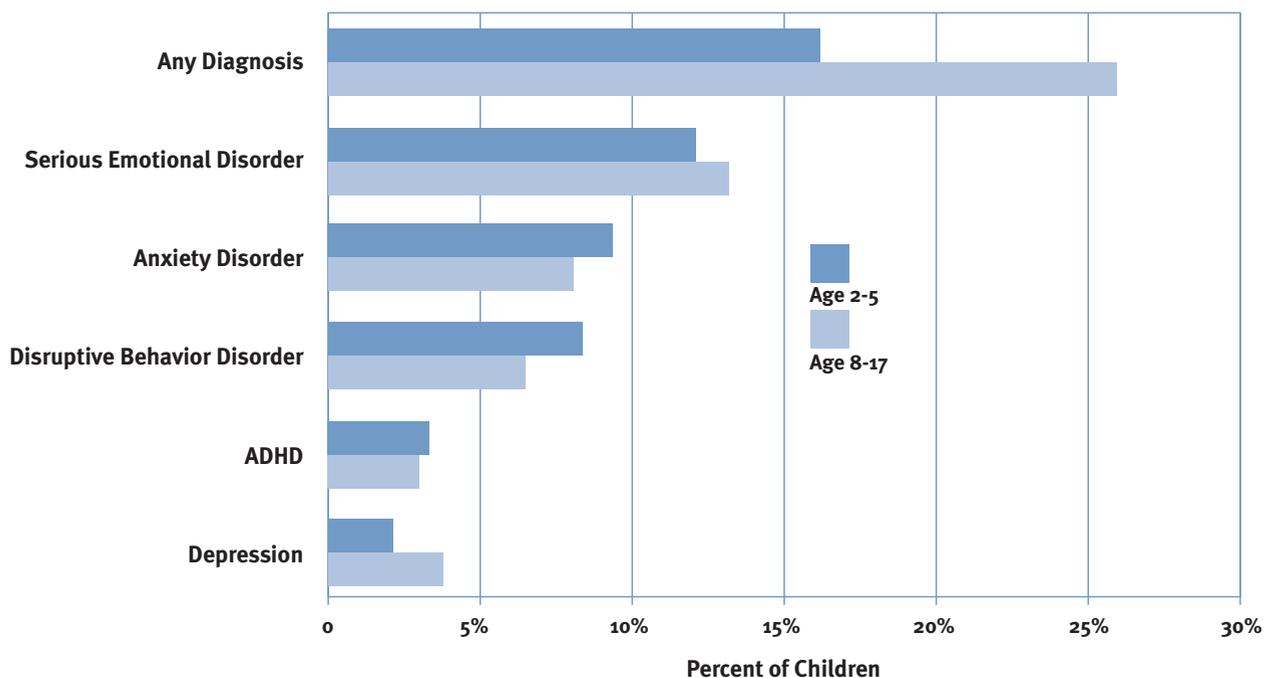
fearfulness, for example, is more likely to develop anxiety or depression than a child without that predisposition, but particularly in the context of harsh, inconsistent caregiving (perhaps owing to the stresses of deep poverty, poor quality child care, or a depressed mother) rather than nurturing, sensitive care.

This nature-nurture interaction is illustrated in studies of behavioral inhibition, an early-emerging pattern of fearful, withdrawn behavior that is a risk factor for later anxiety problems.<sup>10,36</sup> In a recent report, behavioral inhibition at age 7 was related to the interaction of two influences: (a) a gene that is associated with anxiety and fear in adults, and (b) the mother's report that she lacked social support from others, which is likely to be associated with stress for her children. In other words, the interaction of a genetic tendency toward anxiety along with the experience of life stress best predicted which children would remain behaviorally inhibited at age 7.<sup>37,38</sup> Such behavioral inhibition may

be related to the development of more serious problems later in life, as other studies show that children who are behaviorally inhibited show different activation of brain regions related to emotional withdrawal and fear than children whose behavior is more typical.<sup>39,40,41,42</sup>

**The behaviors and characteristics associated with mental health problems in the earliest years of life are often different from those seen in older children and adults with psychological difficulties.**<sup>43,44,45</sup> Young children's brains are not fully developed and they do not respond to stressful events the way adults do. A toddler who is coping with trauma or the loss of a loved one acts differently from a traumatized adolescent because of the different psychological capabilities, emotional needs, and social experiences at each age. Young children manifest the symptoms of depression or post-traumatic stress disorder (PTSD) differently from young adults. Some mental health problems, such as attachment-

### Mental Health Problems Can Occur Across Childhood



Source: Egger & Angold (2006)<sup>4</sup>

related disorders (i.e., profound disturbances in close relationships with caregivers), are specific to early childhood. Thus, although adult diagnostic approaches can provide some guidance for understanding the kinds of problems that younger children may experience, new approaches to assessment and diagnosis based on the unique developmental needs and characteristics of young children are also necessary.<sup>45,46</sup>

Over the past few years, researchers have validated diagnostic criteria specific to young children that are useful in identifying early

## **If young children are not provided appropriate help, emotional difficulties that emerge early in life can become more serious disorders over time.**

forms of depression, post-traumatic stress disorder, autism, disruptive behavior disorders, anxiety disorders, and attention deficit/hyperactivity disorder.<sup>4,47,48,49,50,51,52,53</sup> Despite these gains, however, the accurate identification of serious mental health disorders during the first three to four years of life remains a challenging task. As with older children and adults, it is unwise to assume that early problems can be classified simply into one category within a diagnostic system. In fact, young children, like older children and adults, frequently experience multiple problems (known as “co-morbidity”), as illustrated by the co-occurrence of depression with oppositional-defiant disorders in early childhood or the increased prevalence of depression or anxious emotional problems in children with autism.<sup>4,54,55,56</sup>

**If young children are not provided appropriate help, emotional difficulties that emerge early in life can become more serious disorders over time.**<sup>57,58,59</sup> Early prevention strategies and efforts to identify and treat emergent mental health problems are likely to be more psychologically beneficial and cost-effective than trying to treat emotional difficulties after they become more serious at a later age. This field urgently needs treatment strategies that are age-appropriate, support the development of healthy relationships, and are consistent with scientific knowledge about early psychological development.

Promising approaches for some early mental health challenges are well-described,<sup>60,61,62</sup> yet they are not widely available. Other problems have been less well-studied in very young children. Nevertheless, many disorders can be prevented before they begin through developmentally appropriate, high-quality early care and education, systems of support that assist parents and caregivers to provide warm and secure relationships and detect emotional problems before they become more resistant to change, and public policies that help to ameliorate the physical, social, and economic conditions that cause some families to struggle.

**Some individuals demonstrate remarkable resilience in the face of early, persistent maltreatment, trauma, and emotional harm, but there are limits to the capacity of young children to recover psychologically from such adversity.**<sup>63,64,65,66</sup> Even under circumstances in which children have been rescued from traumatizing circumstances and placed in exceptionally nurturing homes, developmental improvements are often accompanied by continuing problems in self-regulation, emotional adaptability, relating to others, and self-understanding. There also is evidence to suggest that long-term physical health can be affected by early life adversity in the form of increased risk of heart disease, diabetes, hypertension, and other physical ailments, as stressful experiences can literally be “built” into the body and the brain.<sup>9</sup> Generally speaking, when children overcome these burdens, they have been the beneficiaries of exceptional efforts on the part of supportive adults. These findings underscore the importance of prevention and timely intervention in circumstances that put young children at serious psychological risk.

**Serious developmental disabilities can also be associated with significant mental health impairments that are affected by experience and amenable to intervention.** Neuro-developmental disorders, such as autism, fragile X syndrome, and Down syndrome, for example, are the result of strong genetic influences. Nevertheless, genetics is only part of the story. Although disorders such as Down syndrome have a strong genetic etiology, mental health outcomes for these children are also affected by the quality of care and support they receive. The possibility of significant improvement in quality of life, as well as in

both cognitive and social functioning, as a result of prompt intervention provides a strong argument for the early detection and treatment of these developmental disorders. This is becoming increasingly apparent with respect to early intervention for autism.<sup>67</sup>

**The powerful influences of early relationships illustrate how much the emotional well-being of young children is directly tied to the emotional functioning of their caregivers and the families in which they live.**<sup>68</sup> When these relationships are abusive, threatening, chronically neglectful, or otherwise psychologically harmful, they are a potent risk factor for the development of early mental health problems. In contrast, when these relationships are reliably warm, responsive, and supportive, they can actually buffer young children from the adverse effects of other stressors.<sup>19,63,69,70,71</sup> It is essential to treat young children's mental health problems within the context of their family, home, and community environments. Stated simply, addressing the stressors affecting a child requires addressing the stressors on his or her family in order to ensure that the critical environment of relationships can be maximally supportive.

**For many providers of child health services and early care and education who are faced with children who present problematic behavior, the question of “when to worry” is paramount, yet little evidence exists to answer that question definitively.** Although early mental health problems can foreshadow enduring disorders, many difficulties are transient and disappear with appropriate management and further maturation.<sup>12,13,14</sup> Generally speaking, clinical experts

**The emotional well-being of young children is directly tied to the emotional functioning of their caregivers and the families in which they live.**

advise greater concern when children exhibit constellations of problems (e.g., persistent irritability, eating and sleeping problems, combined with defiance) that lead to significant impairments (especially in age-appropriate behavioral skills and relationships). Nevertheless, in the absence of more extensive evidence on the natural history of many mental health disorders, the “when to worry” problem remains a challenge.

## Popular Misrepresentations of Science

AS THE PUBLIC DEVOTES MORE ATTENTION TO the relation between early brain development and the emotional well-being of young children, the risk of misinformation and misleading or irresponsible messages also grows. Within this context, it is essential that we distinguish scientific fact from erroneous fiction. The following two misconceptions are particularly important to set straight.

**Contrary to popular belief, young children can and do experience serious emotional problems that are comparable in severity to what we observe in older children and adults, and can have lasting effects.** Although young children are not as psychologically sophisticated as adults, research on early childhood development shows that they are capable of experiencing peaks of joy and elation as well as depths of grief, sadness, hopelessness, intense anger, and rage. Contrary to traditional views, highly negative emotional

experiences in early childhood are not “forgotten” — they are built into the architecture of the developing brain and can have a sustained impact that extends well into the adult years, especially when they are severe, persistent, and uncontrollable. Aversive family and community environments can have a similarly enduring emotional impact on young children when they are experienced as toxic stress and not buffered by supportive relationships.

**Contrary to popular belief, young children living in highly disadvantaged environments can be protected from serious emotional or behavioral consequences.** Although such conditions increase their risk for serious mental health problems, learning impairments, and long-term physical illnesses, children who experience serious threats to their psychological health, such as those who are physically abused, chronically neglected, or emotionally traumatized, do not

inevitably develop significant mental illnesses. These children can be protected through the early identification of their emotional needs and the provision of appropriate assistance in

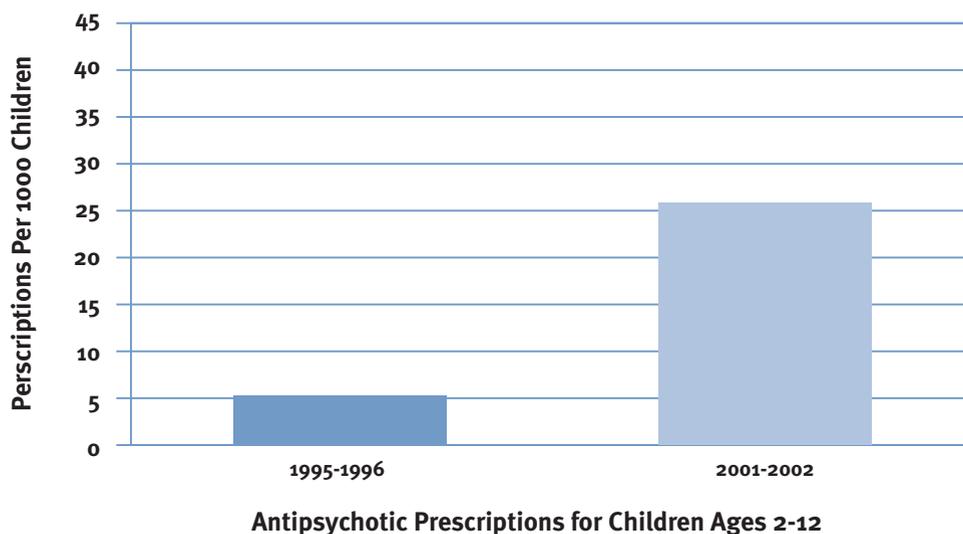
the context of stable, nurturing relationships with supportive and skilled caregivers as well as through preventive mental health services.<sup>64,66,72</sup>

## The Science-Policy Gap

THE FACT THAT YOUNG CHILDREN CAN PRESENT challenging behaviors is hardly news to the adults who care for them. It is less well known that some serious behavior problems in the early years of life may be the first signs of potentially lifelong disorders that are preventable if treated at a young age. Very young children can experience significant impairments in their mental health that are embedded in the architecture of their brains and may have life-long consequences, according to a rich and growing science base. Yet little attention has been paid to the development and implementation of strategies to identify children who are at risk for such problems and provide supports for them and their families that will increase the probability of more favorable outcomes. This gap between what we know and what we do is illustrated by the following three examples.

**Professionals who are regularly involved in the lives of infants, toddlers, and preschoolers often lack the knowledge and skills that would help them identify the early signs of mental health problems as well as fully understand the consequences of family difficulties and parent mental health problems for young children’s development.** These professionals include child care providers and preschool teachers (who are often the first people outside the family to identify a child who has serious emotional difficulties), physicians and other health care providers (who often lack a sophisticated understanding of psychological development and early mental health), paraprofessional home visitors, program administrators and personnel in social service, child protection, early intervention, and welfare agencies, and others who regularly serve families with young children.

### Antipsychotic Prescriptions for Children Have Increased Five-Fold



Source: Cooper et al. (2006)<sup>81</sup>

**In most communities, mental health services for young children and their families are often limited, of uneven quality, and difficult to access, and there are few well-trained professionals with expertise in early childhood mental health.** Central to this problem is the need to close the gap between the numbers of young children exhibiting emotional difficulties and/or problematic behavior that cannot be managed adequately by their parents and the number of personnel who are skilled in effective intervention approaches that are uniquely suited to this group.

**There has been a dramatic increase in the use of psychoactive drugs for young children with behavioral or mental health problems, despite the fact that neither the efficacy nor safety of many of these medications has been studied specifically in children at these early ages.**<sup>47</sup> A recent report from the National Survey of Children's Health, for example, reported that children age 4-8 were more likely to be taking medication for attention deficit/hyperactivity disorder than older children and adolescents.<sup>73</sup> Of even greater concern, some studies have reported increasing numbers of prescriptions for stimulant medications and antidepressants to treat children as

young as age three.<sup>74</sup> In most cases, these medications for young children are prescribed “off label,” which means that they have only been approved for treating adults and that there are no scientific data on their immediate or long-term effects on child behavior or early brain development.<sup>47</sup> Until the relevant clinical studies have been completed with the appropriate

**Sometimes the best intervention strategy for young children with serious behavioral or emotional problems is to focus directly on the primary needs of those who care for them.**

populations of young children, the use of such medications must be viewed as experimental and their safety and effectiveness unknown.<sup>75,76,77,78</sup>

## Implications for Policy and Programs

THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT, including knowledge about the extent to which serious emotional problems are embedded in the architecture of the developing brain, is sufficiently mature to support a number of evidence-based implications for those who develop and implement policies that affect the health and well-being of young children. Both public and private actions can prevent the kinds of adverse circumstances that are capable of derailing healthy development, as well as increase the likelihood that effective supports and appropriate therapeutic interventions (where needed) will reduce the long-term consequences of early threats to a child's mental health. The following points are particularly worthy of thoughtful consideration.

**Because young children's emotional well-being is tied so closely to the emotional status of their parents and non-family caregivers, the emotion-**

**al and behavioral needs of infants, toddlers, and preschoolers are best met through coordinated services that focus on their full environment of relationships.** Multigenerational, family-centered approaches offer the most promising models for preventing and treating mental health problems in young children. These strategies range from providing information and support to address problematic child behavior to initiating therapeutic interventions to address significant parent mental health or substance abuse problems, end domestic violence, or help families to cope with the burdens of persistent poverty. Indeed, sometimes the best intervention strategy for young children with serious behavioral or emotional problems is to focus directly on the primary needs of those who care for them. However, most funding approaches to mental health services are client-specific rather than family-focused, and most programs aimed at such “adult” problems as poverty, domestic

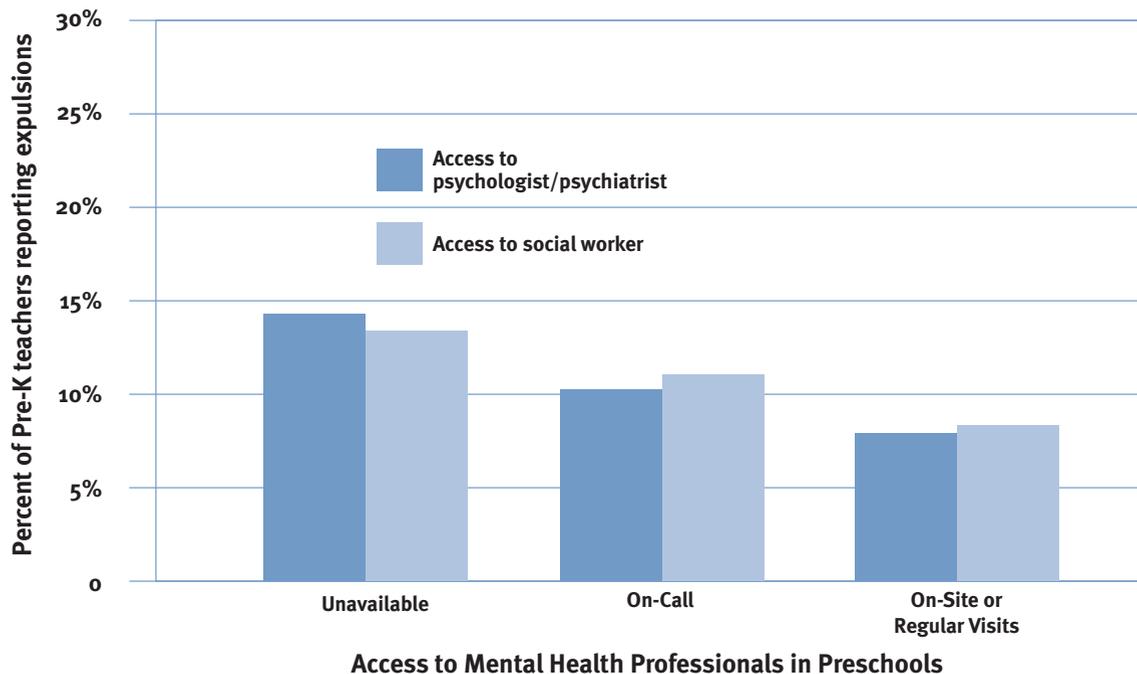
violence, or substance abuse do not take into consideration the emotional well-being of the children affected by them. More flexible approaches to funding family-based preventive and therapeutic mental health services are needed.

**Therapeutic help for a young child with emotional or behavioral problems can be provided through a combination of home- and center-based services involving parents, extended family members, home visitors, providers of early care and education, and/or mental health professionals.** The settings, partnerships, and targets of therapeutic assistance for young children with mental health needs are much more diverse than those for adults because their emotional well-being is linked tightly to the quality of their relationships with the important people in their lives. Effective intervention often requires the coordination of services from multiple

sources that do not relate easily. These might include early care and education, social service and welfare departments, health care, schools, child welfare agencies, and early intervention programs, to name a few. Reducing barriers to greater coordination often requires attention to a tangle of administrative obstacles. One example would be a change in reimbursement regulations to allow “mental health funds” to be used to pay for specialized child care for a youngster with emotional and behavioral problems, rather than restricting the funds to only “mental health programs.”

**Mental health services for adults who are parents of young children would have broader impact if they routinely included attention to the needs of the children as well.** Because of the close association between young children’s emotional well-being and the emotional health and functioning of their caregivers,<sup>79</sup> therapeutic assistance to

**Preschool Expulsions Decrease with Access to Mental Health Professionals**



Source: Gilliam (2005)<sup>3</sup>

a parent ought to include an automatic assessment of any young children in the family to see how they are experiencing the emotional consequences of their parent's problems. For example, any physician treating a depressed mother ought to understand the consequences of that diagnosis for her young children and therefore assure that they receive careful examinations and appropriate intervention as needed.

**Physicians and providers of early care and education would be better equipped to understand and manage the behavioral problems of young children if they had more appropriate professional training in this area and easier access to child mental health professionals when they are needed.** Caregivers, teachers, and physicians are often the first to recognize serious emotional difficulties in a child who is in their care, and on-site assistance from early childhood mental health specialists can be particularly helpful in providing guidance about how best to respond to the needs of the children, their parents, and providers of early care and education. Preschool teachers with access to mental health consultation, for example, are less likely to expel children with behavioral problems from their programs.<sup>80</sup> Some states have made progress in providing funds for early childhood mental health consultations in early child-care settings, often through the coordination of diverse funding streams. Broader attention to early childhood mental health requires attention to the quality of out-of-home care that children typically experience in the early years.

**A better coordinated infrastructure for funding mental health services for young children could provide a more stable and efficient vehicle for assuring access to effective prevention and treatment programs.** Consistent with both the science—physiological interrelations among the physical health, safety, and emotional well-being of young children—and recent federal legislation regarding parity for coverage of health care for both physical and mental health impairments, funding for early childhood mental health services could be integrated more effectively into a wide range of existing health programs. Examples include Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services under the Medicaid program, the State Children's Health Insurance Programs

(S-CHIP), early intervention services under Part C of the Individuals With Disabilities Education Act (IDEA), child welfare programs, and maternal and child health initiatives.

**Cultural differences in attitudes and beliefs about behavior and mental health require sensitivity and respect for diversity as well as specialized intervention skills.** The mental health needs of young children in families from different cultural and ethnic groups would benefit considerably from enhanced practitioner training and flexible service models that incorporate greater

## Broader attention to early childhood mental health requires attention to the quality of out-of-home care that children typically experience in the early years.

content representing a broad variety of cultures. Differences are widespread across a variety of domains that affect approaches to the sensitive issues of emotional well-being and mental health in the early childhood years. These include how children are taught to interpret and express their experiences of fear, anger, and shame; parents' attitudes toward discipline; the relative reinforcement given to individual achievement versus interdependent behavior; attitudes about mental health and mental illness; and acceptance of therapeutic intervention for very young children by non-family members; among many other concerns. The shifting demographics of the early childhood population in the United States make this a particularly compelling priority for future planning. Finally, the effects of cultural assimilation for immigrant groups across generations underscore the importance of understanding individual differences within cultural groups as well as continuous changes in cultural beliefs and practices over time.

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# Children's Mental Health

## New Report

The term *childhood mental disorder* means all mental disorders that can be diagnosed and begin in childhood (for example, attention-deficit/hyperactivity disorder (ADHD), Tourette syndrome, behavior disorders, mood and anxiety disorders, autism spectrum disorders, substance use disorders, etc.). Mental disorders among children are described as serious changes in the ways children typically learn, behave, or handle their emotions. Symptoms usually start in early childhood, although some of the disorders may develop throughout the teenage years. The diagnosis is often made in the school years and sometimes earlier.

However, some children with a mental disorder may not be recognized or diagnosed as having one.

Childhood mental disorders can be treated and managed. There are many evidence-based treatment options, so parents and doctors should work closely with everyone involved in the child's treatment — teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help parents, health professionals and educators guide the child towards success. Early diagnosis and appropriate services for children and their families can make a difference in the lives of children with mental disorders.

### An Important Public Health Issue

Mental health is important to overall health. Mental disorders are chronic health conditions that can continue through the lifespan. Without early diagnosis and treatment, children with mental disorders can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood.

Children's mental disorders affect many children and families. Boys and girls of all ages, ethnic/racial backgrounds, and regions of the United States experience mental disorders. Based on the National Research Council and Institute of Medicine report (Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities, 2009) that gathered findings from previous studies, it is estimated that 13–20 percent of children living in the United States (up to 1 out of 5 children) experience a mental disorder in a given year and an estimated \$247 billion is spent each year on childhood mental disorders. Because of the impact on children, families, and communities, children's mental disorders are an important public health issue in the United States.

Public health surveillance – which is the collection and monitoring of information about health among the public over time – is a first step to better understand childhood mental disorders and promote children's mental health. Ongoing and systematic monitoring of mental health and mental disorders will help: increase understanding of the mental health needs of children; inform research on factors that increase risk and promote prevention; find out which programs are effective at preventing mental disorders and promoting children's mental health; and monitor if treatment and prevention efforts are effective.

### CDC issues first comprehensive report on children's mental health in the United States

A new report from the Centers for Disease Control and Prevention (CDC), *Mental Health Surveillance Among Children — United States, 2005–2011*, describes federal efforts on monitoring mental disorders, and presents estimates of the number of children with specific mental disorders. The report was developed in collaboration with key federal partners, the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health (NIMH), and Health Resources and Services Administration (HRSA). It is an important step towards better understanding these disorders and the impact they have on children.

This is the first report to describe the number of U.S. children aged 3–17 years who have specific mental disorders, compiling information from different data sources covering the period 2005–2011. It provides information on childhood mental disorders where there is recent or ongoing monitoring. These include ADHD, disruptive behavioral disorders such as oppositional defiant disorder and conduct disorder, autism spectrum disorders, mood and anxiety disorders including depression, substance use disorders, and Tourette syndrome. The report also includes information on a few indicators of mental health, specifically, mentally unhealthy days and suicide.



## Who is Affected?

The following are key findings from this report about mental disorders among children aged 3–17 years:

- Millions of American children live with depression, anxiety, ADHD, autism spectrum disorders, Tourette syndrome or a host of other mental health issues.
- ADHD was the most prevalent current diagnosis among children aged 3–17 years.
- The number of children with a mental disorder increased with age, with the exception of autism spectrum disorders, which was highest among 6 to 11 year old children.
- Boys were more likely than girls to have ADHD, behavioral or conduct problems, autism spectrum disorders, anxiety, Tourette syndrome, and cigarette dependence.
- Adolescent boys aged 12–17 years were more likely than girls to die by suicide.
- Adolescent girls were more likely than boys to have depression or an alcohol use disorder.

Data collected from a variety of data sources between the years 2005-2011 show:

Children aged 3-17 years currently had:

- ADHD (6.8%)
- Behavioral or conduct problems (3.5%)
- Anxiety (3.0%)
- Depression (2.1%)
- Autism spectrum disorders (1.1%)
- Tourette syndrome (0.2%) (among children aged 6–17 years)

Adolescents aged 12–17 years had:

- Illicit drug use disorder in the past year (4.7%)
- Alcohol use disorder in the past year (4.2%)
- Cigarette dependence in the past month (2.8%)

The estimates for current diagnosis were lower than estimates for “ever” diagnosis, meaning whether a child had ever received a diagnosis in his or her lifetime. Suicide, which can result from the interaction of mental disorders and other factors, was the second leading cause of death among adolescents aged 12–17 years in 2010.

## Looking to the Future

Public health includes mental health. CDC worked with several agencies to summarize and report this information. The goal is now to build on the strengths of these partnering agencies to develop better ways to document how many children have mental disorders, better understand the impacts of mental disorders, inform needs for treatment and intervention strategies, and promote the mental health of children. This report is an important step on the road to recognizing the impact of childhood mental disorders and developing a public health approach to address children’s mental health.

## What You Can Do

**Parents:** You know your child best. Talk to your child’s health care professional if you have concerns about the way your child behaves at home, in school, or with friends.

**Youth:** It is just as important to take care of your mental health as it is your physical health. If you are angry, worried or sad, don’t be afraid to talk about your feelings and reach out to a trusted friend or adult.

**Health care professionals:** Early diagnosis and appropriate treatment based on updated guidelines is very important. There are resources available to help diagnose and treat children’s mental disorders.

**Teachers/School Administrators:** Early identification is important, so that children can get the help they need. Work with families and health care professionals if you have concerns about the mental health of a child in your school.

**Centers for Disease Control and Prevention. Mental health surveillance among children — United States 2005–2011. MMWR 2013;62(Suppl; May 16, 2013):1-35. The report is available at [http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s\\_cid=su6202a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm?s_cid=su6202a1_w)**

**Additional Information:** [www.cdc.gov/childdevelopment](http://www.cdc.gov/childdevelopment)

**800-CDC-INFO, TTY: 888-232-6348; [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)**

# Coping with Anxiety and Depression

Here are some ways to help:

- Get lots of rest
- Eat a healthy diet
- Exercise regularly
- Don't be afraid to ask for help
- Avoid stress
- Make time to go out
- Find time for yourself
- Keep a journal of your feelings
- Discuss your feelings with others
- Talk to your doctor about how you feel
- Connect with a support group



## Crisis Services:

### Centralized Assessment Team

(24 hours 7 days/week)  
(866) 830-6011  
(714) 517-6353

### Orange County Crisis Prevention Hotline

(24 hours 7 days/week)  
(877) 727-4747

### The OC Warm Line

(877) 910-9276



## Orange County Postpartum Wellness Program OCPPW

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Phone: (714) 480-5160  
Fax: (714) 836-4359

The Orange County Postpartum Wellness (OCPPW) program provides early intervention services to women five months pregnant to one year postnatal, experiencing mild to moderate symptoms of depression and/or anxiety attributable to the pregnancy or recent birth of their child.

## **OCPPW provides the following services:**

- Screening and assessment
- Maternal wellness activities
- Individual counseling
- Group counseling
- Maternal wellness community outreach
- Case management

## **Please see your doctor if you experience the following for more than two weeks:**

No energy	Feeling anxious
Feeling lonely	Change in appetite
Restlessness	Feeling Moody
Difficulty making decisions	Feeling confused
Hopelessness	Unable to laugh
Feeling overwhelmed	Confusion
Sadness	Feeling guilty
Loss of interest in activities	



## **Referral Process:**

The Orange County Postpartum Wellness Program considers all individual referrals from the community, as well as self-referrals that meet the program criteria for Orange County residents. For more information please contact:

**Orange County  
Postpartum Wellness Program  
792 W. Town & Country Road, Bldg. E  
Orange, CA 92868**

**Phone: (714) 480-5160**

**Fax: (714) 836-4359**

