Written Statement of Dr. Nadine Burke Harris

California Surgeon General

Before the Little Hoover Commission

Public Hearing on COVID-19 and Children's Mental Health (Part 3)

May 27, 2021

Good Morning. Thank you for the opportunity to participate in this hearing on COVID-19 and children's mental health. My name is Dr. Nadine Burke Harris and in addition to being the California Surgeon General, I'm also a pediatrician and toxic stress researcher. My life's work has been dedicated to changing the way our society responds to one of the most serious, expensive and widespread public health crises of our time: childhood trauma.

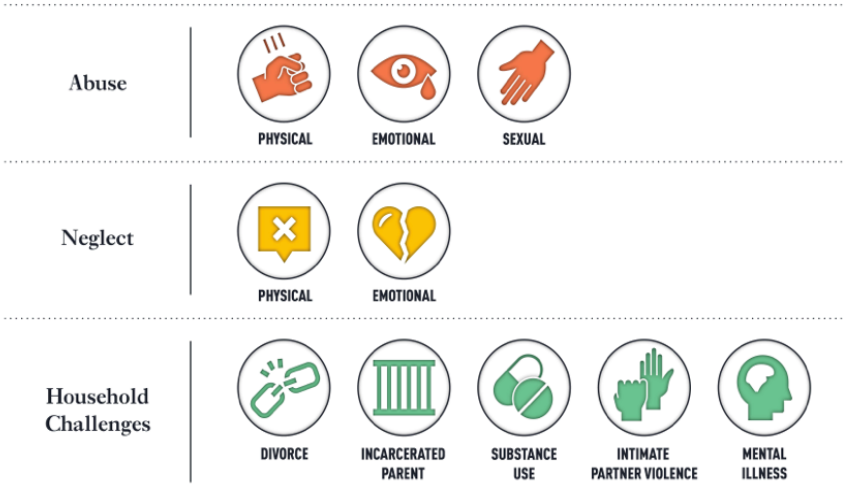
As California's Surgeon General, I feel it's my duty to issue a stark warning that, without intervention, the COVID-19 pandemic will likely have a significant and detrimental effect on the health and well-being of our children and youth for decades to come.

However, I believe we have unprecedented opportunity to leverage the wealth of research about the impacts of ACEs and toxic stress to build back healthier.

Adverse Childhood Experiences prevalence and impacts in today's society

An overwhelming scientific consensus demonstrates that cumulative adversity, particularly during critical and sensitive developmental periods, is a root cause to some of the most harmful, persistent and expensive health challenges facing our nation.

The term Adverse Childhood Experiences or "ACEs" comes from the landmark study of the same name published by the CDC and Kaiser Permanente[i] over two decades ago and specifically refers to the 10 categories of stressful or traumatic events assessed in the study. These include physical, emotional or sexual abuse, physical or emotional neglect or "household dysfunction"



including parental incarceration, mental illness, substance use, parental separation or divorce, or intimate partner violence. A robust body of literature demonstrates that ACEs are highly prevalent, strongly associated with poor childhood and adult health, mental health, behavioral and social outcomes and demonstrate a pattern of high rates of intergenerational transmission.

Two-thirds of respondents in the landmark ACE Study reported at least one ACE, and one in eight reported four or more ACEs.[ii],[iii],[iv] More representative national studies have shown that one in six individuals report four or more ACEs.[v],[vi] Among California adults on Medi-Cal, 69% have experienced at least one ACE, and 23% have experienced four or more ACEs.[vii]

ACEs are strongly associated, in a dose–response fashion, with some of the most common and serious health and social conditions facing our society, including nine of the 10 leading causes of death in the United States, and with earlier mortality.[viii]

Table 1. Association of ACEs with leading causes of death in the US

Leading causes of death in the U.S. (2017)	Odds ratios for ≥ 4 ACEs (relative to no ACEs)
1. Heart disease	2.1
2. Cancer	2.3
3. Accidents (unintentional injuries)	2.6
4. Chronic lower respiratory disease	3.1
5. Stroke	2.0
6. Alzheimer's disease or dementia	11.2
7. Diabetes	1.4
8. Influenza and pneumonia	unknown
9. Kidney disease	1.7
10. Suicide (attempts)	37.5

Research has also indicated that the higher the ACE score, the more likely the individual is to experience mental health issues such as depression, post-traumatic stress disorder, anxiety, sleep and eating disorders, and to engage in risky behaviors such as early and high-risk sexual behavior and substance use.[ix],[x],[xi]

For example, individuals with four or more Adverse Childhood Experiences are, on average, 4.5 times as likely to develop depression[xii], roughly seven times as likely to become dependent on alcohol[xiii], twice as likely to develop ischemic heart disease[xiv], three times as likely to develop chronic lung disease[xv] and 11 times as likely to develop Alzheimer's[xvi].

Individuals with six or more ACEs have a life expectancy that is 19 years shorter than individuals with none.[xvii]

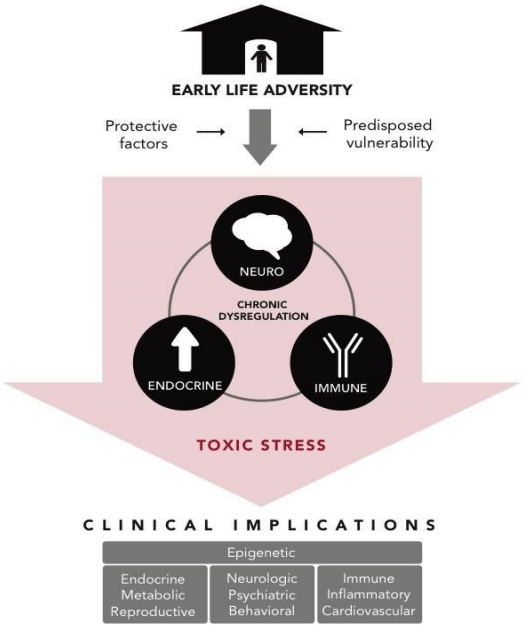
In childhood, high doses of adversity are associated with increased risk of respiratory infections, asthma, atopic diseases, poor growth, obesity, learning and attention disorders, sleep disorders, teen pregnancy, teen paternity, STIs, mental health disorders, substance use and high risk behaviors (among other conditions).[xviii],[xix]

In addition to these health and mental health outcomes, ACEs are also associated in a dose-response fashion with increased social risks as well. Research looking at more than 60,000 youth in the Florida juvenile justice system found that 97% had experienced at least one ACE and 52% had experienced 4 or more ACEs.[xx] In fact, a national study of more than 35,000 adults found that even after adjusting for the impact of socio-demographics and substance use, ACEs are independently associated with as much as 4 times the risk of incarceration.[xxi] Similarly, research has indicated a common factor among people committing mass shootings is a history of multiple ACEs.[xxii]

The Toxic Stress Response

Advances in science over the past several decades have demonstrated that long-term changes to the body's stress response system play an important role in the clinical progression from ACE exposure to negative short and long-term health and social outcomes.

When any one of us experiences something scary or threatening, our brains and bodies activate our stress response which leads to the production of high levels of stress hormones including adrenaline and cortisol and is responsible for many of the feelings we associate with being terrified. The amygdala, the brain's fear center, is activated and the prefrontal cortex, which is responsible for executive functioning including attention, judgement and impulse control, is inhibited. Stress hormones stimulate our hearts to beat stronger and faster, raise blood pressure and blood sugar, and activate our immune system, among many other effects. The stress response is a normal and, in fact, essential part of our biological evolution, and allows us to respond and adapt to challenging circumstances.



Bucci et al, 2016[1]

However, severe, intense or prolonged adversity may lead to prolonged activity of a child's stress response. In addition, children require the nurturing care of a trusted adult and safe environments to shut off the stress response and restore normal functioning. Without these buffers, the biological stress response becomes overactive. Children are uniquely vulnerable to the effects of an overactive stress response because their brains and bodies are just developing. High levels of adversity, without the buffering protections of trusted caregivers and safe, stable environments, lead to changes in brain structure and function, how genes are read, functioning of the immune and inflammatory systems, and growth and development. These changes comprise what is now known as the toxic stress response.

Recognizing COVID-19's Impact

While the COVID-19 pandemic, itself, may not fall within the traditional ACE criteria, the pandemic has been unique in its effect of acting as a major stressor while simultaneously cutting off access to many of the usual sources of buffering care necessary to help children and parents regulate their stress responses, such as grandparents, teachers, coaches, faith leaders and, in some cases, child care providers.

While the pandemic has been hard on all of us, no matter our age, socioeconomic status or race, low-income communities and communities of color were most impacted, experiencing significantly higher infection and death rates and disproportionate rates of job loss, housing loss and difficulty meeting basic needs when compared to our most advantaged communities.[xxiii]

The short-term impact of these stressors manifest in many of the national data.

- A study from the Kaiser Family Foundation on rates of anxiety and depression showed a 30% increase between June 2019 and January 2021.[xxiv]
- According to the CDC, as of June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.[xxv]
- A study from the National Commission on COVID-19 and Criminal Justice found that domestic violence incidents spiked more than 8% nationwide in 2020 following implementation of stay-at-home orders necessary to stop the spread of the pandemic.[xxvi]

The Economic Impact of ACEs

Research done prior to the pandemic found the total annual cost of ACEs in California to be $112.5 billion, including $10.5 billion in personal health care spending and, $102 billion in years of productive life lost due to early death and disability. These cost estimates include only the *ACE-attributable* costs from eight health conditions including: cardiovascular disease, asthma, arthritis, depression, chronic obstructive pulmonary disease, obesity, smoking, and heavy drinking. [xxvii]

Science that shows other exposures—such as exposure to racism [xxviii]and discrimination or the accumulative hardships of poverty—can also lead to the toxic stress response. We can reasonably estimate that the actual economic impacts of ACEs are likely to be much greater—especially post-pandemic.

A Path Forward: How California is Addressing ACEs and Toxic Stress & Improving Child & Youth Behavioral Health

The good news is that we have a clear opportunity to mitigate or reverse the impacts of ACEs and toxic stress and increase positive outcomes. Though there is still much work to be done to understand the precise mechanisms of the toxic stress pathways, scientific consensus supports two core principles: **1) early detection and early intervention can prevent and mitigate negative outcomes, and 2) evidence-based interventions are healing**.

ACEs Aware Initiative

In early 2020, the Office of the California Surgeon General and the Department of Health Care Services launched ACEs Aware, a comprehensive initiative designed to train health care teams about the harmful effects of ACEs and to offer evidence-based approaches for addressing toxic stress.

Specifically, the state is offering a free two-hour online training and other materials that are available to everyone to learn about ACEs and toxic stress. In addition, California's Medicaid health insurance program (known as Medi-Cal) is paying health care teams to screen their patients for ACEs during their regular visits. Providers who self-attest to taking the free training and conduct ACE screenings receive $29 in addition to their usual payment for a primary care visit.

By screening for ACEs and responding with evidence-based, trauma-informed care, health care teams can improve their patients' health and also reduce the risk of intergenerational transmission of ACEs and toxic stress.

The ACEs Aware initiative has made great progress toward its goals of training health care clinicians and encouraging them to screen their patients for ACEs. To date, more than 17,600 health providers have taken the ACEs Aware training.

The initiative has awarded $45 million in grants to community-based organizations, local health clinics, and social services programs to train health care providers and work toward building effective Trauma-Informed Networks of Care.

A Trauma-Informed Network of Care is a group of interdisciplinary health, education, and human service professionals, community members, and organizations that support adults, children, and families by providing access to evidence-based "buffering" resources and supports that help to prevent, treat, and heal the harmful consequences of toxic stress.

Roadmap for Resilience: The Surgeon General's Report on ACEs, Toxic Stress and Health

A key component of California's strategy to reduce ACEs and toxic stress by half in a generation is the recognition of toxic stress as a health condition that is amenable to treatment and application of a rigorous scientific framework. As further outlined in *Roadmap for Resilience: The Surgeon General's Report on ACEs, Toxic Stress and Health*,[xxix] this approach provides a strong foundation for cross-sector policy action to support a systems-level approach to preventing and addressing ACEs and toxic stress.

The tools and strategies outlined below align with recommendations from the National Academies of Sciences, Engineering, and Medicine and the Centers for Disease Control and Prevention regarding how individual, social, community, and structural factors interact to affect health through the life course.

California's key evidence-based strategies to address ACEs and toxic stress are as follows.

- **Cross-sectoral leadership and strategic coordination across state government.** The CA-OSG convened the ACEs Reduction Leadership Team, comprised of key state department leadership, to promote a shared vision for preventing and addressing ACEs and toxic stress, coordinate existing efforts, and jointly leverage new opportunities.
- **Engagement with external stakeholders, experts, and leaders.** The CA-OSG convened the Surgeon General's Trauma-Informed Primary Care Implementation Advisory Committee, comprised of external stakeholders, leaders, and recognized experts from major healthcare plans, philanthropic associations, nonprofits, local government associations, research experts, patients, and professional associations representing physicians. Subcommittees guide training, clinical implementation, network of care, and provider engagement efforts.
- **Investment in cross-sector programs and policies to prevent and mitigate ACEs and toxic stress for children and families.**[xxx],[xxxi] California has expanded or strengthened:[xxxii], [xxxiii]
    - Services for caregivers and families with children through Home visiting (as administered by CDPH and DSS) and Black Infant Health programs;[xxxiv],[xxxv]
    - Medi-Cal eligibility, including expanded coverage for eligible pregnant individuals diagnosed with a maternal mental health condition and undocumented young adults,[xxxvi] and the addition of a family therapy benefit;
    - A cohesive planning process to improve early learning and care by creating the Master Plan for Early Learning and Care and convening the Early Childhood Policy Council;[xxxvii],[xxxviii]

- Economic support for families living in poverty by increasing maximum payments through California Work Opportunity and Responsibility to Kids (CalWORKs);[xxxix] and Paid family leave that is also job-protected.[xl],[xli]

- Assessment and expansion of best practices in trauma-informed, toxic stress-responsive work across sectors:
  - California completed environmental scans to assess the status of state and county efforts to prevent and address ACEs and toxic stress across all sectors, to guide future implementation efforts of ACEs Aware and related programs.
  - CA-OSG seeks to enhance trauma-informed, toxic-stress-responsive training quality and opportunities across sectors.
- Public education: CA-OSG endeavors to raise public awareness about:
  - How ACEs and toxic stress impact well-being,
  - The structural and systemic conditions that can make ACEs and toxic stress more or less likely to occur, and
  - The critical buffering factors that can make all the difference for a child or adult experiencing toxic stress, to prevent further harm and to break the intergenerational cycle of transmission.

Future Investments Have a Critical Role to Play—Especially in Schools

The Governor's proposed budget includes a $4 billion Children and Youth Behavioral Health Initiative that would provide enhanced services to children and youth from birth to age 25. Services will be made available statewide, are evidence based, culturally competent, and equity focused. The budget calls for $2.6 billion in the first year, with the remainder over five years. The budget leverages a significant one-time investment to create tremendous opportunity for long-term impact on Californian's future community leaders. Among the recommended actions include:

- Develop and support a Behavioral Health Service Virtual Platform that would provide all children and youth (0-25 years old) with access to virtual behavioral health services and interactive tools and supports.
- Enhance Medi-Cal benefits by adding more parent-child services, a model of providing care to children in a family-based screening and treatment model.
- Expand the availability of school-based behavioral health counselors and coaches.
- Expand the overall behavioral health workforce to meet the needs of children and youth.
- Create a public education campaign to reduce the stigma on behavioral health needs and encourage children and youth, and their families, to seek needed care before a crisis, and to build a common understanding of ACEs and toxic stress.

As reflected in the Governor's proposed budget, educational systems have an important role to play in early detection and early intervention by collaborating and coordinating with trained

health providers to ensure that children are screened and by providing interventions that are appropriate for educational settings such as school-based mental health.

In addition, given the significant prevalence of ACEs in all regions, socio-economic and demographic populations, trauma-informed training, practices and policies in the educational setting are fundamental to ensuring that all children have the best opportunity to learn. This includes establishing systems that enable safety, including predictable routines and social interactions, a calm physical environment, transparent and predictable rules, having clear, non-punitive consequences for violating rules, teaching social-emotional skills, participatory decision-making by students in school policies, and explicit family and community involvement, including support for families on parenting or managing stress.[xlii],[xliii],[xliv] Restorative disciplinary practices and school structures that support physical and emotional safety, the effective building of such relationships, prevent re-traumatization, and optimize children's cognitive and social-emotional learning should be the norm.

Stable, safe, and nurturing relationships and environments are known to buffer the toxic stress response.[xlv] Trauma-informed practices in schools involves ensuring all personnel are trained to understand that 'disruptive' behaviors may be possible symptoms of toxic stress and respond with compassionate, buffering care.[xlvi],[xlvii] Programs to support vulnerable children and youth can align with the six pillars of mitigating the toxic stress physiology, which include promoting sleep hygiene, healthy nutrition, physical exercise, mindfulness, mental health interventions, and supportive relationships.[xlviii] In addition, prevention of vicarious traumatization and supports for educator well-being are essential elements for trauma-informed educational environments. There is a natural alliance between the health and education sectors in responding to ACEs.[xlix]

Conclusion

The science is clear. Without intervention, the increases in ACEs and toxic stress will lead to increased mental and physical health risks for our children. Change will require a coordinated public health response involving public education, routine screening to enable early detection and early intervention, and cross-sector coordinated care.

As we emerge from the COVID-19 pandemic, we cannot simply go back to "normal", we must build back healthier. California is well positioned to lead and set an important example nationwide by prioritizing workforce training, public education, continual quality improvement, dissemination of best practices, data reporting and utilization, and rigorous research and evaluation.

The opportunity ahead of us depends on recognizing that mental health is health. The mind and body are not separate and addressing the impact of childhood adversity is crucial for ensuring a

trajectory of lifelong health. We have a roadmap to help guide us as we build back healthier and it's time to put into practice.

---

[i] "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine," accessed May 24, 2021, https://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract.

[ii] Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine 1998; 14(4): 245–58.

[iii] Dube SR, Felitti VJ, Dong M, Giles WH, Anda RF. The impact of Adverse Childhood Experiences on health problems: Evidence from four birth cohorts dating back to 1900. Preventive Medicine 2003; 37(3): 268-77

[iv] Anda RF, Felitti VJ, Bremner JD, et al. The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience 2006; 256(3): 174–86.

[v] Merrick MT, Ford DC, Ports KA, et al. Vital signs: Estimated proportion of adult health problems attributable to Adverse Childhood Experiences and implications for prevention—25 states, 2015–2017. Morbidity and Mortality Weekly Report 2019; 68(44).

[vi] Merrick MT, Ford DC, Ports KA, Guinn AS. Prevalence of Adverse Childhood Experiences from the 2011-2014 Behavioral Risk Factor Surveillance System in 23 states. JAMA Pediatrics 2018; 172(11): 1038–44.

[vii] California Department of Public Health, Injury and Violence Prevention Branch (CDPH/IVPB), California Department of Social Services, Office of Child Abuse Prevention, California Essentials for Childhood Initiative, University of California Davis, Violence Prevention Research Program, Firearm Violence Research Center. Adverse Childhood Experiences data report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017: An overview of Adverse Childhood Experiences in California. California: California Department of Public Health and the California Department of Social Services, 2020.

[viii] Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

[ix] Hughes, K., M. A. Bellis, K. A. Hardcastle, D. Sethi, A. Butchart, C. Mikton, L. Jones, and M. P. Dunne. 2017. The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. Lancet Public Health 2(8):e356–e366.

[x] Shin, S. H., E. Edwards, T. Heeren, and M. Amodeo. 2009. Relationship between multiple forms of maltreatment by a parent or guardian and adolescent alcohol use. The American Journal on Addictions 18(3):226–234.

[xi] Thompson, R. Lewis, T., Neilson, E. C., English, D. J., Litrownik, A. J., Margolis, B., Dubowitz, H. (2017). Child maltreatment and risky sexual behavior. Child Maltreatment, 22, 69–78.

[xii] Oral, R., Ramirez, M., Coohey, C. et al. Adverse childhood experiences and trauma informed care: the future of health care. Pediatr Res 79, 227–233 (2016). https://doi.org/10.1038/pr.2015.197

[xiii] Douglas, Kara R et al. "Adverse childhood events as risk factors for substance dependence: partial mediation by mood and anxiety disorders." Addictive behaviors vol. 35,1 (2010): 7-13. doi:10.1016/j.addbeh.2009.07.004

[xiv] Godoy LC, Frankfurter C, Cooper M, Lay C, Maunder R, Farkouh ME. Association of Adverse Childhood Experiences with Cardiovascular Disease Later in Life: A Review. JAMA Cardiol. 2021;6(2):228–235. doi:10.1001/jamacardio.2020.6050

[xv] Anda RF, Brown DW, Dube SR, Bremner JD, Felitti VJ, Giles WH. Adverse childhood experiences and chronic obstructive pulmonary disease in adults. Am J Prev Med. 2008 May;34(5):396-403. doi: 10.1016/j.amepre.2008.02.002. PMID: 18407006.

[xvi] Center for Youth Wellness. Data Report: A Hidden Crisis. Findings on Adverse Childhood Experiences in California. 2014. https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf

[xvii] Brown DW, Anda RF, Tiemeier H, et al. Adverse childhood experiences and the risk of premature mortality. American Journal of Preventive Medicine 2009; 37: 389–96.

[xviii] Oh, D et al. Systematic review of pediatric health outcomes associated with childhood adversity Oh et al. BMC Pediatrics (2018) 18:83

[xix] Burke NJ, Hellman JL, Scott BG, Weems CF, Carrion VG. The impact of adverse childhood experiences on an urban pediatric population. Child Abuse & Neglect 2011; 35: 408–13.

[xx] Baglivio, Michael & Epps, Nathan & Swartz, K & Sayedul Huq, Mona & Sheer, A & Hardt, NS. (2014). The prevalence of Adverse Childhood Experiences (ACE) in the lives of juvenile offenders. Journal of Juvenile Justice. 3. 1-23.

[xxi] Roos, L. E., Afifi, T. O., Martin, C. G., Pietrzak, R. H., Tsai, J., & Sareen, J. (2016). Linking typologies of childhood adversity to adult incarceration: Findings from a nationally representative sample. *American Journal of Orthopsychiatry, 86*(5), 584-593. http://dx.doi.org/10.1037/ort0000144

[xxii] "Experts Note Connection between Adverse Childhood Experiences, Mass Shooters," *Michigan ACE Initiative* (blog), September 6, 2019, https://www.miace.org/2019/09/06/experts-note-connection-between-adverse-childhood-experiences-mass-shooters/.

[xxiii] Benfer EA, Vlahov D, Long MY, Walker-Wells E, Pottenger JL Jr, Gonsalves G, Keene DE. Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. J Urban Health. 2021 Feb;98(1):1-12. doi: 10.1007/s11524-020-00502-1. Epub 2021 Jan 7. Erratum in: J Urban Health. 2021 Jan 25;: PMID: 33415697; PMCID: PMC7790520.

[xxivxxiv] Panchal, Nirmita, et al. "The Implications of COVID-19 for Mental Health and Substance Use." Coronavirus (COVID-19), Kaiser Family Foundation, 12 Feb. 2021, www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/.

[xxv] Mark É Czeisler, "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020," *MMWR. Morbidity and Mortality Weekly Report* 69 (2020), https://doi.org/10.15585/mmwr.mm6932a1

[xxvi] Piquero, Alex R., et al. "NCCCJ - Impact Report: COVID-19 and Domestic Violence Trends." Domestic Violence During the COVID-19 Pandemic, National Commission on COVID-19 and Criminal Justice, 24 Feb. 2021, covid19.counciloncj.org/2021/02/23/impact-report-covid-19-and-domestic-violence-trends/.

[xxvii] Miller TR, Waehrer GM, Oh DL, Purewal Boparai S, Ohlsson Walker S, Silverio Marques S, et al. (2020) Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. PLoS ONE 15(1): e0228019. https://doi.org/10.1371/journal.pone.0228019

[xxviii] D.R. Williams and O. S. Etkins, "Racism and Mental Health," *World Psychiatry* 20, no. 2 (2021): 194–95.

[xxix] Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812.

[xxx] National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity. Washington, DC: The National Academies Press, 2019.

[xxxi] Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences: Leveraging the best available evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019.

[xxxii] State of California, Department of Finance. Enacted budget summary 2019-20. 2019. http://www.ebudget.ca.gov/budget/publication/#/e/2019-20/BudgetSummary (accessed September 27, 2020).

[xxxiii] State of California, Department of Finance. Enacted budget summary 2020-21. 2020. http://www.ebudget.ca.gov/budget/2020-21EN/#/BudgetSummary (accessed September 27, 2020).

[xxxiv] California Department of Public Health. California Home Visiting Program. 2020. https://www.cdph.ca.gov/

Programs/CFH/DMCAH/CHVP/Pages/Default.aspx (accessed October 5, 2020).
[xxxv] California Department of Social Services. CalWORKs Home Visiting Program. 2020. https://www.cdss.ca.gov/inforesources/calworkshomevisitinginitiative (accessed October 5, 2020).
[xxxvi] Department of Health Care Services. County offices to apply for health coverage, Medi-Cal, and other benefits. 2020. https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx (accessed October 5, 2020).
[xxxvii] California Health and Human Services. California for all kids: Master Plan for Early Learning and Care. 2020. https://chhs.stg.tabordasolutions.net/home/master-plan-for-early-learning-and-care/ (accessed October 5, 2020).
[xxxviii] Early Childhood Policy Council. Early Childhood Policy Council. 2020. https://www.chhs.ca.gov/home/committees/early-childhood-policy-council/ (accessed October 5, 2020).
[xxxix] California Department of Social Services. CalWORKs Home Visiting Program. 2020. https://www.cdss.ca.gov/inforesources/calworkshomevisitinginitiative (accessed October 5, 2020).
[xl] Jackson H-B, Gonzalez LA, Kalra A, et al. SB-1383 Unlawful employment practice: California Family Rights Act. Government Code, relating to employment, 2020.
[xli] California Senate Committee on Budget and Fiscal Review. SB-83 Employment. Government Code, Labor Code, and Unemployment Insurance Code, relating to employment, 20
[xlii] Cole S, Eisner A, Gregory M, Ristuccia J. Helping traumatized children learn, volume 2: Creating and advocating for trauma-sensitive schools. Boston, MA: Massachusetts Advocates for Children, 2013 www.traumasensitiveschools.org (accessed Feb 1, 2016).
[xliii] Cole S, O'Brien J, Gadd M, Ristuccia J, Wallace D, Gregory M. Helping traumatized children learn, volume 1: Supportive school environments for children traumatized by family violence. Boston, MA: Massachusetts Advocates for Children, 2005 traumasensitiveschools.org (accessed Feb 1, 2016).
[xliv] Bhushan D, Marshall B, Connor R, Sussman L, Connor K, Johnson S. Trauma-informed schools: extending the trauma-informed lens from clinic to classroom (under review). Children and Youth Services Review.
[xlv] National Academies of Sciences, Engineering, and Medicine. Vibrant and healthy kids: Aligning science, practice, and policy to advance health equity. Washington, DC: The National Academies Press, 2019.
[xlvi] Ko SJ, Ford JD, Kassam-Adams N, et al. Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. Professional Psychology: Research and Practice 2008; 39: 396–404.
[xlvii] Dorado JS, Martinez M, McArthur LE, Leibovitz T. Healthy Environments and Response to Trauma in Schools (HEARTS): A Whole-School, Multi-level, Prevention and Intervention Program for Creating Trauma-Informed, Safe and Supportive Schools. School Mental Health 2016; 8: 163–76.
[xlviii] Burke Harris N. The Deepest Well: Healing the Long-Term Effects of Childhood Adversity. Boston: Houghton Mifflin Harcourt, 2018.
[xlix]JE;, Negussie Y;Geller A;DeVoe. "Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity." National Center for Biotechnology Information, U.S. National Library of Medicine, 25 July 2019, pubmed.ncbi.nlm.nih.gov/31855338/.