

Alameda County
Children's SART
Strategic Plan for Children 0-5

**Prepared for First 5 Alameda County
Steering Committee for the
SART System Planning Process for
Screening, Triage, Assessment, and Treatment**

**December 1, 2007
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Executive Summary

Henry, a 2 ½ year old child in a local child development program has been hitting other children, is uncooperative with his teachers, and vacillates between appearing angry and withdrawn. His teachers have noticed his behavior becoming increasingly worse in the last few months. When picking him up from school his mother appears depressed and unkempt. Henry's preschool does not have mental health consultant in his classroom and his teachers are not sure what to do to get him the help he needs. He is on the verge of being expelled.

Amalia, an 18 month old child from a Spanish speaking home, was identified by her pediatrician as having language delays. She also does not engage well with adults. Her pediatrician made a referral to the Regional Center of the East Bay, but Amalia does not meet the eligibility requirements. Amalia's pediatrician is unsure about what to recommend.

The first five years of a child's life are the most important time for brain development (From Neurons to Neighborhoods, Shonkoff, 2000). A child exposed to trauma in these early years, who does not receive intervention, is at risk for abnormal brain development that may last a lifetime. The needs in our community are great: 39% of Alameda County child abuse referrals are for children under age 5 years; one in every 133 children in pre-school in California is expelled (Gilliam, 2006) and African American and Latino children are identified with autism one to two years later than Caucasian children (CA Blue Ribbon Task Force on Autism 2007).

Current research supports the need for early intervention services for children with developmental, social or emotional concerns. Well-designed early childhood interventions show a return to society ranging from \$1.80 to \$17.07 dollars for every dollar spent (Rand Report 2005). Early Identification can help ameliorate the need for more expensive interventions later and support better child outcomes. Many National and State organizations including the American Academy of Pediatrics, the California Blue Ribbon Autism Task Force and the Federal Child Abuse and Prevention Act (CAPTA) recommend screening children early for developmental concerns. In spite of all the recommendations for screening and the importance of early identification for school readiness, standardized developmental screening in Alameda County is the exception not the norm.

Even when early identification of children occurs, there is limited capacity in our county for comprehensive assessments of young children, particularly if they do not meet the eligibility thresholds for Regional Center Early Intervention Part C or the School District Special Education entitlement services. Our current assessment and treatment system for children at risk for development or social/emotional concerns is complicated and confusing and even the most skilled providers do not always know where to refer a child once a delay is "suspected."

Supporting the healthy development and social emotional well being of children 0-5 years is a shared goal of Alameda County partners involved in the Children's Screening, Assessment, Referral and Treatment (SART) planning process. In January 2007 to support this goal, First 5 Alameda County funded a county-wide planning process to develop a SART system that would address the gaps and challenges in our existing early childhood systems. A SART Leadership Team, including county and community leaders, provided direction, support, funding and in-kind resources to promote the development of a shared early intervention system. The consulting firm Resource Development Associates (RDA) was hired to facilitate a collaborative planning process.

This Executive Summary reviews the key findings and recommendations from the planning process. The detailed research, vision, mission and guiding principles, strategies and planning steps are described in the body of this report.

The Children's SART planning process included the following components:

- A Leadership team of county and community leaders who committed individual and agency participation to the planning process. The Leadership team met three times with national expert, Dr. Ira Chasnoff.
- A steering committee with representatives from Alameda County Public Health, Behavioral Health Care Services Agency, Alameda County Social Services, cities of Berkeley, Oakland and Fremont, First 5 AC, Children's Hospital Division of Developmental and Behavioral Pediatrics, Regional Center of the East Bay, Family Resource Network, North Region Special Education Local Planning Area (SELPA), and the Alameda County Child Care Planning Council.
- A series of stakeholder meetings with broad community participation that developed an agreed upon a county-wide vision, mission, and guiding principles for service delivery.
- Key informant interviews that helped to identify the strengths, challenges and gaps in existing services for children 0-5 years in Alameda County.
- A series of workgroup meetings to that drafted strategies for each component of the SART system including: appropriate screening, triage, assessment and treatment.

The planning process identified a target population to receive services in Phase 1, system goals, and next steps.

Target Population

The leadership Team, while acknowledging the need for a system that will meet the needs of all children in Alameda County, agreed that it was important to begin with the highest risk population of children 0-5 years who:

- Are in the child welfare system;
- Are receiving their primary medical care from CHDP medical providers;
- Are enrolled in state subsidized preschool, Early Head Start and Head Start; and
- Were exposed to substance use prenatally.

System Goals to Improve Services for Children and Families

The SART mission recognizes the importance of a *family-centered, coordinated and accessible system of screening, triage, assessment, community supports and treatment*. Alameda County Children's SART Strategic Plan includes a series of connected goals, strategies and action steps to ensure children and their families are more equipped to get the early intervention services that they need. Alameda County SART will include four components:

1. Early Identification of Children Through Enhanced Screening Efforts

- Increase standardized developmental screening county-wide through training and technical assistance for pediatric providers, early care and education providers and child welfare providers
- Collaborate with Alameda County Public Health Perinatal SART to ensure appropriate referrals and tracking for children whose mothers screen positive for substance use.

2. A Coordinated System of Triage and Referral

- Institute a toll-free telephone triage line staffed by skilled and well-trained staff who will take referrals from providers and:
 - ◆ Assist a family with further screening as needed
 - ◆ Assign a Family Advocate to families needing extra assistance accessing services
 - ◆ Provide connections to an appropriate "next step" resource including
 - Linkage to a "Level One" community based assessment
 - Referral to a tertiary system for comprehensive assessment
 - Direct linkage to community support and treatment services
- Implement a tracking and follow up system to ensure appropriate communication between referral sources and service systems so that each receives appropriate follow up and no child gets "lost"

3. Appropriate and Timely Assessment Services for all Children

- Build teams of community-based child development and mental health specialists that can provide a level 1 developmental and social-emotional assessment in a child's natural environment or in the community for children not likely to receive a full developmental assessment through an existing state or federally mandated agency.
- Expand existing tertiary care agencies to make level 2 comprehensive assessments for families more geographically and linguistically accessible.
- Ensure that assessments are useful tools for families, through culturally appropriate follow-up and supports.

4. Increased Capacity for Community Supports and Treatment Services

- Expand existing programs to meet the anticipated demand for services such as developmental play groups, mental health consultation and treatment, access to quality child care etc.
- Ensure that a trained team of professionals and paraprofessionals are available to staff the programs and provide culturally sensitive and family-friendly services.

Detailed descriptions of these four components can be found in the body of this report.

Next Steps

Turning this plan into reality will require ongoing commitment of all partners and the willingness to provide funding and in-kind services. There has been significant interest expressed by the cities of Berkeley, Oakland and Fremont to act as regional hubs for the Children's SART which will facilitate geographic access. Implementation of components will be phased in over the next several years.

Implementation Phase 1 (January-December 2008)

- Secure funding for Phase 1 components
- Hire a Children's SART Coordinator
- Continue the work of the Finance and Data Systems Committees
- Establish a committee to oversee SART implementation
- Expand provider training on utilizing standardized developmental screening tools
- Work with : geographic "hubs" to begin implementing SART components
- Develop and Implement the triage and level one assessments of the SART system
- Identify and advocate for policy changes that can support the long term vision of a Children's SART by building on existing local and state initiatives

Section 1: The Planning Process

Over the past five years, First 5 Alameda County-Every Child Counts (ECC) and its community partners have expanded early identification of children 0-5 who have, or are at risk of having developmental and/or social-emotional delays. These efforts have highlighted the need for a countywide system of care for children 0-5. Building on the successes of existing systems, the Alameda County First 5 Commission designated funds to involve community partners in the development of a system to coordinate screening, assessment, referral and treatment for children 0-5 who have, or are at risk of having developmental and/or social-emotional delays and their families.

This planning process, herein referred to as the Children's SART planning process, began in January 2007. The planning effort while focusing on all children, paid particular attention to on the needs of children who were ineligible for existing state and federally mandated entitlement services. ECC engaged the County Health Care Services Agency, Social Service Agency, Children's Hospital and Research Center (CHRCO), the Regional Center of the East Bay, and various other stakeholders from Alameda County cities, school districts, and community organizations in a consensus building process that developed key strategies and action steps for enhancing the existing system of care. This collaborative planning process resulted in the Alameda County Children's SART¹ Strategic Plan for Screening, Triage, Assessment, and Treatment.

This section presents the need for a Children's SART System of Care in Alameda County; describes the planning process and participants; and records findings from the process, including the vision, mission, and guiding principles. Additional outcomes from the planning process recorded in this section include the identification of priority populations and best practices in other jurisdictions, an inventory of existing conditions, and a synthesis of the existing system's strengths, challenges, and gaps.

Section Two presents the formal Alameda County Children's SART Strategic Plan for children 0-5, including its primary goals, strategies and action steps.

Need for Countywide Children's SART

Population estimates indicate that 125,450 children 0-5 live in Alameda County, with most children living in the Cities of Oakland (29%), Fremont (15%) and Hayward (11%).² Hispanic/Latino and Asian births are increasing as a proportion of the total population, accounting for 33% and 25% of all births, respectively³.

Approximately 960 children 0-2 and 2,290 children 3-5 are eligible for and receiving services from either the Regional Center and/or their local school district⁴. An estimated additional 3,400 children 0-5 in Alameda County may also need SART-related supports and services⁵.

1 The acronym SART refers to Screening, Assessment, Referrals and Treatment, a model System of Care developed by Dr. Ira Chasnoff. This Alameda County System of Care uses a variation of this model, which includes Screening, Triage, Assessment, and Treatment, but preserves the acronym for the purpose of recognition.

2 California Department of Finance

3 California Department of Finance

4 Regional Center of the East Bay, Spring 2006 and California Department of Education 2005-06 School Year data

Research suggests that the following risk factors strongly correlate to behavioral and developmental delays in children.⁶

- Having a mother who (a) is less than 20 years old, (b) has less than 12 years of education, or (c) has smoked or used alcohol or drugs during the pregnancy;
- Being born pre-term or at low birth-weight;
- Being a victim of abuse or neglect, including malnutrition and emotional neglect;
- Living in or transitioning out of foster care;
- Poor maternal physical or mental health, and the experience of domestic violence by mother; and
- Living in poverty.

Based on the above risk factors, the following demographic trends indicate the extent of potential risk to children 0-5 in Alameda County:

- In 2004, 1,421 babies (or 6.6%) were born to mothers 19 and younger.⁷
- Nearly 20% of children are born to mothers with low levels of education. Nineteen percent of children born in 2003 had mothers with fewer than 12 years of education.⁸
- In 2004, 1,566 babies (or 7.2%) had low or very low birth weights.⁹
- Approximately 4,836 children 0-5 suffer from abuse and neglect.¹⁰
- Five hundred seventy-six children 0-5 are in supervised foster care through Alameda County Children's Services.¹¹
- Twenty-five to twenty-seven percent of families at the highest social, medical and maltreatment risk screened positive for maternal depression.¹²
- Twenty-nine percent of children 0-5 live in low-income households, including 53% of children 0-5 in Oakland and 33% of children 0-5 in Hayward.¹³
- Cognitive delays are highest among children whose parents exhibit high risk factors. Twenty-six percent of Early Head Start children 0-36 months whose parents are teens, less educated, or receive cash aid have cognitive delays.¹⁴

5 Based on the National Survey of Children with Special Health Care Needs, Reproduced by UCLA Center for Healthier Children Families and Communities for the State of California. These numbers only reflect those children who have special health care needs and may far undercount the number of children at risk for social emotional or behavioral delays due to environmental and other risk factors.

6 Risk factors developed through literature review and in conjunction with First 5 Alameda County. See also research by Ira Chasnoff, Neal Halfon, and others.

7 California Health Services Department, Vital Statistics

8 California Department of Health Services, Center for Health Statistics

9 California Health Services Department, Vital Statistics

10 Children Now

11 UC Berkeley, Center for Social Services, Child Welfare Services Reports

12 First 5 Alameda County Annual Report 2005-2006

13 U.S. Census 2000

14 U.S. Department of Health and Human Services Administration for Children and Families, Early Head Start Research and Evaluation Project, 2003

- Children with specific demographic characteristics are less likely to access services (children in Hispanic families, with teen parents and less educated parents, and in families receiving cash assistance).¹⁵

Goals of Children’s SART Planning Process

The overall goal of the Children’s SART planning process was to develop a coordinated approach to screening, triage, assessment, and treatment for children 0-5 that:

- Instills a shared vision and set of goals amongst city and county agencies, local school districts, health care providers and multiple partner agencies throughout the county serving children 0-5 at risk of developmental and behavioral delays;
- Identifies and addresses service gaps to support a continuum of care for children 0-5 years and their families;
- Creates an approach for early identification and intervention for children at-risk of developmental and/or social-emotional delays; and
- Coordinates existing services and support to ensure that all children remain connected to the services they need.

Children’s SART Planning Participants

The Children’s SART planning process involved dozens of public leaders and community stakeholders engaging in a myriad of planning-related activities. The following describes each planning group and their role in the Children’s SART planning process. A list of all planning participants can be found in the Appendix.

The Planning Team

First 5 Alameda County ECC hired Resource Development Associates (RDA) to help facilitate the planning and draft the plan. ECC and RDA staff, comprised the Planning Team, which met on a regular basis to ensure that the planning process ran smoothly. The Planning Team received support from Dr. Ira Chasnoff of the Children’s Research Triangle, a nationally recognized leader in the development of Children’s systems of care.

Leadership Team

A Leadership Team, composed of representatives from the County’s Health Care Services Agency, Behavioral Health Care Services, Public Health Department, and Social Services Agency, and city governments, the Regional Center of the East Bay, Alameda Alliance for Health, and Children’s Hospital and Research Center at Oakland, met twice to review and solidify decision making within the planning process. The Leadership Team included those with the most control over funding allocations and organizational policy. Members are expected to take the lead role within their organizations in implementing the final plan. In addition, the Leadership Team was responsible for overseeing the Children’s SART planning process.

¹⁵ U.S. Department of Health and Human Services Administration for Children and Families, Early Head Start Research and Evaluation Project, 2003

Steering Committee

The Steering Committee was comprised of representatives from Leadership Team agencies, as well as representatives from the North Region Special Education Local Plan Area (SELPA), Alameda County Child Care Planning Council, Family Resource Network and the Cities of Berkeley, Oakland and Fremont. Throughout the Children's SART planning process, Steering Committee members maintained strong communication with their agency's Leadership Team representative in order to ensure that all decisions aligned with organizational needs, policy requirements, and best practices. The Steering Committee members, as the chief architects of the plan, developed a series of recommendations regarding service needs, potential solutions, and implementation strategies. Steering Committee members are also charged with implementing the recommended plans within their respective agencies and organizations.

Stakeholder Group

The Stakeholder Group included a broad range of service providers from screening, assessment, referral and treatment programs across the County. Members, identified by the Steering Committee and First Five leadership, met monthly starting in March 2007 and participated in the ensuing Planning Workgroups. The Stakeholder Group, which ranged in size from 20 to 30 regular participants, helped shape the vision, mission, and guiding principles, and identified strengths, challenges, and gaps in the current system of care.

Planning Workgroups

Four Planning Workgroups met between July and September 2007 to identify strategies, actions and potential resources for screening, triage, assessment, and treatment services and community supports. Planning Workgroups were made up of Stakeholder Group members, with representation from education, health, and the Department of Social Services Children and Family Services (CFS). Other local experts and service providers were invited to attend specific sessions based upon their expertise in the following four content areas:

1. Screening

This workgroup was charged with developing strategies to ensure that standardized developmental screening is promoted and supported Countywide, with initial focus on the priority populations identified by the Leadership Team.

2. Triage

This workgroup developed strategies to plan for a centralized, dedicated toll free call line for providers to use to identify appropriate "next step" services for children 0-5 about whom they are concerned. The workgroup was also charged with developing a framework of services to ensure appropriate communication and collaboration between families, providers and agencies. The workgroup developed community approaches to addressing complex situations, including a plan for utilizing Family Advocates to help eliminate barriers that families might experience in accessing services.

3. Assessment

The assessment workgroup developed strategies to ensure that all children 0-5 who have developmental concerns, as identified by a standardized screening, surveillance or observation, receive appropriate assessment services. This includes ensuring that any child referred through the triage system, who needs an assessment, but is ineligible for an existing entitlement, will receive one.

4. Treatment Services and Community Supports

This workgroup identified current service gaps for children who have developmental and/or social-emotional delay. Workgroup members identified strategies for enhancing and building the capacity of treatment services and community supports to meet the growing demand, as more children are identified early as needing services and supports.

Children's SART Planning Process

The Children's SART planning process involved seven primary phases:

- **Launching of Planning Process and Developing a Leadership Team**
In February 2007, community leaders from various organizations and professional disciplines in Alameda County attended a two-day workshop, facilitated by Dr. Ira Chasnoff, to initiate the planning of a system of care for the County's children 0-5 who have, or are at risk of developmental and/or social-emotional delays. Building on his previous involvement in creating the Perinatal SART system in Alameda County, Dr. Chasnoff explained the imperative for developing preventive systems for early identification and intervention of young children by citing recent research on brain development and risks associated with prenatal alcohol and drug exposure. He presented best practices from other communities, and helped identify high risk populations as those children who are at greatest risk due to environmental conditions. Dr. Chasnoff sparked enthusiasm amongst county leaders to begin marshalling resources, prioritizing and forming a Leadership Team for the planning effort.
- **Interviewing Key Informants: Community Needs and Best Practices**
To support the planning effort, between February and March 2007, the Planning Team conducted preliminary research to assess the need in Alameda County, understand existing services for children 0-5, and investigate best practices in other regions. Data collection included in-person and telephone interviews with key informants.
- **Designing Planning Process: Vision, Mission, and Guiding Principles**
The first Steering Committee meeting was held on March 13, 2007, and the first Stakeholder Group was held two weeks later on March 29, 2007. In these and subsequent meetings, participants developed consensus on the vision, mission, and guiding principles for the Children's SART planning process. The groups also identified *screening, triage, assessment, and treatment* as the principal areas in need of further investment to strengthen the system of care.
- **Identifying System Strengths and Challenges**
The Planning Team used input from the Steering Committee, the Stakeholder Group, and a series of parent discussion groups and service provider meetings to identify system strengths, challenges and gaps. These findings were used to develop a schematic flow chart of Alameda's system of care documenting existing services, developing or nascent services, and desired services.

- Developing Key Components of Plan**
 On May 23, 2007, the Leadership Team reviewed the outcomes from the Children’s SART planning process to date and agreed to focus efforts during the first three years on the most vulnerable population of children 0-5, particularly those who face serious environmental risks. The team decided upon priority populations and confirmed the four service areas of *screening, triage, assessment, and treatment*.
- Developing Action Steps**
 In June 2007, the Steering Committee and the Stakeholder Group met to review the directive of the Leadership Team. Working with the Steering Committee, the Planning Team organized a series of workgroups in July, August and September to develop strategies, action steps, and potential resources for implementing each of the identified goals--screening, triage, assessment, and treatment. Workgroup participants discussed potential strategies for implementing the system goals, and brainstormed action steps and resources.
- Formalizing the Plan**
 After the workgroups recommended a set of strategies, action steps and available resources, the Steering Committee reviewed the recommendations, refined and approved a draft plan. The Alameda County Children’s SART Strategic Plan, including the goals, strategies, action steps and available resources, is presented in full in Section 2 of this report. The final plan was approved by the Leadership Team and presented to the community early in 2008.

Vision, Mission, and Guiding Principles

The following Children’s SART vision, mission and guiding principles for service delivery to children 0-5 in Alameda County were developed with input from the community stakeholders and were adopted by the Steering Committee on May 1, 2007.

Vision

All children 0-5 living in Alameda County will be supported to reach their optimal health, development, and learning potential.

Mission

To establish and implement a family-centered, coordinated, accessible system of community support, prevention, and treatment that meets the developmental and behavioral needs of all Alameda County children 0-5.

The mission statement emphasizes that children who have, or are at risk of having developmental and/or social-emotional delays need to be linked to services--either in the existing tertiary system or through newly developed SART components--in order to ensure their optimal health, development and learning potential.

To support this mission, community stakeholders established a series of “guiding principles” to clarify how services should be provided and what children and families should expect from services.

Guiding Principles

We believe:

- *Alameda County services providers have a responsibility to ensure that screening, assessment, referral and treatment of young children at risk for developmental challenges are provided in a nurturing fashion which respects the cultural, ethnic and linguistic needs of our residents and builds on family strengths.*
- *Services for young children in our county should be easily accessible with many points of entry and “no wrong door.”*
- *Children have a right to appropriate services to help support their development regardless of insurance coverage, ability to pay, or immigration status.*
- *Families should be supported through all steps of the process in obtaining necessary services to enhance their child’s development (screening, assessment, referral and treatment).*
- *All SART services must be grounded in best practice and meet quality standards.*
- *Principles of equity and social justice must be considered when developing priorities for who will have access to any new services developed.*

Existing Conditions

Priority Populations

Alameda County’s Children’s SART Strategic Plan includes strategies to complement and enhance services provided through existing state and federal mandates for the education and care of children who have or are at risk of having developmental and/or social-emotional delays. New services will not supplant existing services. Whenever appropriate, children will be referred to the existing tertiary care services for which they are entitled.

The Leadership Team, while acknowledging the need for a system that will meet the needs of all children in Alameda County, agreed that for the first three years of implementation, priority will be placed on providing services and supports to children 0-5:

- **Who are in the child welfare system**
During 2006, Alameda County received 782 substantiated referrals on child maltreatment for children 0-5.¹⁶
- **Who are receiving their primary medical care from Child Health and Disability Prevention (CHDP) medical providers**
During Fiscal Year 2006-07, CHDP providers treated an estimated 44,735 unduplicated children, accounting for nearly 36% of children 0-5 in Alameda County. This number has increased somewhat over the past four years, from a total of 32,077 during FY 2002-03.
- **Who are enrolled in state subsidized preschool, Early Head Start and Head Start**

¹⁶ State CWS/CMS reporting system for child welfare.

During 2005-06, Early Head Start served 221 infants and toddlers (0-24 months) and Head Start served 3,318 preschoolers (24-60 months) in Alameda County.¹⁷ California Department of Education currently funds subsidized childcare centers who are licensed to serve up to 4580 children¹⁸.

- **With prenatal exposure to substance use**
Since March 2002, the Perinatal SART system screened slightly over 6,000 pregnant women for substance abuse; between 20-30% received positive results.¹⁹

Existing Programs and Resources

Alameda County has a wide array of services and supports for children 0-5 who have, or are at risk of having, developmental and/or social-emotional delays and their families, but availability is contingent upon complex, often confusing eligibility requirements and entitlement regulations based on age, disability status and income level. Additional factors such as immigration status, involvement with child welfare services, and enrollment in specific programs may also affect eligibility. The following is a description of some of the programs for young children and their families.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services

Federal Law requires states to provide screening, diagnosis and all "medically necessary" treatment services, including mental health services, to all Medicaid recipients under the age of 21. EPSDT is a way to obtain the individualized wrap-around treatment and support services necessary to allow children to remain at home and in their community, or to return there after a hospitalization or other out-of-home placement. EPSDT mental health services include collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day care intensive, day care rehabilitation, and therapeutic behavioral services. Services are provided only to those who meet specific conditions identified in EPSDT screenings.

Medi-Cal for Children

California's Medi-Cal program is offered at two levels: "full-scope" and "restricted." Restricted Medi-Cal services include emergency care, prenatal care and delivery, and other specific medical concerns. Full-scope Medi-Cal includes primary and preventive health care, mental health care, vision, dental, hearing, speech, occupational therapy, prescription services, and all manner of hospital and emergency care. Eligibility is based upon immigration status, with full-scope Medi-Cal available for U.S. citizens and legal residents only. Income determines whether the coverage is at "no-cost" or if there will be a "share of cost."

Child Health and Disability Prevention

CHDP is administered by the state and counties, and provides free services to low-income children and youth for early detection and prevention of disease and disability. CHDP became a gateway to Medi-Cal and Healthy Families in July 2003 by introducing an automated application initiated by the CHDP provider. This provides up to 60 days of full-scope Medi-Cal coverage with no immigration requirements (except for children already enrolled in Medi-Cal with limited-scope benefits due to their immigration status).

¹⁷ Alameda County Early Care and Education for All Needs Assessment Report, July 2006.

¹⁸ State of California Community Care Licensing

¹⁹ Alameda County Public Health Department Maternal and Child Health. These figures represent potential children who will be identified by providers within the Perinatal SART system of care, not the total number of prenatal exposures.

California Children's Services (CCS)

Administered by the state and counties, CCS provides medical care for eligible, low-income children who have serious medical problems, including acute injury or illness, genetic diseases, chronic conditions or physical disabilities, congenital defects or major injuries due to violence or accidents.

School District's Early Childhood Special Education Services

School districts are required to support children's educational needs starting at three years of age. While a medical diagnosis may be used to establish initial criteria for an evaluation, the school district assessment is focused on the extent to which the impairment impacts educational attainment. School districts also are responsible for serving children 0-3 with specific low-incidence disabilities, i.e. deafness, blindness, and physical impairment.

Regional Center of the East Bay Services

Statewide, Regional Centers help coordinate services and supports for certain eligible children with developmental disabilities, providing a case manager or service coordinator to develop a plan for services, inform participants where services are available and help obtain them.

There is a variety of other community and hospital based programs that provide early intervention, support and mental health services to young children and their families, including those provided by primary care pediatricians, depending upon availability and type of insurance coverage.

Alameda County Strengths, Challenges, and Gaps

Stakeholder Group meetings, key informant interviews and parent discussion groups focused on identifying the current system's strengths, challenges, and gaps between those services provided and those that are needed. The following conclusions were drawn:

Strengths

Alameda County has a number of strengths to build on in the development and implementation of its Children's SART System of Care. Over the past five years, there has been an increase in standardized developmental screenings countywide. In general, parents like and trust their individual service providers, therapists and case managers. In addition to screening, some treatment and support services, such as developmental playgroups, are now available for children identified through screening as at risk, but who do not meet entitlement requirements.

Representatives of organizations providing services report that they have positive longstanding relationships and collaborations with colleagues throughout the County. There is general agreement among providers on a need for early intervention and for a comprehensive SART system of care that includes data sharing, and providers are prepared to move forward in partnership.

System Gaps

Alameda County also faces a number of challenges associated with developing and implementing a successful SART system of care for children 0-5. Current programs have no comprehensive hub for navigating and connecting children to next-step services; this can lead to confusion amongst providers and family members. In addition the lack of a centralized and accessible clearinghouse means that there is a shortage of feedback between providers and family members. This makes it difficult to track whether children are receiving the services they need.

In general, each individual agency or organization within Alameda County complies with a unique set of expectations and regulations, and solicits financial resources independently. This “siloization” of services results in a perceived and/or real shortage of collective resources. For example, Alameda County faces a shortage of linguistically and culturally trained providers; there are not enough providers to serve families and children with limited English proficiency, especially in speech/language and occupational therapy. Additionally, population growth rates in formally rural South and East County has led to a shortage of services in these areas, requiring some families to travel outside their communities for services. The lack of culturally and linguistically appropriate services, complexity of eligibility requirements, and issues related to access can overwhelm some parents and providers. This results in belated service provision even to those children who meet entitlements.

Successful prevention necessitates identifying children who are at risk before they experience developmental and/or social-emotional delays. However, the majority of services in Alameda County are geared toward intervention rather than prevention. Young children, particularly those between the ages of 0-3, who do not meet a diagnostic threshold but are still of concern to caregivers and providers may not have access to early prevention services such as screening. These children cannot take full advantage of the range of services offered in the County and can end up requiring more intensive interventions later on.²⁰

The Challenge

The Children’s SART planning process developed a system of care that builds upon these strengths and fills in many of the gaps described above. This system of care will build cohesion for efficient and appropriate service provision through:

- Early identification and treatment;
- Systems for accountability and information sharing; and
- Accessible child and family centered services.

Best Practices in Planning and Implementing Systems of Care

The Planning Team explored the experiences of different counties in planning and implementing systems of care for children 0-5 in order to create a model based on best practices. The Planning Team examined the successes and challenges of four California counties (San Bernardino, Fresno, Mendocino and Santa Clara) and two out-of-state counties (Parish of Baton Rouge, Louisiana and Cuyahoga County, Ohio).

Each had multiple partners, used a common screening tool, had multiple funding sources and started with a limited scope that was later expanded. Counties used iterative and non-linear planning processes that were highly participatory and encouraged ongoing feedback. Implementation occurred in phases based on realistic goals. Providers were trained and retrained as system changes occurred. Evaluation of system impacts, rather than program success, was also vital.

²⁰ In addition to the challenges and gaps described above, each stakeholder group, with input from the steering committee, developed a set of challenges associated with the following four service areas: screening, triage, assessment, and treatment. These challenges are listed in greater detail within each of the goal areas below.

The investigation revealed several components that were critical to successful implementation. Each system of care had:

- A designated person responsible for the planning process;
- A system to hold people and organizations accountable;
- A governance or oversight structure that was fully staffed and functional before services were delivered;
- A carefully constructed planning and decision-making process that built credibility and support for implementation;
- A descriptive and well-publicized name, which enabled fundraising;
- An evaluation plan that was built into the planning process from the beginning, and included a rigorous, external evaluator;
- An inclusive process that involved all appropriate agency partners;
- Flexible and easily alterable plans;
- High-quality staff, led by a strong project coordinator; and
- Realistic planning timelines, goals and feedback that helped motivate those involved in the planning process.

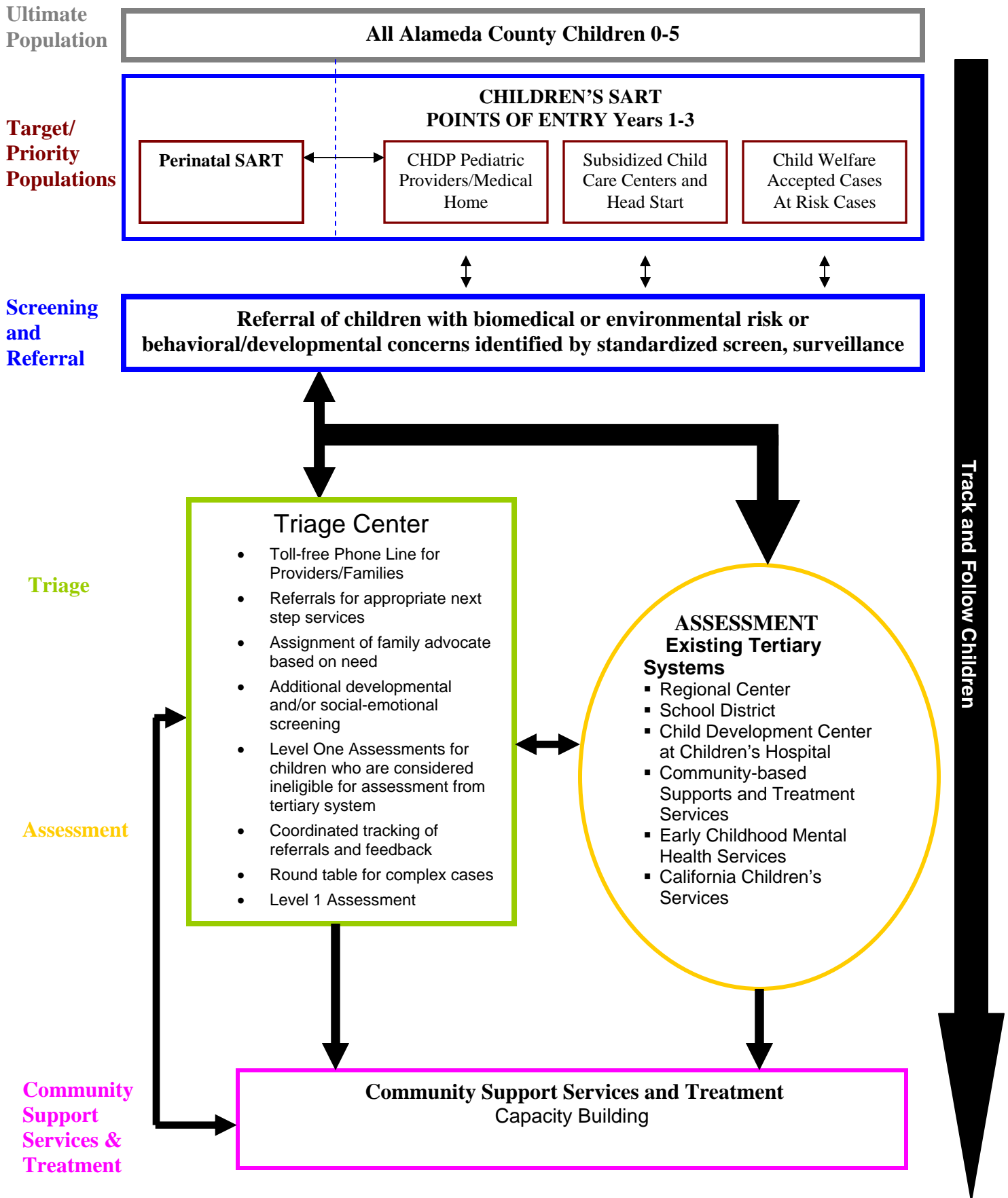
Overall, counties with the most successful implementation built their programs over an extended period of time using the knowledge, agency capacity and assets available to them in their own county.

Section 2: Alameda County Children's SART Strategic Plan

The Children's SART Strategic Plan includes five interconnected goals that ensure children and their families receive consistent and timely developmental screening, triage, assessment, supports, and treatment. Each of these goals includes a set of strategies and action steps that are intended to guide children, their caregivers and service providers seamlessly throughout the system of care, and receive appropriate services regardless of where they enter the system and which services they have traditionally been entitled to. In addition to ensuring enhanced services, these five goals are designed to promote consistent multidimensional communication amongst a variety of service providers, caregivers and administrators, and system-wide accountability.

The following flow chart depicts the interconnected SART goals. It also illustrates the key philosophy of this planning process: the Children's SART system of care will enhance, not supplant, existing services. A summary follows the flow chart.

Alameda County Children's SART (0-5)



Flow Chart Summary

Ultimate Population: All children 0-5 in Alameda County

Priority Population for First Phase In:

- Children 0-5 in Alameda County screened or identified in the following locations:
 - Subsidized child care programs (including Head Start and Early Head Start)
 - CHDP Pediatricians
 - Children and Family Services
 - Children 0-5 of mothers identified through the Perinatal SART System

Screening:

- County will engage in a “screening/early identification” campaign
- Providers serving children in the above locations will be given ongoing training and technical support to complete ASQ and ASQ-SE screenings (or other potential standardized screening tools).
- Periodicity schedule for screening of children will be integrated with existing structures and systems.

Triage, Family Support, Further Screening and Level One Assessments

- Toll free phone number for:
 - Providers to refer children who have concerns on ASQ and they are unsure about appropriate “next steps”.
 - To refer children who have an environmental and/or biomedical risk (at risk for social-emotional delays) who may need further screening and/or assessment.
- Family advocates to provide additional support for families who need help navigating “next steps”.
- Tracking of referrals and coordination between agencies including feedback to referral source.
- Round Table for children with multi agency service providers to determine appropriate referral pathways/coordination.
- Developmental assessments: conducted in children’s natural environments; utilizing agreed upon standardized assessment tools; and administered by teams of child development and mental health providers for children where more clarification is needed to determine appropriate services and supports.
- Family assessments
- Physical/Environmental Assessments

Comprehensive Assessments:

- Enhancement and coordination of, existing tertiary assessment systems to provide accessible, comprehensive medical and developmental assessments for children who need them.
- Continued tracking of children to ensure that appropriate next step services are being provided.
- Referral loop back to Triage Center for children who are referred to entitlement service and are deemed “not eligible.”

Community Support Services and Treatment:

- Expanded intervention services and supports:
 - Developmental playgroups
 - Mental health
 - Family support programs
 - Child care / Respite care
 - Other therapies (OT, PT, S&L, SI, etc)
- Expand professional capacity for all services
 - Increase number of trained treatment providers
 - Language/Cultural competency

Goal 1: Improve Early Identification of Children through Enhanced Screening Efforts

Overview

Children 0-5 who have, or are at risk of having developmental and/or social-emotional delays need early identification to reach their developmental potential and achieve success in school. In order to ensure that children do not fall through the cracks, the Children's SART system of care will develop a standardized and age appropriate screening procedure that ensures that children receive consistent, high quality services. Training, technical support and an aggressive outreach and education program will educate family members and caregivers about the critical importance of early screening.

Motivating Conditions and Challenges

Alameda County's Children's SART System of Care is designed to address the following challenges to providing consistent, timely and unrestricted screening:

- There are no consistent countywide protocols for developmental screening.
- Pathways for identifying and providing referrals for children with areas of concern on their developmental screen are confusing and limited.
- Pediatric providers are not required to utilize a specific standardized developmental screening tool.
- There is no standardized system in place right now to screen all children 0-5 in the child welfare system.

Desired Results

All Alameda County children 0-5 will be screened for developmental and/or social-emotional delays, with priority during the first three years given to the *priority populations*. Because the health and well being of the child is intrinsically tied to the well being of the mother, all pregnant women in Alameda County will be screened using the perinatal SART model for alcohol, tobacco and substance use; maternal depression; and domestic violence.

Strategies and Action Steps

- **Strategy 1.1:** Develop protocols for standardized developmental screening for priority populations.

Create protocols for medical providers, child welfare workers, and early care and education programs funded by Head Start and the California Department of Education (herein "subsidized ECE programs") to perform standardized and validated screenings for children 0-5. Screenings should include, at a minimum, developmental, social and emotional indicators for children, and psychosocial assessments for parents/caregivers.

Action Step 1.1.1. Hold discussion groups with pediatric providers, child welfare workers and early care and education providers to determine realistic parameters for developmental screening of young children.

Action Step 1.1.2. Create a screening protocol taskforce. The taskforce will:

- Review use and applicability of available validated tools for screening.
- Determine what existing protocols and regulations within the school districts, Regional Center, pediatric practices, early care and education settings, and Children and Family Services may encourage or inhibit a single standardized developmental screening strategy.

- Develop standard screening protocols for tools, timing, training, and referral pathways, taking into account all federal regulations, and American Academy of Pediatrics periodicity recommendations. These may be different for each priority population.
- Develop a parent consent process to ensure that screening results can be shared across agencies.

➤ **Strategy 1.2: Develop and implement a training and technical assistance plan.**

Provide initial and ongoing training and technical support on the use of recommended screening tool(s) and referral protocols.

Action Step 1.2.1. Identify needed components, trainer qualifications, and materials for training and technical assistance. All training should include:

- Discussion of how to work appropriately and sensitively with parents of all cultures.
- Information on referral pathways for children with any developmental concerns, regardless of eligibility for entitlement services.
- Training on how to utilize the triage system (*see Goal 2: Triage*).
- Guidance on how to discuss screening results with parents in a sensitive and supportive manner.

Action Step 1.2.2. Identify an agency or agencies that can provide training on the selected screening tools.

- Ensure training agencies are familiar with the applicable regulations and best practices that govern agency actions, including those of the California Department of Education, Medi-Cal and other mandates.
- Use Child Care Resource and Referral agencies' already-established subsidized ECE provider training networks.

Action Step 1.2.3. Require training participation and implementation of standardized developmental screening in all county-held contracts.

- Work with Behavioral Health Care, Public Health, First 5 Alameda County, Social Services, Health Care Services Administration, and various city departments to include recommended language in their contracts.

Action Step 1.2.4. Give providers the resources and tools to ensure children who have areas of concern on their screens get the services they need (*see Goal 2: Triage*).

- All providers who have been trained and are engaged in implementing screening protocols should have the following resources: 1) parent information brochures; 2) consent forms for referral to the treatment system as well as other entitlement services; and 3) instructions for using any shared database systems.

Action Step 1.2.5. Provide incentives and reimbursements for training

- Utilize existing incentives that are offered to subsidized ECE providers to attend trainings and community college classes.
- Identify and provide financial and in-kind stipends for subsidized ECE providers to attend Saturday and evening trainings. Stipends may include cash for participating in trainings and/or vouchers, such as child care or transportation vouchers, to make participation in training more feasible.

- Identify opportunities for providers who attend trainings to receive Continuing Medical Education (CME) or other continuing education units.
- Use incentives that managed health care providers sometimes offer to their service providers to participate in pediatric quality assurance programs.
- Research potential funding sources for trainings through California Department of Education, Measure A, Block Grants, and Proposition 63.

➤ **Strategy 1.3:** Create an advocacy and outreach campaign that targets pediatricians, subsidized ECE providers, child welfare workers, and parents.

Develop parent handout materials, communication tip sheets and media campaigns to create general knowledge on the importance of screening children 0-5 for developmental and/or social-emotional delays.

Action Step 1.3.1. Identify an agency or agencies to develop and implement advocacy campaigns targeting pediatric and subsidized ECE providers, and child welfare workers.

- Create interest and support for screening through an advocacy campaign that builds on existing relationships with providers.

Action Step 1.3.2. Identify an agency or agencies to develop and implement a public awareness and parent education campaign on the importance of early identification of children's needs prior to school enrollment.

- Develop friendly and culturally appropriate written educational materials in multiple languages for parents on how early identification of needs can improve children's school performance and social-emotional development.
- Develop written materials for medical and providers on how to communicate with parents, make appropriate referrals, and provide follow-up.
- Use the Child Care Resource and Referral agencies communication strategies for working with parents of young children 0-5, especially those in subsidized child care.

➤ **Strategy 1.4:** Seek buy-in and commitment to standardized development screening.

Action Step 1.4.1. Secure support for standardized development screening from managed health care providers and independent practice associations (IPAs).

- County agencies that have leverage with managed health care providers and IPAs should build language into contracts and assist in the development of quality assurance procedures for standardized developmental screening.

Goal 2: Support Families through Enhanced Triage

Overview

Triage refers to the process of identifying the most appropriate supports and services for those children 0-5 who have been screened or otherwise identified as being at-risk of developmental and/or social-emotional delays. This process can be confusing to both service providers and family members. The Children's SART System of Care will offer enhanced triage supports and services to providers and family members. Access to a toll-free referral line will guide providers through appropriate triage procedures, and help them distribute consistent and accurate information to family members. The referral line will also help identify children and their families who have not yet been screened. These children will receive enhanced triage

services that include an initial screening. The Children's SART triage system will refer family members who need additional support to a culturally competent family advocate, who speaks the family's primary language, and who will help guide family members until the child is successfully receiving needed community supports and intervention services. A multi-agency roundtable will convene regularly to coordinate complicated cases and ensure no child falls through the cracks. In addition, the triage system will link families to Level 1 assessments for children who are ineligible for assessments in the tertiary system of care.

Motivating Conditions and Challenges

The Children's SART System of Care is designed to address the following challenges associated with providing effective triage services:

- Parents and providers do not have access to a toll-free information and referral hotline that they can call if they are concerned about a child's development.
- Children who have some developmental and/or social-emotional concerns but do not meet entitlement thresholds have no access to a coordinated system of services.
- Immigration status, cultural expectations, and language needs complicate access to services.
- Services for children and families are fragmented, with inadequate communication and coordination among providers.

Desired Results

All children 0-5 that are screened and determined to be at risk of developmental and/or social-emotional delays will be guided towards the most appropriate supports and services. A triage center will ensure communication and collaboration between families, providers and agencies. Children who have been referred directly to the triage center, but who have not yet been screened, will receive enhanced triage services that include an initial screening, assignment of a family advocate when needed, and referrals for further Level 1 assessment and/or community supports and treatment services. All referring providers will receive feedback on the status of services provided to the person they referred.

Strategies and Action Steps

➤ **Strategy 2.1:** Develop a standardized referral and enhanced triage protocol.

Develop a single countywide referral protocol to guide providers through the process of identifying next-steps for children 0-5, who have already been screened and identified as at-risk of developmental and/or social-emotional delays. In addition, for children who are referred to the triage center, and have not yet been screened, develop an enhanced triage protocol that will include an initial screening.

Action Step 2.1.1. Create step-by-step procedures for guiding children that have been identified as at risk to the next level of supports and services.

- Work with Regional Center, school districts, and CHRCO to develop appropriate referral procedures.

Action Step 2.1.2. Develop an enhanced triage system for children that have been referred to triage services, but have not yet been screened.

- Develop procedures whereby telephone resource counselors can provide initial screening for developmental and/or social-emotional delay over the phone.

- Develop procedures for family advocates to provide screening at in-home visits.

Action Step 2.1.3. Establish a regularly convening multiagency roundtable to discuss complicated and/or very high risk situations for which no clear protocol or lead agency exists.

- Identify an agency to convene and facilitate roundtable.

➤ **Strategy 2.2:** Develop a toll-free triage telephone line.

The toll-free triage telephone line will be staffed by trained personnel who can help providers and families obtain needed developmental supports and services.

Action Step 2.2.1. Create a telecommunications system with the capacity to support calls.

- Identify the agency or agencies that will house the triage center and train and supervise staff.
- Develop a phone system that can easily connect to other resource lines.
- Use the expertise of agencies that already have support and referral lines; they can provide guidance on call volume, staffing needs, training requirements, response protocols, etc.

Action Step 2.2.2. Provide outreach to Alameda County service providers to notify and educate them about the toll-free number.

- Develop promotional material advertising the toll-free number and describing its services and target audience.
- Link this activity with screening outreach (see Goal 1: Screening; Strategy 1.3) to reduce duplication of efforts.

➤ **Strategy 2.3:** Create a Family Advocate Program.

Family Advocates will serve as a single point of contact for family members until clients are successfully receiving community supports and intervention services. Family Advocates should have expertise working with teen parents, recent immigrants, and other populations who may have challenges accessing services.

Action Step 2.3.1. Develop a staff of Family Advocates to assist families who need extra support.

- Implement a Family Advocate program based on best practices and lessons learned from existing Family Advocacy systems such as those used by the Parent Navigator Approach and those used by Head Start.
- Identify the agency or agencies that will hire, train and supervise Family Advocates.
- Employ former service recipients as Family Advocates. Ensure that they receive appropriate training and supervision, particularly in regards to parental rights and responsibilities.
- See Goal 5 for details on how the Family Advocates will support the tracking of children and their families who are receiving supports and services within the County.
- Develop an informational pamphlet for providers on how Family Advocates can help strengthen relationships with families, and coordinate services amongst different treatment providers.

➤ **Strategy 2.4:** Develop and provide Level 1 Assessments.

For children who are ineligible to receive comprehensive assessments through the tertiary care system, the triage center will provide in-home assessment services that focus on the developmental and/or social-

emotional growth of a child and the parent-child relationship. For those children who are not referred directly into the tertiary system, Level 1 assessments will occur during the triage phase of the SART system of care.

Action Step 2.4.1. Develop protocols for Level 1 assessments

- Develop system to help providers determine when Level 1 assessments are appropriate versus when children need to be referred directly into a tertiary system (see Goal 3: Assessment).
- Use lessons learned from Santa Clara's SART system of care to identify sources of funds for coordinated assessments.

Action Step 2.4.2. Identify appropriate assessment tools and strategies, including:

- The array of tools appropriate for children with different needs.
- Tools that can assess caregiver/child relationships.
- Strategies that build upon child/family strengths.

Action Step 2.4.3. Identify an agency or agencies to conduct assessments.

- Identify agencies that presently have child development/mental health teams that can provide assessments.
- Identify agencies that, with adequate training, could develop teams and assessment capacity.
- Identify an agency or individual to provide training on assessment tools.
- Develop protocols and monitoring practices to ensure all agencies providing assessments adhere to established assessment fidelity standards.
- Identify additional resources to support assessment teams in the fields of occupational therapy, speech and language, physical therapy, etc.

Goal 3: Provide Comprehensive Assessment for Children 0-5

Overview

Assessment allows service providers to tailor interventions to meet the individual needs of a child. For children 0-5 at risk of developmental and/or social-emotional delays, a well designed and thoughtfully written assessment can also provide parents vital information on how to advocate for appropriate supports and services and how to address their child's needs in the home. The Children's SART system of care will provide two levels of assessment. For those children who need assessment, but do not qualify through the existing tertiary system, the system of care will provide Level 1 assessment in a child's natural environment by mental health and child development specialists (see Goal 2: Triage, Strategy 2.4). The Children's SART will also enhance comprehensive medical and developmental assessments (Level 2) by increasing the capacity of the existing assessment providers to offer more culturally competent and linguistically relevant services. The enhanced system of care will also provide a developmental pediatrician that can perform comprehensive assessments in parts of the County that are presently underserved.

Motivating Conditions and Challenges

In order to ensure appropriate assessments for children 0-5 in Alameda County, the SART must address the following current challenges:

- There are children 0-5 who do not meet existing assessment entitlements.
- For these children, there are limited resources and long waiting lists for services.

- There are inadequate resources and funding for comprehensive assessments for all children 0-5 at risk of developmental and/or social-emotional delay.
- There are a limited number of individuals qualified to conduct assessments, especially those that are fluent in other languages and have an understanding of socio-cultural influences.
- There are a lack of services and resources available to meet the needs identified in the assessments.
- There are limited resources for providing screening, observation and assessments in a child's natural environment.

Desired Results

Over the first three years, all children 0-5 in the priority populations who are at risk of developmental and/or social-emotional delay, particularly those who have concerns as identified on a standardized screen, will receive culturally and linguistically appropriate assessment services.

Strategies and Action Steps

- **Strategy 3.1:** Provide timely, accessible, and multidisciplinary assessments through an enhanced tertiary system of care.

Action Step 3.1.1. Augment the capacity of the existing tertiary system, so that assessments are comprehensive enough to meet the individual needs of each child.

- Meet with school districts, the Regional Center, and CHRCO in order to determine what resources are needed to expand the capacity and timeliness of assessments, and increase their cultural and linguistic capacity.
- Explore funding strategies for school districts, the Regional Center, and CHRCO, to enable them to provide assessments at more accessible locations, and during extended or weekend hours.

- **Strategy 3.2:** Develop resources and funding strategies for enhanced assessment services.

Action Step 3.2.1. Identify resources and funds for comprehensive assessments.

- The Fiscal Committee should further explore resources and funding strategies.
- Work with insurance companies to identify who is eligible for which services.
- Identify resources to specifically help fund assessments for children 3-5, who are not eligible for other existing assessment services.
- Review the Santa Clara's SART identified resources and potential funding sources for comprehensive assessments.

Goal 4: Develop Programs and Program Capacity for Community Based Treatment Services and Developmental Support

Overview

As Alameda County expands its capacity to provide screening, triage and assessment to all children at risk of developmental and/or social-emotional delay, more children will be identified who need treatment services and developmental supports. Therefore, the County must also build its capacity to provide these services. The Children's SART system of care will expand current supports and services, provide new

traditional and nontraditional programs, and train a key group of professionals and paraprofessionals to provide these enhanced, community-based treatment services and developmental supports.

Motivating Conditions and Challenges

The following challenges must be addressed in order to improve treatment services and developmental support for children in Alameda County:

- There are not enough prevention and treatment services and supports for children with developmental and/or social-emotional delays.
- Limited resources and insufficient funding result in long waiting lists for some services.
- There is a shortage of personnel trained to provide early intervention and early childhood mental health services, especially amongst those fluent in languages other than English and who understand the complex socio-cultural influences impacting families.
- Services are provided in locations and at times that are inaccessible for parents and other caregivers.

Desired Results

Over the first three years, all children 0-5 within the priority populations that have an identified need, will have access to appropriate community based treatment services and enhanced developmental supports.

Strategies and Action Steps

- **Strategy 4.1:** Increase and enhance community-based services and supports for children with developmental and/or social-emotional delays.

Action Step 4.1.1. Increase support for existing community based services in Alameda County, and provide additional treatment services and developmental supports in these settings in order to meet anticipated countywide demand.

- Expand mental health consultation within early child care and education settings.
- Increase the number of developmental playgroups throughout the County, especially in geographically underserved areas.
- Build therapeutic interventions that do not require a child to have a specific funding stream or diagnosis, using ECC's cost estimates.
- Utilize potential new funding sources from Proposition 63, Movement to Universal Healthcare, AB212, and Title IVE.

Action Step 4.1.2. Enhance community based services and supports by developing the professional, organizational and networking capacities of treatment providers.

- Establish multidisciplinary child development and early childhood mental health care teams to cross-train and provide community-based assessments..
- Enhance family resource networks, family mentoring, and culturally based peer support systems by providing stipends to parents who provide mentoring or peer support services.
- Use the shared database to coordinate services.

- **Strategy 4.2:** Work with other local, state, and federal initiatives to recruit and train early intervention and childhood mental health professionals and paraprofessionals, particularly those with diverse linguistic capacities and/or socio-cultural experience.

Create partnerships with existing schools, training programs, and advocacy groups to help recruit and train a diverse group of occupational/physical/speech and language therapists and other needed professionals.

Action Step 4.2.1. Build relationships with existing training programs.

- Work with existing programs that mentor high school students to go into health professions.
- Work with college career programs and attend job fairs to build recognition of career opportunities.
- Identify community college instructors in different disciplines (e.g., education, social welfare, medicine) and provide curriculum suggestions or guest lectures.
- Notify career center staff and program instructors of scholarships and internship opportunities.
- Use existing education institutions (e.g., high school career programs, higher education, adult schools, etc.) to recruit, train, or provide facilities.

Action Step 4.2.2. Provide scholarships, loan forgiveness, and internships for students in training programs.

- Work with local foundations and corporations to raise dollars for scholarships and work stipends.
- Identify internship and mentoring opportunities.

Action Step 4.2.3. Encourage classes or seminars for subsidized ECE providers that promote cross-training in early childhood mental health and other early intervention services.

- Establish a key group of guest lecturers to provide information to students and professionals.

Action Step 4.2.4. Identify highly motivated individuals—e.g. parents of children with disabilities, parents with disabilities etc.--and encourage them to plan for careers in relevant fields with a high demand for workers.

- Work with parent advocacy groups to notify constituents of potential career training opportunities.

- **Strategy 4.3:** Improve children and caregiver access to treatment services and developmental support.

Action Step 4.3.1. Increase the capacity of subsidized ECE centers to provide on site developmental support after hours and during times that are convenient to parents.

- Provide additional training to subsidized ECE staff on early childhood mental health and developmental issues and interventions.
- Provide a broad array of parent/child activities that are fun and therapeutic, and that enhance learning.

Action Step 4.3.2. Provide “twilight” training to parents with children enrolled in subsidized ECE programs and other child care settings (i.e., evening workshops in language, behavior, family/child/parent education).

- Develop the capacities of key personnel to serve as guest lecturers and trainers.
- Utilize the existing body of knowledge, curricula and expertise available for evening trainings.
- Ask local foundations and corporations to provide stipends, snacks, and other costs associated with the trainings.
- Utilize potential training funds and resources from the California Department of Education and Head Start.

Action Step 4.3.3. Create targeted community-wide approaches to treatment and developmental supports

- Work with localities to identify specific communities that lack sufficient services and supports.
- Focus on providing community approaches to treatment and developmental support in these underserved communities.
- Use existing models such as the Harlem Children’s Zone.

Goal 5: Develop a Comprehensive Tracking and Follow-up System

Overview

Comprehensive systems of care require effective feedback loops that allow for information sharing between agencies and providers, and also clear guidelines and protocols regarding this information sharing, so that client confidentiality is respected according to guidelines and regulations. Technologies such as web based database systems are critical tools, and can be used in conjunction with other communication strategies that involve human interaction.

The Children’s SART System of Care will develop and utilize a web based tracking and follow up database, train all relevant providers in its use, and employ a variety of staff to ensure children and their families are screened, triaged, assessed and treated in a consistent manner. Tracking and follow-up systems help ensure 1) no child falls through the cracks, and 2) all children receive appropriate services regardless from which door they enter the system. In addition, such system wide communication and feedback loops enable administrators to easily and efficiently collect data for the purposes of ongoing evaluation, needs identification and quality assurance.

Motivating Conditions and Challenges

- Technological capacity and procedural barriers prevent sharing of information across agencies and providers.
- Services for children and families are fragmented, with inadequate communication and coordination among providers.
- Communication between obstetricians, hospitals and pediatric providers is limited and impairs the ability to connect perinatal and pediatric SART systems.

Desired Results

A web based tracking and follow up database will provide a feedback loop that ensures children and their families receive appropriate services at every stage in the SART system—from screening through treatment. The database will enable interagency communication, quality assurance, ongoing evaluation and accountability.

Strategies and Action Steps

➤ **Strategy 5.1:** Develop a web based tracking and follow up database.

Develop a web based system that can be accessed by multiple providers to document and track SART services.

Action Step 5.1.1. Develop plans and protocols for the web based tracking and follow up database.

- Establish a Countywide team that will oversee the planning of the database.
- Hire a database consultant to work with the team for the purposes of planning and designing the database.
- Review other database systems and make recommendations on the different levels of access for participating agencies and organizations, how data will be entered and shared, the specific types of data to be collected, etc.

Action Step 5.1.2. Design and implement a web based tracking and follow up database that records all initial screenings, calls to the triage telephone line, assessment results and services provided.

- Investigate the opportunities for using the existing CHARTS or ECCHANGE database design.
- Determine system integration measures for multiple data systems; the database must be able to import and export data.
- Use forms developed by other health care and social service referral and monitoring systems in the County as models. Follow federal and state confidentiality and data sharing guidelines.
- Investigate the opportunity for using the San Francisco Shared Youth database as a model. San Francisco County's database shares service information on children and youth between Department of Mental Health, Juvenile Probation, Children's Services, and San Francisco Unified School District.
- Utilize potential funding for database design from Measure A and Proposition 63.

Action Step 5.1.3. Train providers on database usage. Providers can use the database to record and keep track of referrals, dates of appointments kept and missed, and agencies and providers involved in each case.

- Develop distinct training modules for different providers, including family advocates.

➤ **Strategy 5.2:** Enable hospital Outreach Coordinators and Family Advocates to support ongoing communication between service providers throughout the SART system.

Action Step 5.2.1. Pilot a program that uses existing Hospital Outreach Coordinators to improve communication between the existing Perinatal SART and Children 0-5 SART systems of care.

- Develop a communication strategy that depends upon Outreach Coordinators rather than OB/GYN providers to link information on mothers that are screened by perinatal SART providers to the Children 0-5 system of care.
- Develop educational materials that explain the need for information sharing and consent forms that allow for information sharing between the two systems of care.

Action Step 5.2.2. Empower Family Advocates to support families with complex needs and ensure children do not fall through the cracks.

- Create reporting mechanisms that identify children who are not receiving appropriate services.

Goal 6: Implement an Accountable SART Governance Structure for Sustained and Continuous Program Improvement

Overview

Broad-based multiagency initiatives should include mechanisms for future decision making and policy change because all systems are subject to shifts in service demand, political climate, funding, etc. In addition, in order to be accountable to the public, systems require ongoing evaluation and identification of opportunities for improvement. Continuous program improvement demands flexibility and the capacity to change.

The Children's SART System of Care will include governance structure, financing mechanisms and sustainability plans that are firmly rooted in the SART mission, vision and guiding principles. ECC, with support from an Oversight Committee, will provide coordination for the next phase of the Children's SART System of Care until the permanent lead agency is determined. The Oversight Committee will use data from the web based tracking and follow-up database (see Goal 5) to make informed decisions on improving and sustaining the Children's SART System of Care. The SART System of Care will roll out in phases based upon the availability of funding.

Desired Results

A permanent countywide agency with guidance from an Oversight Committee will govern the implementation of the Children's SART System of Care. A Finance Committee will oversee ongoing development activities in order to ensure sustainability and fulfill all aspects of this SART Strategic Plan. Ongoing evaluation activities will encourage continuous system wide improvements.

Strategies and Action Steps

➤ **Strategy 6.1:** Institutionalize SART administration and governance.

Action Step 6.1.1. Develop an administrative and governance structure.

- Identify a lead agency to provide administrative support to the Children's SART System of Care.²¹
- Develop decision making protocol that includes who needs to be involved, how decisions should be made, which types of decisions can be made by the team, and which must be made by each partner agency and organization independently.
- Develop a mechanism for recommending policies and procedures to partnering organizations and agencies.
- Develop a communication strategy to inform all institutions involved in the care of children 0-5 about SART-related decisions, protocols and policy recommendations.
- Hire a full time Program Coordinator to oversee implementation and day-to-day operations.

Action Step 6.1.2. Establish an Implementation and Policy Oversight Committee.

- Identify agencies that will provide representatives to serve on the Oversight Committee.²²

²¹ The Leadership Team has recommended and approved that Alameda County ECC serve as the lead administrative Agency.

²² The Following Agencies were identified by the Leadership Team during the SART strategic planning process:

- Alameda Alliance for Health

- Meet regularly to advise the Program Coordinator on ongoing administration and governance.
- Enable the Oversight Committee to appoint ongoing and ad hoc subcommittees to advise on specific implementation strategies and to bring in other experts, as needed.
- The lead agency will assign staff to provide administrative support to the Oversight Committee.

➤ **Strategy 6.2: Develop a funding sustainability plan.**

Action Step 6.2.1. Appoint a Finance Committee to identify and cultivate sources of funding.

Action Step 6.2.2. Develop a phasing plan for implementing the full SART System of Care.

- In recognition that no specific funding source is available to implement the full Children’s SART System of Care, empower the Oversight Committee, with guidance from the Program Coordinator and Finance Committee, to prioritize specific portions of the plan.
- The prioritization will depend upon the type and availability of funding, funder and requirements and federal and state guidelines.
- Take advantage of efforts by partner agencies to secure funding.²³

➤ **Strategy 6.3: Develop a plan for ongoing program monitoring.**

ECC to insert Evaluation Section Here

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- Alameda County Behavioral Health Care Services
 - Alameda County Child Care Planning Council
 - Alameda County Health Care Services Agency
 - Alameda County Public Health Department
 - Alameda County Social Services Agency
 - Children’s Hospital and Research Center of Oakland
 - City of Berkeley
 - City of Fremont
 - City of Oakland
 - Every Child Counts
 - Family Resource Network
 - Alameda County SELPAS
 - Early Head Start and Head Start
 - Regional Center of the East Bay
 - Alameda County Special Needs Committee
 - Community Pediatrician

²³ For example, the City of Berkeley is seeking State approval to use Maternal and Child Health funds for additional stakeholder discussions, and is involving the City Manager’s Office, law enforcement, and other city stakeholders in a program targeting Head Start and Early Head Start Children. Berkeley has also expressed a willingness to use this funding to serve Emeryville and parts of Oakland. The City of Fremont has begun discussions about using the Family Resource Center as a potential regional hub for the Children’s SART System of Care.

Appendix

Acknowledgments

We offer a sincere and heartfelt thank you to the dedicated people who participated in this planning effort. It is through their insight, time, and commitment that this plan has been created. All people who participated in the planning process are acknowledged below. We look forward to the continued collaboration in implementing these plan strategies. We would also like to thank the parents and caregivers who participated in discussion groups to talk about their experiences caring for kids with developmental and/or social emotional delays.

Alameda County Children's SART Planning Process Leadership Team			
Name	Organization	Name	Organization
Mark Friedman	Every Child Counts, First 5 Alameda County	Ingrid Lamirault,	Alameda Alliance for Health
Dave Kears	Alameda County Health Care Services Agency	Dr. Art Chen	Alameda Alliance for Health
Chet Hewitt	Alameda County Social Services Agency	Dr. Pam Simms Mackey	Children's Hospital and Research Center at Oakland
Dr. Anthony Iton	Alameda County Public Health Department	Dr. Renee Wachtel	Children's Hospital Oakland Division of Developmental and Behavioral Pediatrics
Dr. Marye Thomas	Alameda County Behavioral Health Care Services	Alice Lai Bitker	Alameda County Supervisor, District 3
Jim Burton	Regional Center of the East Bay	Keith Carson	Alameda County Supervisor, District 5
Josephina Alvarado Mena,	Youth Ventures	Andrea Youngdahl	City of Oakland Health and Human Services

Alameda County Children's SART Planning Process Steering Committee			
Name	Organization	Name	Organization
Alex Briscoe	Alameda County Health Care Services Agency	Suzanne Shenfil	City of Fremont Health and Human Services
Kate Warren	Family Resource Network	Andrea Youngdahl	City of Oakland Health and Human Services
Lynn Chung	Alameda County Public Health Department/ Maternal and Child Health	Dr. Linda Rudolph	City of Berkeley Public Health Department
Wanda Davis	Regional Center of the East Bay	Suzanne Nelson	North Region SELPA
Marge Deichman	Alameda County Public Health Department/ Family Health Services	Angie Garling	Alameda County Childcare Planning Council
Margie Padilla	Alameda County Behavioral Health Care Services	Erica Shore	Alameda County Department of Social Services, Children and Family Services

Alameda County Children's SART Planning Process Stakeholders Group			
Name	Organization	Name	Organization
Alferma Crawford	Oakland Head Start	Hector Mendez	La Familia
Alisa Burton	City of Oakland Head Start	Iris Preece	City of Fremont Health and Human Services
Anna Wang	Friends of children with Special Needs	Jennifer Shallat	The Perinatal Council/Brighter Beginnings

Arlene Purcell	East Bay Community Recovery Project/ Project Pride	Jill Ellis	Center for Early Intervention on Deafness
Barbara Garcia	Alameda County Developmental Disabilities Council	Jill Rian	Alameda County Social Services/Children and Family Services
Barbara Bunn- McCullough	Perinatal Council/Brighter Beginngs	Joan Suflita	Unity Council
Barbara Ramsey	Alameda Health Consortium	Joel Garcia	Tiburcio Vasquez Health Center
Barbara Silver	Family Paths	Joy Sarraga	City of Oakland Safe Passages
Carol Brown	City of Berkeley Public Health Department	Julie Kurtz	KIDANGO
Carol Haberberger	Berkeley Albany YMCA Head Start	Julie Weber	Newark Unified school district
Carol Singer	Jewish Family and Children's Services	Karen Saucedo	New Haven Unified School District
Carolyn Novosel	Alameda County Behavioral Health Care Services	Katherine Chun	Asian Community Mental Health
Charlene Okamoto	Fremont Unified School District	Kathryn Orfirer	Children's Hospital Oakland Center for the Vulnerable Child
Dana E. Ashby	Oakland Unified School District	Kathy Flores	San Lorenzo School District Autism Services
Diana Kronstadt	Children's Hospital Center for the Vulnerable Child	Kathy Moniz	New Haven Unified School District
Elizabeth Acosta Crocker	Children and Family Services Unity Council Head Start	Kimberly Beckham	Family Paths
Elizabeth Ford	Every Child Counts, First 5 Alameda County	Kim Marshall	Childcare Links
Felton Owens	Berkeley Unified School District	Kris Rydecki	Center for Early Intervention on Deafness
Grace Manning- Orenstein	The Link to Children	Laura Sprinson	Seneca Center
Heather Lang	BANANAS	Laurie Soman	Lucille Packard Children's Hospital Medical Home Project
Hector Mendez	La Familia	Lisa Kleinbub	Regional Center of the East Bay
Iris Preece	City of Fremont Health and Human Services	Rebecca Gebhart	Every Child Counts, First 5 Alameda County
Lou Fox	Family Support Services of the Bay Area	Reva Srinivasan	City of Fremont Infant and Toddler Program
Marsha Luster	Children's Hospital Oakland Social Services Department	Rocio de Mateo Smith	Area Board 5 on Developmental Disabilities
Megan Kirshbaum	Through the Looking Glass	Sharyn McDavid	4 C's of Alameda County
Molly Keith	Child, Family, and Community Services, Inc.	Sonia Waters	Family Resource Network (Parent)
Mary Anne Nielsen	Diagnostic Center, Northern California	Steve Eckert	East Bay Agency for Children
Nadiyah Taylor	Child Care Planning Council	Sujata Bansal	Every Child Counts, First 5 Alameda County
Nancy Sweet	Children's Hospital Oakland Early Intervention Services	Susan Ono	Asian Community Mental Health
Naomi Bagby	Alameda County Medical Center Highland Hospital	Usana Pulliam	City of Oakland Head Start
Naomi Toocano- Gutierrez	Every Child Counts, First 5 Alameda County	Valesca Santos	Family Resource Network
Pamm Shaw	Berkeley/Albany Head Start	Yaneth Maldonado	Family Resource Network

Alameda County Children's SART Planning Process Administrative and Facilitation Team			
Name		Organization	
Janis Burger	Every Child Counts, First 5 Alameda County	Kayce Garcia Rane	Resource Development Associates
Sue Greenwald	Every Child Counts, First 5 Alameda	Robert Ogilvie	Resource Development Associates

Deborrah Bremond	County/ Children's Hospital Oakland Early Intervention Services Every Child Counts, First 5 Alameda County	Dr. Ira Chasnoff	NTI Upstream, Children's Research Triangle
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Alameda County Children's SART Screening Workgroup			
Name	Organization	Name	Organization
Alisa Burton	City of Oakland Head Start	Lynne Rodezno	Oakland Unified School District
Alison Pulice	Alameda County Public Health Department/ CHDP Program	Marge Deichman	Alameda County Public Health Department/ Family Health Services
Angie Garling	Local Planning Council	Nancy Lee	Every Child Counts, First 5 Alameda County
Carol Harberger	BAYMCA ECS	Robert Ogilvie	Resource Development Associates
Dr. Brian Blaish	Oakland Pediatrics & Behavioral Medicine	Sue Greenwald	Every Child Counts, First 5 Alameda County/ Children's Hospital Oakland Early Intervention Services
Jennifer Shallat	The Perinatal Council/ Brighter Beginnings	Sujata Bansal	Every Child Counts, First 5 Alameda County
Jill Ellis	Center for Early Intervention on Deafness	Mari Smith	Every Child Counts, First 5 Alameda County
Kate Warren	Family Resource Network	Suzanne Shenfil	City of Fremont Health and Human Services
Kayce Rane	Resource Development Associates	Iris Preece	City of Fremont Health and Human Services
Lynn Chung	Alameda County Public Health Department/ Maternal and Child Health	Barbara Garcia	Alameda County Developmental Disabilities Council

Alameda County Children's SART Triage and Glue Workgroup			
Name	Organization	Name	Organization
Anna Gruver	Every Child Counts, First 5 Alameda County	Reva Srinivasan	City of Fremont
Carol Brown	City of Berkeley Public Health Department	Ricki Shore	Alameda County Social Services/Children and Family Services
Elizabeth Ford	Every Child Counts, First 5 Alameda County	Rocio de mateo Smith	Area Board 5 on Developmental Disabilities
Jane Berzweig	Every Child Counts, First 5 Alameda County	Sonia Waters	Family Resource Network (Parent)
Kimberly Beckham	Family Paths	Sue Greenwald	Every Child Counts, First 5 Alameda County/ Children's Hospital Oakland Early Intervention Services
Laurie Soman	Lucile Packard Children's Hospital	Janis Burger	Every Child Counts, First 5 Alameda County
Lynn Chung	Alameda County Public Health Department/ Maternal and Child Health	Deborrah Bremond	Every Child Counts, First 5 Alameda County
Marge Deichman	Alameda County Public Health Department/ Family Health Services	Robert Ogilvie	Resource Development Associates
Megan Kirshbaum	Through the Looking Glass	Kayce Rane	Resource Development Associates
Nadiya Taylor	Child Care Planning Council		

Alameda County Children's SART Assessment Services First Workgroup			
Name	Organization	Name	Organization
Barbara Ivins	Children's Hospital Oakland/ Early Intervention Services	Julie Kurtz	KIDANGO
Christi Tuleja	Through the Looking Glass	Kathryn Orfirer	Children's Hospital Oakland Center for the Vulnerable Child

Deborrah Bremond	Every Child Counts, First 5 Alameda County	Kayce Rane	Resource Development Associates
Diana Kronstadt	Children's Hospital Center for the Vulnerable Child	Lisa Kleinbub	Regional Center of the East Bay
Dr. Lane Tanner	Children's Hospital - Division of Developmental and Behavioral Pediatrics	Margie Padilla	Alameda County Behavioral Health Care Services
Elizabeth Acosta Crocker	Children and Family Services Unity Council Head Start	Robert Ogilvie	Resource Development Associates
Felton Owens	Berkeley Unified School District	Suzanne Nelson	North Region SELPA
Iris Preece	City of Fremont Health and Human Services	Sue Greenwald	Every Child Counts, First 5 Alameda County/ Children's Hospital Oakland Early Intervention Services
Jan Tatarsky	Children's Hospital Oakland Neonatal Follow Up Program	Elizabeth Ford	Every Child Counts, First 5 Alameda County
Jill Ellis	Center for Early Intervention on Deafness	Janis Burger	Every Child Counts, First 5 Alameda County
Jill Rian	Alameda County Social Services/Children and Family Services		

Alameda County Children's SART Assessment Services Second Workgroup			
Name	Organization	Name	Organization
Julie Kurtz	KIDANGO	Barbara Ivins	Children's Hospital Oakland/Early Intervention Services
Suzanne Nelson	North Region SELPA	Dr. Renee Wachtel	Children's Hospital Oakland Division of Developmental and Behavioral Pediatrics
Diana Kronstadt	Children's Hospital Center for the Vulnerable Child	Dr. Lane Tanner	Children's Hospital - Division of Developmental and Behavioral Pediatrics
Christi Tuleja	Through the Looking Glass	Elizabeth Acosta Crocker	Children and Family Services Unity Council Head Start
Elizabeth Ford	Every Child Counts, First 5 Alameda County	Wanda Davis	Regional Center of the East Bay
Lynn Chung	Alameda County Public Health Department/ Maternal and Child Health	Sue Greenwald	Every Child Counts, First 5 Alameda County/ Children's Hospital Oakland Early Intervention Services
Deborrah Bremond	Every Child Counts, First 5 Alameda County		

Alameda County Children's SART Treatment Services and Community Support Workgroup			
Name	Organization	Name	Organization
Angie Garling	Local Planning Council	Maria Ramler	Every Child Counts, First 5 Alameda County
Barbara Bunn-McCullough	Perinatal Council/ Brighter Beginnings	Marge Deichman	Alameda County Public Health Department/ Family Health Services
Carol Singer	Jewish Family and Children's Services	Megan Kirschbaum	Through the Looking Glass
Cherise Northcutt	Children's Hospital Oakland	Nishi Moonka	Resource Development Associates
Cynthia Rinker	Alameda County Social Services Children and Family Services	Pamm Shaw	Berkeley Albany YMCA
Deborrah Bremond	Every Child Counts, First 5 Alameda County	Patricia Bennett	Resource Development Associates
George Philipp	Every Child Counts, First 5 Alameda County	Rae Chapple	The Link to Children
Iris Preece	City of Fremont Health and Human Services	Robert Ogilvie	Resource Development Associates

Janis Burger	Every Child Counts, First 5 Alameda County	Sonia Waters	Family Resource Network
Kate Warren	Family Resource Network	Sue Greenwald	Every Child Counts, First 5 Alameda County/ Children's Hospital Oakland Early Intervention Services
Lynn Chung	Alameda County Public Health Department/ Maternal and Child Health		



Best Practices Matrix

	1. San Bernardino County	2. Santa Clara County	3. Fresno County	4. Mendocino County	5. East Baton Rouge Parish	6. Cuyahoga County
Year the system began operation	2005	2006	2005	2005	2005	1999
Lead Agency	Desert Education SELPA in Apple Valley initially. Now the Institute of Child Development and Family Relations at California State University-San Bernardino is the co-lead.	KidConnections	Exceptional Parents Unlimited	First 5 Mendocino County, Willits WISH, Round Valley WEAVE	Capital Area Human Services District (CAHSD)	Invest in Children (formerly know as the Cuyahoga County Early Childhood Initiative)
Key Partners	<ul style="list-style-type: none"> ● Children's Fund ● Children's Network ● Department of Behavioral Health ● Department of Children's Services ● Department of Public Health ● California State University-San Bernardino, Institute for Child Development and Family Relations ● Inland Empire Health Plan ● Department of Preschool Services (Head Start) ● Inland Regional Center ● Desert Mountain Counseling Center ● First 5 San Bernardino ● Loma Linda University & Children's Hospital 	<ul style="list-style-type: none"> ● Santa Clara County Office of Education ● Mental Health Department ● KidScope {formerly Center for Learning and Achievement (CLA)} ● Children's Health Council ● Kidango ● Via Services ● Parents Helping Parents 	<ul style="list-style-type: none"> ● Model of Care Partners Oversight Committee ● Fresno County Department of Children and Family Services ● Fresno County Department of Employment and Temporary Assistance ● First 5 Fresno County ● Exceptional Parents Unlimited, Inc ● Fresno Unified School District ● Fresno County Office of Education ● Clovis Unified School District ● Central Valley Regional Center ● Court-Appointed Special Advocates ● Fresno Metro Ministry ● Fresno County Juvenile and Dependency Courts ● University of California San Francisco-Fresno Medical Education, Department of Pediatrics ● Fresno County Mental Health Board 	<ul style="list-style-type: none"> ● Mendocino County Office of Education ● Early Start ● The Regional Center ● Head Start ● State preschools ● SELPAs ● First 5 School Readiness Program ● Local Pediatricians, public health nurses, and parents. 	<ul style="list-style-type: none"> ● Charity Hospital ● Women's Hospital ● Baton Rouge General Hospital ● Louisiana State University Earl K. Long Medical Center 	<ul style="list-style-type: none"> ● Cuyahoga County Employment and Family Services ● Cleveland Department of Public Health ● Cuyahoga County Board of Health ● Cuyahoga County Community Mental Health Board ● Help me Grow Collaborative of Cuyahoga County ● Starting Point ● Cuyahoga County Board of County Commissioners
Model of Strategies used	<u>Place Based</u> <ul style="list-style-type: none"> ● Assessment Center at Apple Valley and at San Bernardino 	<u>Child Care Provider Based</u> <ul style="list-style-type: none"> ● Screening and Assessment at four school-based pilot sites 	<u>Place Based</u> <ul style="list-style-type: none"> ● Assessment Center at Fresno 	<u>Targeted</u> <ul style="list-style-type: none"> ● Limited scope Family Resource Centers in Willits and Round Valley 	<u>Medical Provider Based</u> <ul style="list-style-type: none"> ● Screening and Assessment done by pre-natal medical providers 	<u>Systems Change Model</u> <ul style="list-style-type: none"> ● Creation of coordinating agency to oversee county provided children's services
Target Population	<ul style="list-style-type: none"> ● The SART Program addresses both pregnant women and children aged 0-5 whose mother's abused drugs and or alcohol during their pregnancy in the County. 	<ul style="list-style-type: none"> ● The aim is to serve all children in Santa Clara County aged 0-5, but their priorities are children aged 3 and 4 years who live in the four pilot sites and children aged 0-5 who do not otherwise 	<ul style="list-style-type: none"> ● High risk children aged 0-5, many of whom are in the Child Welfare System, and their families. 	<ul style="list-style-type: none"> ● Children aged 0-5 in Willits and Round Valley 	<ul style="list-style-type: none"> ● County (Parish) wide screening, assessment, referral and treatment for children aged 0-6 with Fetal 	<ul style="list-style-type: none"> ● All children aged 0-5 in Cuyahoga County. ● Comprehensive campaign aimed at ensuring that every child in Cuyahoga County enters kindergarten healthy, well

	1. San Bernardino County	2. Santa Clara County	3. Fresno County	4. Mendocino County	5. East Baton Rouge Parish	6. Cuyahoga County
		qualify for existing resources in the community. <ul style="list-style-type: none"> Pilot sites are selected school attendance and targeted zip codes within the following for school districts: <ol style="list-style-type: none"> Alum Rock School District Franklin McKinley School District Gilroy Unified School District San Jose Unified School District 			Alcohol Spectrum Disorders (FASD)	cared for and prepared to learn.
Number of children aged 0-5 in the county	183,434 ²⁴	151,806 ¹	90,860 ¹	7,055 ¹	33,967 ²⁵	102,431 ²
Extent of expansion plans?	Recently opened a second service location in the City of San Bernardino	Would like to go county-wide, but no date is currently set for that.	None – the SMART system is already county-wide in scope.	None	Planning to begin a Children's SART to encompass the whole county.	Already county-wide
What are the funding sources?	<ul style="list-style-type: none"> The Children's Fund, First 5 San Bernardino County US Department Health and Human Services (EPSDT) 	<ul style="list-style-type: none"> First 5 Santa Clara, Santa Clara County Mental Health 	<ul style="list-style-type: none"> First 5 Fresno County, Fresno County Maternal, Child and Adolescent Health, Fresno Unified School District, Fresno County Department of Children and Family Services, California Department of Development Services (via Central Valley Regional Center) 	<ul style="list-style-type: none"> First 5 California (Special Needs Demonstration) Mendocino County Child Care Planning Council and California Department of Education (via CARES) 	<ul style="list-style-type: none"> SAMHSA Center for Substance Abuse prevention (CSAP) Louisiana Office of Public Health. US Department of Agriculture (WIC) 	<ul style="list-style-type: none"> Cuyahoga County Board of County Commissioners State of Ohio 26 private foundations
Service delivery model?	Center based. Began with one Children's Assessment Center and has now expanded to a second.	Community-based screening, assessments at 4 pilot sites, referral to treatment	Center based assessment	Services delivered at 2 Family Resource Centers with limited geographical scope	Community-based screening	Coordinated network of agencies – built upon pre-existing services.
Key program components	<ul style="list-style-type: none"> Onsite screening, assessment and treatment services, Onsite public health nurses to do case management. For pregnant women, screening and assessment for drug, alcohol and tobacco use and referral to appropriate treatment 	<ul style="list-style-type: none"> Screening (done by family partner) Consultation with the family Assessment for Intervention (Level I) Targeted Diagnostic Assessment (Level II) Referral for treatment 	<ul style="list-style-type: none"> Community-Based Identification, Center-Based Assessment, Referral to Treatment (with a "warm handoff") 	<ul style="list-style-type: none"> Community-based screening, Center-based Assessment, Referral to treatment. 	<ul style="list-style-type: none"> Screening in outpatient pre-natal clinics Assessments, resources and referrals to treatment provided by intervention groups 	<ul style="list-style-type: none"> Welcome Home Babies (teen parents) Early Start Expansion and quality improvement of certified family child care; Training and support for child care providers Enrollment support in Healthy Start/

24 California Department of Finance. 2007 Projections. http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.asp. (data downloaded on 1/22/2007)

25 U.S. Census Bureau, 2005 American Community Survey. (Data Table B17001, "POVERTY STATUS IN THE PAST 12 MONTHS BY SEX BY AGE")

http://factfinder.census.gov/servlet/DTTable?_bm=y&-context=dt&-ds_name=ACS_2005_EST_G00_&-CONTEXT=dt&-mt_name=ACS_2005_EST_G2000_B17001&-tree_id=305&-redoLog=false&-all_geo_types=N&-geo_id=05000US22033&-geo_id=05000US39035&-geo_id=NBS&-search_results=01000US&-format=&-lang=en. (site accessed on 5/11/07)

	1. San Bernardino County	2. Santa Clara County	3. Fresno County	4. Mendocino County	5. East Baton Rouge Parish	6. Cuyahoga County
	<p>done throughout San Bernardino County by Medical Providers. The goal is to have more babies born drug free.</p> <ul style="list-style-type: none"> For children aged 0-5, screenings are done by public health nurses at the Assessment centers who then make referrals to appropriate Assessment and Treatment. Some are referred to parenting classes and others to full blown Assessments and Treatment which are overseen by a transdisciplinary assessment team. Case management is done by public health nurses at the Assessment Centers 					<p>Medicaid; and</p> <ul style="list-style-type: none"> Efforts to increase public awareness of the importance of a child's early years.
Are there common screening tools?	Yes – 4Ps Plus, ASQ, ASQ-SE	Vision/Hearing and Health Screens, ASQ and ASQ-SE and an optional tool of the Parent Stress Index (PSI)	ASQ, ASQ-SE	ASQ	4PsPlus	Pending