BUILDING A SYSTEM OF CARE ACROSS THE
DEVELOPMENTAL LIFE SPAN TO SUPPORT
COLLABORATION AND QUALITY

MORE THAN 431,899 REASONS FOR OUR WORK

Every child safe
Every child healthy
Every child successful in learning
Every child successful in life

OUR RESEARCH LEADS US
MULTIPLE RISK FACTORS

- Abuse: Physical, Emotional
- Neglect: Physical, Emotional
- Household Dysfunction: Mental illness, Divorce, Domestic Violence, Incarcerated relative
- Substance Abuse

Adverse Childhood Experiences - ACES

WHY ARE ACES SIGNIFICANT?

Five Main Discoveries

1. ACES are common...nearly two-thirds (64%) of adults have at least one.
2. They cause adult onset of chronic disease, such as cancer and heart disease, as well as mental illness, violence and being a victim of violence.
3. ACES don’t occur alone...if you have one, there’s an 87% chance that you have two or more.
4. The more ACES you have, the greater the risk for chronic disease, mental illness, violence and being a victim of violence.
5. ACES are responsible for a big chunk of workplace absenteeism, and for costs in health care, emergency response, mental health and criminal justice. So, the fifth finding from the ACE Study is that childhood adversity contributes to most of our major chronic health, mental health, economic health and social health issues.

Source: Center for Disease Control

ADVERSE CHILDHOOD EXPERIENCES - ACES

KEY FINDINGS

In California, 87.7% of adults have experienced at least one ACE and one in six, or 18.7%, have experienced four or more ACES. The most common ACE among California adults is emotional or verbal abuse.

Most common ACES among California Adults

- Emotional or verbal abuse: 51.6%
- Physical abuse: 29.7%
- Parental separation or divorce: 27.1%
- Substance abuse by household member: 17.5%
- Violence by a domestic partner: 11.8%
- Household member with mental illness: 11.4%
- Sexual abuse: 8.9%
- Neglect: 6.1%
- Incarcerated household member: 4.5%

Persistence of number of ACES among California adults

Source: Center for Disease Control, Center for Youth Wellness
ADVERSE CHILDHOOD EXPERIENCES - ACES

ACES lead to increased risk for serious health conditions.

A person with 4 or more ACES is:
- 2.5 times as likely to have a heart attack
- 2.4 times as likely to have a stroke
- 1.5 times as likely to have cancer
- 1.1 times as likely to have diabetes

ACES lead to increased risk for negative health behaviors.

A person with 4 or more ACES is:
- 4.8 times as likely to attempt suicide
- 10.5 times as likely to use marijuana at age 21
- 1.4 times as likely to be an alcoholic

Sources: Center for Disease Control, Center for Youth Wellness

COUNTIES WITH THE HIGHEST NUMBER OF ACES

BUTTE: 76.5% of residents have 1 or more ACES
MENDOCINO & HUMBOLDT: 75.1% of residents have 1 or more ACES

COUNTIES WITH THE LOWEST NUMBER OF ACES

SANTA CLARA: 53.4% of residents have 1 or more ACES
SAN MATEO: 53.9% of residents have 1 or more ACES

Sources: Center for Disease Control, Center for Youth Wellness

OUR PHILOSOPHY GROUNDS US

Children do not develop in isolation, but rather within a set of social systems that are interconnected and dynamic, impacting collectively and individually the healthy development of the child.
Building a System of Care Across the Developmental Lifespan to Support Collaboration and Quality
SANTA CLARA COUNTY TIS 101 TRAINERS
CROSS SYSTEMS COLLABORATION

**Lead Trainers**
- Maretta Juarez (BHSD), Senior Mental Health Program Manager
- Lorena Gonzalez (BHSD), Lead Clinical Supervisor, Las Plumas MH

**Consumer, Family, Youth Voice**
- Melody Hames (ECCAC), Peer Support Worker Team Lead for the African Heritage Family Outreach & Engagement Program (AHFOEP)
- Sabrina Herrera (DIY-TAY), Dually Involved Youth Advocate

**SCCVHHS-VMC**
- Vicki Pham, Trauma Administration, Trauma to Triumph: Trauma Informed Intervention Program and Injury Prevention Nurse Coordinator
- Vicki Pham, Trauma: Trauma Informed Intervention Program and Injury Prevention Nurse Coordinator

**SSA/DFCS**
- Alex Villa, Supervising Probation Officer
- Guadalupe Garcia, Deputy Probation Officer

**Juvenile Justice**
- Misty McNay, BHSD, Criminal Justice, Lead Clinical Supervisor, Evans Lane
- Marilyn Cornier, California Children Services Administrator

**Criminal Justice**
- Crystal Nava, FIRST 5 Santa Clara County, Associate Director, Early Childhood Programs

**Public Health**
- Jennifer Pham, BHSD, ECMH Program Manager
- Crystal Nava, FIRST 5 Santa Clara County, Associate Director, Early Childhood Programs

**Birth to Five**
- Vicki Pham, BHSD, ECMH Program Manager

COORDINATED CONTINUUM OF CARE

Least Intensive  Most Intensive

Prevention - Early Intervention (PEG) NFP UDS (for 0-10) NURSE FAMILY PARTNERSHIP

KidConnections Network (Birth-Five)

Nurse-Family Partnership is a community healthcare program that yields quantifiable social benefits and a substantial return on the community’s investment. More than 37 years of evidence from randomized, controlled trials prove this maternal health program's effectiveness guiding low-income, first-time moms and their children to successful futures. By developing strong family foundations, this program establishes better, safer, and stronger communities for generations to come.
NURSE FAMILY PARTNERSHIP

N FP is supported by 7.5 FTE Public Health Nurses

Criteria for Referral and Enrollment:

• First time mothers
• Low income
• Pregnant before 28 weeks

Families receive services from pregnancy until their child is 2 years of age.

FY 15 outcomes:

114 referral were made into NFP
60 pregnant mothers were admitted
57 babies were born
605 linkages to different services:
  - Government assistance: Medi-Cal, CalFresh, Cash Aid, WIC
  - Health Care Services
  - Crisis intervention – IPV, CPS
  - Adult Mental Health Services
  - Substance Abuse
  - Education programs
  - Other – Child Care, Housing, Childbirth Education services, Charitable services, Legal Services, Dental

29 mothers and babies graduated the NFP program

NURSE FAMILY PARTNERSHIP SANTA CLARA COUNTY

Since 2006, FIRST 5 Santa Clara County and BHSD have partnered to provide screening and early intervention services to children in Santa Clara County.

✓ Shared Vision of Universal Screening and Intervention
✓ Braided and Leveraged Funding
✓ Programmatic Service Efficiencies

UNIVERSAL DEVELOPMENTAL SCREENING PROJECT
DEVELOPMENTAL SCREENINGS IN PEDIATRIC SETTINGS

Pediatricians cite a number of barriers regarding the use of developmental screenings:

- Lack of time to administer the screening
- Lack of training on how to use and interpret the screening tools
- Lack of early intervention and treatment resources in the community
- Lack of adequate compensation for providing the screening

As a result, only one out of every five pediatricians (23%) report using a valid, reliable screening tool to catch developmental or behavior delays.

HOWEVER

A 2007 American Academy of Pediatrics study reported that implementation of ASQ screenings in a particular pediatric office increased referral rates by 224% after implementing the ASQ compared to the prior year, even though patient volume in the clinic was down by 14.65%.

UNIVERSAL DEVELOPMENTAL SCREENING DATA

For Fiscal Year 2015 (July 2014 - June 2015) 6,327 children ages 6 months to 60 months received an ASQ screening out of the 7,576 children ages 6 months through 39 months who came to the three County operated Valley Health Center (VHC) clinics for their well-baby/well-child visits.

Having the early detection and identification process within the VHC clinics resulted in 5.2% (327) of the children being referred to Early Start Program and/or KidConnections Network of Providers for further developmental assessment and services.

KIDCONNECTIONS NETWORK OF PROVIDERS

BIRTH THROUGH 5 SYSTEM OF CARE

KidConnections Screening, Assessment & Treatment Services

2006 also began FIRST 5 Santa Clara County and Behavioral Health Services Department partnership to provide high quality, trans-disciplinary screening and assessment, home visitation and therapeutic services for children under 6 years of age.
**KidConnections Network Mission**

We will collaborate with our partners to develop a shared strengths-based & culturally sensitive understanding of a child’s development and behavior and translate such understanding into responsive action.

Core Values:

- **C**: Collaboration - Everyone has important contributions and we recognize the strength in unity and coming together to support each other. We want to partner and develop teams that are family-centered, strength-based and culturally sensitive.

- **A**: Adaptation - We will be flexible and embrace change. We will learn with humility from our past and create solutions for the future.

- **R**: Responsiveness - Our team will strive to be responsive to phone calls, referrals, visits and linking families in a timely manner to resources. Our goal is to link to services that will promote well-being and develop positive trusting relationships with both clients and providers.

- **E**: Excellence - We are committed to building relationships of trust and accountability to provide the highest quality services.

**KidConnections Services**

Developmental and/or Mental Health Assessment
- Home Visitor Services
- Therapeutic Services
- Targeted Diagnostic Assessment
- Linkage to ESP/School District Services
- Triple P

KidConnections (KCN) is a system of care that offers a continuum of specialized screening, assessment, and in-home prevention and early intervention services for children birth through age 5 and their families.
Building a System of Care Across the Developmental Lifespan to Support Collaboration and Quality
DEVELOPMENTAL SPECIALIST PROVIDER
Developmental Specialists provide focused preventative and supportive in-home services to children and families with identified developmental needs. Services may include:

- Developmental screening and assessment (part of AFI process with TS)
- Developmental Plan and care coordination
- Triple P level 4 Stepping Stones
- Targeted services to address developmental concerns
- Connection to additional resources such as Early Start Program and School District Services
- Care coordination and consultation with other providers to address developmental concerns

THERAPEUTIC PROVIDER
Services include consultations for a child’s behavior, structured behavioral programs, dyadic and triadic therapy, and other services that are appropriate for high-risk children ages 0-5 and their families.

The focus is on age appropriate evidence-based interventions that are practical and effective, and help prevent the development of more serious difficulties later on. Evidence-based interventions and treatment strategies include, but are not limited to:

- The Incredible Years
- Parent Child Interaction Therapy (PCIT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Child-Parent Psychotherapy (CPP)
- Triple P Level 4 and Level 5

EVIDENCED BASED TREATMENT SERVICES
Birth through 5 Services utilize various EBP/EBT to meet the needs of the families served.
- Touchpoints Approach
- Triple P Level 3 Selected Seminars
- Triple P Level 4 Standard and Group
- Triple P Level 4 Stepping Stones
- Triple P Level 5 Pathways
- Triple P Level 5 Enhanced
- Triple P Level 5 Family Transitions
- Circle of Security
- Child Parent Psychotherapy
- Trauma Focused Cognitive Behavioral Therapy
- Parent Child Interaction Therapy
- Dyadic/triadic Therapy
Early childhood home based supports:
- NFP
- UDS
- KCN

Positive School Outcomes:
- Increased school readiness
- Reduced preschool expulsions

CROSS SYSTEMS COLLABORATION: COLLECTIVE IMPACT

COordinated CONTINuum OF CARE

Least Intensive
- Prevention
- Early Intervention
- PEI
- SLS

Intensive
- Intensive Outpatient (IOP)
- Early Intervention (EIP)

Most Intensive
- Full Service Partnership (FSP)
- Wraparound
- Residential Treatment

PREVENTION & EARLY INTERVENTION

Half of all lifetime cases of mental illness start by age 14.

Source: Steven Adelsheim, MD. Stanford Department of Psychiatry and Behavioral Services, Stanford’s 2016 Adolescent Mental Wellness Conference Presentation.

Building a System of Care Across the Developmental Lifespan to Support Collaboration and Quality
STRATEGIC GOALS FOR SCHOOL BASED SERVICES

- Coordinated and accessible services
- Research based models
- Family involvement
- Continuity of services for students during the summer school break
- Robust evaluation

PEI AND SLS SERVICES

**PEI**
- PEI provides prevention and early intervention services to children and their families
- Eligibility based on school, regardless of insurance status
- PEI teams consist of Family Partners, Family Specialists, and Clinicians
- Average service of 3-6 months
- Services at school, home, and/or in the community

**SLS**
- Youth must meet medical necessity
- Medi-Cal required
- Access to child psychiatry services
- Services are longer term – average of 8 months
- Services at school, home, and/or in the community

PEI AND SLS IN COLLABORATION

CONTINUUM OF CARE

PEI Family Partner
- Care Management
- Linkage and Referrals

PEI Family Specialist
- Behavioral Support in the Classroom
- Parenting Workshops

PEI Clinicians
- Short Term Therapy
- Clinician provided evidence-based practices

SLS Clinicians
- Longer Term Therapy
- Psychiatric Support

Lower Needs Higher Needs
THE BEDROCK OF THE PEI PROGRAM: EVIDENCE BASED PRACTICES

- Individual & Family Therapy
  - Trauma Focused CBT
  - Triple P Level 3
- Brief Family Therapy
- Enhanced Support
  - Triple P Level 4 - Individual & Group
  - Strengthening Families Program
  - Behavioral Support
- Prevention
  - Family Partners: Case Management
  - Linkage & Referral Services
  - Skillstreaming: Classroom Wide

PREVENTION & EARLY INTERVENTION

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Developer Dr. Anthony Mannarino
- Over 500 clinicians in the system trained
- Consultation Program
- National Certification

Tfcbt.org – National Certification Program
Musc.edu/tfcbt – Free 10 hour introductory online course
http://www.nctsn.org/ - Superb resources including TF-CBT information

Strengthening Families Program

- School site or community based
- Joint parent and child(ren) skill building
- Family dinner and childcare
- Prevention and early intervention

Strengtheningfamiliesprogram.org
PREVENTION & EARLY INTERVENTION

Skillstreaming

✓ Offering to help a classmate
✓ Dealing with your anger
✓ Dealing with another’s anger
✓ Dealing with boredom
✓ Dealing with wanting something that isn’t yours

Feedback from 3rd and 4th grade students:

• Thank you for everything you have taught us these past few weeks. The self-control lesson helped me a lot, because I get mad a lot.
• Thank you for helping me with my anger issues. I now count for 10 seconds if I get mad. My brother tries to get me mad, but I won’t let him.
• My favorite lesson was accepting no, because my sister keeps telling me, “No, I can’t play with her tablet.” Because of the lesson you told me, I didn’t snatch it away from her.

SLS PARTNERS

Alum Rock Union Elementary School District
Campbell Union School District
The City of San José
Department of Alcohol and Drug Services
The District Attorney’s Office
East Side Union High School District
FIRST 5 Santa Clara County
Franklin-McKinley School District
Gilroy Unified School District
Healthier Kids Foundation
Kaiser Health Foundation
Kids in Common
Luther Burbank School District
Mental Health Department

Mt. Pleasant Elementary School District
Mountain View Whisman School District
Morgan Hill Unified School District
Oak Grove School District
Office of the Public Defender
Probation Department
Public Health Department
San José Police Department
San José Unified School District
Santa Clara County Office of Education
Santa Clara Unified School District
Second Harvest Food Bank
Social Services Agency
United Way

PEI SCHOOLS

Building a System of Care Across the Developmental Lifespan to Support Collaboration and Quality
NEW PROGRAM IN SCHOOL YEAR 2017:
SOCIAL EMOTIONAL AND ACADEMIC SERVICES (SEAS)

- Serving three Foundation for Hispanic Education charter high schools: Latino College Preparatory Academy (LCPA), Luis Valdez Leadership Academy (LVLA), Roberto Cruz Leadership Academy (RCLA).
- Provides services to all students regardless of insurance status.
- Utilizes evidence based practices for services at school, in the community, or at home.

PREVENTION & EARLY INTERVENTION

Next steps…

- Fidelity support and evaluation
- Family therapy with train the trainer model
OUTCOMES AND EVALUATION

Birth through 5 system of care

1. Ages and Stages Questionnaire 3 (ASQ-3)
2. Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
3. Keys to Interactive Parenting Scale (KIPS)

OUTCOMES AND EVALUATION

FY 14-15 YEAR END ASQ RESULTS

Developmental
Out of the 1,156 children screened (ASQ-3) and referred for possible developmental concerns or delays
• 43% (497) had one or more developmental concerns

Behavioral Health
Out of the 738 children also screened (ASQ-SE) and referred for possible behavioral health concern 56% (425) had a behavioral health concern

Both Developmental and Behavioral Health
• 30% (222) had a developmental and behavioral health concern

Source: FY 14-15 Outcomes and Evaluation PART 2 Santa Clara County (www.First5Kids.org)
Parents demonstrated statistically significant increases (p<.05) on all 5 items from the Building Relationships domain.

**KEYS TO INTERACTIVE PARENTING SCALE (KIPS) RESULTS: BUILDING RELATIONSHIPS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Interaction</td>
<td>3.61</td>
<td>3.78</td>
</tr>
<tr>
<td>Involvement in Child’s Activities</td>
<td>3.49</td>
<td>3.70</td>
</tr>
<tr>
<td>Sensitivity of Responses</td>
<td>3.62</td>
<td>3.73</td>
</tr>
<tr>
<td>Open to Child’s Agenda</td>
<td>3.33</td>
<td>3.47</td>
</tr>
<tr>
<td>Supports Functions</td>
<td>3.00</td>
<td>3.03</td>
</tr>
</tbody>
</table>

Average Score on KIPS Items

Compliance rate at intake: 1,171 / 1,318 = 88%
Compliance rate at 6-month follow-up: 458 / 1,086 = 42%
*1,086 children were in the KCN system for at least six months

Source: FY 14-15 Outcomes and Evaluation FIRST 5 Santa Clara County (www.first5kids.org)

Parents demonstrated statistically significant increases (p<.05) on all 4 items from the Promoting Learning domain.

**KIPS RESULTS: PROMOTING LEARNING**

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Experiences</td>
<td>3.44</td>
<td>3.59</td>
</tr>
<tr>
<td>Reasonable Expectations</td>
<td>3.39</td>
<td>3.46</td>
</tr>
<tr>
<td>Adapted Strategies to Child</td>
<td>3.32</td>
<td>3.37</td>
</tr>
<tr>
<td>Limits and Encouragement</td>
<td>3.05</td>
<td>3.17</td>
</tr>
</tbody>
</table>

Average Score on KIPS Items

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*1,086 children were in the KCN system for at least six months

Source: FY 14-15 Outcomes and Evaluation FIRST 5 Santa Clara County (www.first5kids.org)

Parents demonstrated statistically significant increases (p<.05) on all 3 items of the Supporting Confidence domain.

**KIPS RESULTS: SUPPORTING CONFIDENCE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Initial</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Direction</td>
<td>3.03</td>
<td>3.19</td>
</tr>
<tr>
<td>Encouragement</td>
<td>3.09</td>
<td>3.19</td>
</tr>
<tr>
<td>Promote Exploration/Participation</td>
<td>3.12</td>
<td>3.17</td>
</tr>
</tbody>
</table>

Average Score on KIPS Items

Compliance rate at intake: 1,171 / 1,318 = 88%
Compliance rate at 6-month follow-up: 458 / 1,086 = 42%
*1,086 children were in the KCN system for at least six months

Source: FY 14-15 Outcomes and Evaluation FIRST 5 Santa Clara County (www.first5kids.org)
CHILD AND ADOLESCENT NEEDS AND STRENGTHS - EARLY CHILDHOOD (CANS EC) RESULTS

PREVENTION & EARLY INTERVENTION EVALUATION PLAN

CANS Comprehensive 5+
Youth Outcome Questionnaire
Outcome Questionnaire
UCLA PTSD RI
Eyberg Child Behavior Inventory
Client Satisfaction Questionnaire

PREVENTION & EARLY INTERVENTION YOUTH OUTCOMES

YOQ: Means and Clinical Cutoffs

Note: * p<0.05, ** p<0.01
Figure contains the clinical cutoff scores for each domain of the Youth Outcome Questionnaire (Blue). Results from a t-test demonstrate significant reductions from pre to post test on all domains.
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21st Annual Conference on Advancing School Mental Health

September 29, 2016
Figure contains the number of students who completed the UCLA PTSD Reaction Index Child Profile in the clinical, sub-clinical, and clinical range by site.

Source: FY15 PEI Evaluation Report by Jasmin Llamas, Ph.D.

SYSTEM OUTCOMES: EVERY CHILD SAFE

- fewer children entering foster care in 2015 vs. 2007.
- Placement stability is improving.
- Number of homeless families, unaccompanied minors, and transitional aged youth has decreased.
- Number of youth engaged in the juvenile justice system at all decision points decreased.

Source: The Santa Clara County Children's Agenda 2016 Data Book

SYSTEM OUTCOMES: EVERY CHILD HEALTHY

- 97% of children have health care.
- 96% of children saw a doctor in the past 12 months.
- Number of Developmental Screenings increased by 53% between 2013 to 2015.
- Slight downtick in achievement of fitness standards.

Source: The Santa Clara County Children’s Agenda 2016 Data Book
SYSTEM OUTCOMES: EVERY CHILD SUCCESSFUL IN LEARNING

School Readiness
- 38% of San Jose kindergarten students are ready.
- Statewide school readiness assessment is needed.

Third Grade Language Arts/Literacy
- 1st year of California Assessment of Student Performance and Progress
- 52% of students met or exceeded the standard

8th Grade Math
- 1st year of California Assessment of Student Performance and Progress
- 60% of students met or exceeded the standard

Source: The Santa Clara County Children’s Agenda 2016 Data Book

SYSTEM OUTCOMES: EVERY CHILD SUCCESSFUL IN LIFE

High School Graduation Rates with a-g requirements
- Graduation with a-g increased 4-6 points for all groups
- % leaving school without a diploma decreased

Meaningful Adult Connections
- Students reporting caring adult relationships increased from 35% in 1999 to 57% in 2015

Source: The Santa Clara County Children’s Agenda 2016 Data Book

SUCCESSES AND CHALLENGES

Successes:
- Many more young children were provided early screening, through Nurse Family Partnership Program and Universal Developmental Screening project, and those identified with concerns were linked to appropriate services.
- Outcomes for children served through KidConnections Network of Providers show positive shifts with KCN services.
- The County has built strong relationships with the school districts and the schools.
- Youth and families who received PEI services demonstrated a statistically significant improvement in their quality of functioning.

Challenges:
- Universal Developmental Screening project is not as county wide at this time, therefore this still leaves a gap of children that may not be identified early for linkage to appropriate services.
- Retention of qualified staff within KidConnections is a challenge, as staff turnover amongst agencies is a continual occurrence.
- The needs of the schools far exceeds the services available.
- Communication between providers and school staff continues to be an area for growth.

Source: The Santa Clara County Children’s Agenda 2016 Data Book
Comments & Questions

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