



**Alameda County Children's
SART Strategic Plan for Children 0-5**
Screening, Assessment, Referral and Treatment
For First 5 Alameda County
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STRATEGIC PLAN EXECUTIVE SUMMARY

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Alameda County Children's Screening, Assessment, Referral and Treatment (SART) Strategic Plan 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program has been hitting other children, is uncooperative with his teachers and vacillates between appearing angry and withdrawn.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.

A significant body of research demonstrates that the first five years of a child's life are the most important time for brain development (From Neurons to Neighborhoods, Shonkoff, 2000). The complex interplay of environment and the developing brain present opportunities to support healthy development and resilience. Threats to development in these early years can have significant and lifelong impacts. We know that many children in Alameda County experience threats to development stemming from poverty, community violence, drug and alcohol exposure.

Current research supports the need for early identification and 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 intervention can help ameliorate the need for more expensive treatment 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 standardized screening for developmental concerns. In spite of all the recommendations for screening and the importance of early identification of developmental and social emotional concerns for school readiness, standardized developmental screening in Alameda County is sporadic. Additionally, Alameda County lacks the capacity to provide assessments for all children at risk of developmental and/or social emotional delay. The current system for at risk children 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, First 5 Alameda County (F5AC) funded a county-wide planning process to develop a SART system that would close gaps and address challenges in our existing system. A SART Leadership Team, including county and community leaders, provided direction, support, funding and in-kind resources to promote the development of a shared screening and 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, F5AC, 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 that drafted strategies for each component of the SART system including: appropriate screening, triage, assessment and treatment

Target Population

While acknowledging the need for a system that will meet the needs of all children in Alameda County, the Leadership Team agreed it was important to begin with children 0-5 years who have the highest risks. This includes children 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
- Were exposed to alcohol and drugs prenatally

System Goals to Improve Services for Children and Families

The SART mission (see full report) 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, early care and education 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

- 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”
- Institute a toll-free telephone triage line staffed by skilled and well-trained staff who will take referrals from providers to:
 - ◆ Provide a child with any additional screening as needed.
 - ◆ Assign a Family Advocate to those families needing extra assistance accessing services
 - ◆ Provide connections to appropriate “next step” resources including: linkage to a community based assessment, referral to specialized developmental services in the tertiary system for comprehensive assessments and direct linkage to community support and treatment services

3. Appropriate and Timely Assessment Services for all Children

- Build teams of community-based child development and mental health specialists who can provide developmental and social-emotional assessments in a child’s natural environment or in the community for children not likely to receive a full developmental assessment by an existing agency (e.g., the school district, Regional Center or Children’s Hospital Child Development Center).
- Expand existing specialized developmental services in tertiary agencies (to make comprehensive assessments for families more accessible).
- Use the assessment process as a means to provide education and support to parents with practical strategies on how to support their child’s development and obtain needed services and supports.

4. Increased Capacity for Community Supports and Treatment Services

- Identify programs that could be expanded to meet the anticipated demand for services such as developmental play groups, mental health consultation and treatment, subsidized childcare slots and identify funding streams to expand these services and supports.
- Ensure that professional and paraprofessional providers are well trained and provide culturally and linguistically appropriate family-friendly services

Detailed descriptions of these four components can be found in the full strategic plan.

Next Steps

Turning this plan into reality will require an ongoing commitment from all partners including the willingness to provide funding and in-kind services. The cities of Berkeley, Oakland and Fremont have expressed interest in acting as Children's SART regional hubs 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 initial SART components
- Hire a Children's SART Coordinator
- Continue the work of the Finance and Data Systems Committees
- Establish a committee to oversee the SART implementation
- Expand provider training on utilizing standardized developmental screening tools
- Work with geographic "hubs" to begin implementing SART components
- Develop and implement the toll free phone line, triage referral components 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