Welcome

- Introduction
- The Regional Partnership Grant Program: A National Perspective
- Lessons from the Field:
  - “Family Link” San Rafael, CA
  - “SMART 2” Fresno, CA
- Discussion
The Regional Partnership Grant (RPG) Program

Cross-systems partnerships designed to improve the safety, permanency and well-being of children affected by parental substance use

Statement of Problem

Parental substance abuse is a key factor underlying the abuse or neglect experienced by many children in the child welfare system. Yet the provision of child welfare services and substance abuse treatment is too often uncoordinated and fragmented.

Frequently Cited Barriers Between Systems

- Differences in values and perceptions of primary client
- Timing differences in service systems
- Knowledge gaps among staff working in the systems
- Lack of tools for effective engagement in services
- Intervention and prevention needs of children
- Lack of effective communication
- Data and information gaps
- Categorical and rigid funding streams as well as services and treatment gaps

History of Funding

- Authorized by the Child and Family Services Improvement Act of 2006
- 53 regional partnership grants awarded by ACF in September 2007
- Improve the safety, permanency and well-being of children affected by methamphetamine and other substance abuse
- Address a variety of common systemic and practice challenges that are barriers to optimal child, adult and family outcomes
Through legislation, Congress required DHHS to develop:

- A set of performance indicators through broad consultation with the field and grantees
- Partnerships with child welfare and substance abuse treatment providers
- An annual report on the “services provided and activities conducted... performance indicators established...and the progress that has been made addressing the needs of families...”
- PL 109-89, section 4, (8), (9)
90% or more have implemented

- Child welfare screening & assessment: Regular joint case staffing
- Substance use disorder screening/assessment (adults): Cross-system training on both clinical and collaborative program/policy activities
- Substance abuse treatment: Regular regional partnership meetings to discuss program, policy and management issues
- Parenting education or a family strengthening program: Cross-systems information and data sharing
- Specialized outreach, engagement and retention

RPG Member Agencies Representing Child Welfare, Substance Abuse, Courts and Tribes

<table>
<thead>
<tr>
<th>Percentage of Grantees Indicating Given Member is a Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse Treatment Provider (n=45)</td>
</tr>
<tr>
<td>Regional/County Child Welfare Agency (n=39)</td>
</tr>
<tr>
<td>Family Treatment Drug Court/ODC (n=54)</td>
</tr>
<tr>
<td>State Child Welfare Agency (n=25)</td>
</tr>
<tr>
<td>Substance Abuse Agency (n=25)</td>
</tr>
<tr>
<td>Child Welfare Services Provider (n=17)</td>
</tr>
<tr>
<td>State Substance Abuse Agency (n=17)</td>
</tr>
<tr>
<td>Court Appointed Special Advocates - CASA (n=14)</td>
</tr>
<tr>
<td>Other Dependency Court/Tribal Court (n=10)</td>
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<tr>
<td>Office of State Courts/CIP (n=9)</td>
</tr>
<tr>
<td>Juvenile Justice Agency (n=7)</td>
</tr>
<tr>
<td>Tribal Substance Abuse Agency (n=6)</td>
</tr>
<tr>
<td>Tribal Child Welfare Agency/Consortium (n=5)</td>
</tr>
<tr>
<td>Tribe/Tribal Consortium (n=5)</td>
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70% of Grantees have 10 or More Partners in their Collaborative

RPG Member Agencies Representing Criminal Justice, Mental Health and Health

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<tr>
<td>Mental Health Services Provider (n=12)</td>
</tr>
<tr>
<td>Attorneys/Legal Services/Client Advocacy (n=20)</td>
</tr>
<tr>
<td>Regional/County Mental Health Agency (n=25)</td>
</tr>
<tr>
<td>County Maternal and Child Health Agency (n=16)</td>
</tr>
<tr>
<td>Other Health Services Provider/Hospital (n=14)</td>
</tr>
<tr>
<td>State/County Department of Corrections (n=11)</td>
</tr>
<tr>
<td>Local Law Enforcement (n=11)</td>
</tr>
<tr>
<td>Other County Public Health Agency (n=11)</td>
</tr>
<tr>
<td>Adult Health Services Provider/Hospital (n=11)</td>
</tr>
<tr>
<td>State Mental Health Agency (n=10)</td>
</tr>
<tr>
<td>Attorney(s) General (n=9)</td>
</tr>
<tr>
<td>Drug Endangered Children - DEC (n=8)</td>
</tr>
<tr>
<td>Dental Services Provider (n=6)</td>
</tr>
<tr>
<td>Other Drug Task Force/Anti-Drug Coalition (n=5)</td>
</tr>
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9.4

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* Includes county/local probation and jails.

* Includes Family Resource Centers, YMCAs, case management service provider, Tribal cultural youth activities group and similar organizations.
12/21/2010

RPG Member Agencies Representing Employment and Education
Percentage of Grantees Indicating Given Member is a Partner

<table>
<thead>
<tr>
<th>Member Agency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Dept of Education/County School District (n=8)</td>
<td>15.1</td>
</tr>
<tr>
<td>College/University* (n=8)</td>
<td>15.1</td>
</tr>
<tr>
<td>Employment/Vocational Services Provider (n=8)</td>
<td>15.1</td>
</tr>
<tr>
<td>Individual School(s) (n=7)</td>
<td>13.2</td>
</tr>
<tr>
<td>State/County Employment Agency (n=7)</td>
<td>13.2</td>
</tr>
</tbody>
</table>

* Non-evaluator role (evaluators are typically university-based or affiliated and are captured separately).

RPGs’ Major Program Strategies: At-a-Glance Snapshot

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Specialized child &amp; adult screening &amp; assessment (e.g., developmental, mental health)</td>
<td>70-89%</td>
</tr>
<tr>
<td>Mental health services and/or psychiatric care</td>
<td></td>
</tr>
<tr>
<td>Intensive coordinated case management</td>
<td></td>
</tr>
<tr>
<td>Trauma-informed and/or trauma-specific services</td>
<td></td>
</tr>
<tr>
<td>Intensive wraparound or in-home services</td>
<td></td>
</tr>
<tr>
<td>Housing services</td>
<td></td>
</tr>
<tr>
<td>Formalized cross-systems policies and procedures to improve communication, identification, referrals and service delivery</td>
<td></td>
</tr>
<tr>
<td>Family-centered substance abuse treatment</td>
<td></td>
</tr>
<tr>
<td>Aftercare, continuing care or recovery support services</td>
<td></td>
</tr>
</tbody>
</table>

Preliminary Findings

- Overall, RPG children, in contrast to children in grantees’ comparison groups, are having significantly better outcomes in several areas
  - Less likely to be removed from the home prior to case closure
  - Less likely to be the victim of substantiated/indicated child maltreatment
Preliminary Findings

• Discharged from foster care more quickly

• More likely to be reunified within 12 months

• More likely to receive mental health services and substance abuse prevention services; and equally likely to receive primary pediatric care, educational services and substance abuse treatment.

An Overview of the Challenge

• Of the 74,602,590 children under the age of 18, 11% or 8.3 million live with one or more parent who is dependent on alcohol or needs treatment for illegal drug abuse.

• Of children entering the child welfare system, estimates suggest that 40-80% are affected by their parents’ or caretakers’ substance abuse.

• Prenatal screening studies document 15-20% of newborns prenatally exposed to alcohol, tobacco, or illegal drugs.

Child Welfare and Substance Abuse

Most cases of child maltreatment by substance-abusing parents now involve children under age three. Infants in particular are the fastest growing population in foster care.

<table>
<thead>
<tr>
<th>2008 Child Welfare Data</th>
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</thead>
<tbody>
<tr>
<td>Child Maltreatment By Age Group</td>
</tr>
<tr>
<td>Age Group of Victims</td>
</tr>
<tr>
<td>Age &lt;1</td>
</tr>
<tr>
<td>Age 1</td>
</tr>
<tr>
<td>Age 2</td>
</tr>
<tr>
<td>Age 3</td>
</tr>
<tr>
<td>Age 4-7</td>
</tr>
<tr>
<td>Age 8-11</td>
</tr>
<tr>
<td>Age 12-15</td>
</tr>
<tr>
<td>Age 16-17</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Source: Data extracted from Table 3-13 (USDHHS, 2010)
Impact on the Child

Substance abuse can significantly interfere with a parent's ability to parent effectively while they are actively using; impacting their judgment, inhibitions, protective capacity and overall mental functioning.

Impact on the Child

- The impact on the child can range from:
  - Severe, inconsistent and inappropriate discipline
  - Neglect of basic needs: food, shelter, clothing, medical care, education, supervision
  - Disruption of parent/child relationship, child’s sense of trust, belonging
  - Situations that jeopardize the child’s safety and health (e.g. meth labs, parents who are dealing, teaching child to use)
  - Physical, emotional, sexual abuse and exploitation

Impact on the Child

- Effects of prenatal exposure and postnatal environment may include:
  - Physical Health Consequences, including low-birth weight, prematurity, physical defects
  - Language Delays / Disorders
  - Behavioral/Emotional Dysregulation/Poor Social Skills
  - Cognition/Learning Disabilities/Delayed School Readiness
  - Executive Dysfunction
  - Gross and Fine Motor Delays
  - Attention Problems
  - Below Average Intellectual Abilities
  - Memory Difficulties
  - Attachment Disorders

Impact on the Child

- Research has focused primarily on the impact of illicit drugs (cocaine & methamphetamine more recently), and usually only one drug—not poly-drug use as is most often the case.

- The adverse effects of prenatal exposure to alcohol have been clearly established:
  - Prenatal exposure to alcohol is the most common form of preventable brain damage.
Children’s Services Accomplishments

Providing services to children of parents with substance use disorders was an area in which a smaller number of grantees experienced either accomplishments (28 percent) or challenges (9 percent). Successes in this area include:

- Opening an onsite Head Start center in a residential substance abuse treatment facility
- Incorporating routine child developmental and mental health screenings within the substance abuse treatment provider community
- Addition of various educational groups for children (e.g., a “Supportive Education for Children of Addicted Parents” specialty groups for children ages 6-12 during summer vacation)
- Working with the schools to begin to develop an early screening and intervention pilot project to improve school attendance and performance.

Continuum of Family-Based Services

Lesson from the Field:

"Family Link"
Residential and Outpatient Treatment
San Rafael, CA
Marc Herring

“SMART 2”
Fresno, CA
Lynn Pimentel
**Definition**

- Screening
- Making Decisions
- Assessments
- Referral
- Treatment

**Introduction**

SMART-2 at WestCare is a collaborative bringing services to children ages 0-12 and their parents. Services provided by SMART-2 help to decrease barriers to treatment for our clients seeking assistance with substance abuse issues.

**Objectives**

- The overall purpose is to reduce the risk of abuse or neglect of children by substance abusing caregivers by addressing gaps in the continuum of care. Children 0-12 years of age are targeted, who are not assessed or serviced through other programs.

**What we do**

- Positive parenting, attachment and bonding, therapeutic childcare, assessment, referral, case management, mental health
- Supervised visits
- Collect and analyze data to report to Grantor
- Training and Education Series
Assessments

At Admission:
- PSI: 103
- CAP1: 103
- BDI: 102
- RSE: 76
- ASQ: 64
- ASQ-SE: 53
- CBCL: 46
- ECBI: 46

At Discharge:
- PSI: 29
- CAP1: 26
- BDI: 29
- RSE: 29
- ASQ: 14
- ASQ-SE: 6
- CBCL: 7
- ECBI: 7

Community Education Series

- Stephanie Covington, PhD - Women and Trauma & CAARR
- Prenatal Mood Disorder Training - Shalia Misri, MD, FRPC II co-sponsor in association with UCSF San Francisco Medical School, Community Regional Medical Center, March of Dimes, First Five of California, with the help of the California Health Collaborative.
- Incredible Years training for Parent Group Instructors - in collaboration with First 5, and EPJ
- SIDS Class: co-sponsored with Fresno County Department of Public Health.
- Rivka Greenberg, Ph.D, Children of Substance Abusing Parents: issues, Treatment and Agency Collaboration.

Interagency Meetings

- Model of Care Partnership Oversight Committee (MOC POC)
- Fresno County Housing Authority - WestCare has become a Section 8 Family Unification Program provider.
- Inter agency Advisory Committee (IAC)
- California Health Collaborative - Regional Quality Improvement Network.
- Babies First SART Leadership Team

Goals

- Reduce substance-abuse related abuse or neglect
- Coordinate and provide assessments, service plans, and treatment to children affected by methamphetamine
- Reduce symptoms of trauma
- Increase parenting capacity and community services through education and training
- Develop a Therapeutic Child Care Centers
- Provide developmental, educational and childcare services to children of parents in outpatient
- Provide mental health services to both parents and their children
- Provide referrals for prenatal classes, infant massage and Incredible Years Workshop.
• **Department of Children and Family Services:** We provide Supervised Visits for families engaged in residential and outpatient treatment to assist with reunification.

• **Staff** were trained to conduct visits and prepare detailed narratives to be used by Family Dependency Court in their determinations.

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### Partnerships

- The grant requires a “regional” partnership which includes as partners EPU, ET&TA, DBH, DCFS, CASA and CVRC.

- The funded proposal involves close collaboration with DCFS and the provision of services to DCFS substance abusing parents and their children.

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### Multiple community partners:

- Fresno Housing Authority
- Fresno Madera Continuum of Care (Homeless Coalition)
- Fresno County Alcohol and Drug Advisory Board
- Babies First SART Leadership Team
- First 5 Model of Care Partnership Oversight Committee (MocPoc)
- Children’s Mental Health Department
- Department of Children and Family Services

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### Funding

- Funding provided through a federal ACYF grant which provides $500,000 per year for 5 years. In addition First Five will provide an increasing match, for a total of funding of $3,093,000 over the course of five years.
Our Staff

- Project Manager
- Child Development Specialist
- Family Services Specialist (2)
- Child Care Workers (4)
- Research Assistant
- Mental Health Interns (4)
Center Point Inc.
Presents:

Children of Substance Abusers among the Child Welfare Population: Impact and Interventions

Marc Hering
About Center Point Inc.

Since 1971, Center Point, Inc has provided:
- Mental Health and Co-occurring Disorders Treatment
- Drug and Alcohol Rehabilitative Services
- Affordable, Comprehensive Continuum of Care
- Therapeutic Community Model
- Residential and Outpatient Services for Substance Dependent Women and Their Children since 1990
- We currently operate a 44-bed Residential Women & Children’s Program in San Rafael, California
- Successfully Replicating the Model in Tulsa, Oklahoma

Mission Statement

Our mission is to provide comprehensive social, educational, vocational, medical, psychological, housing, and rehabilitation services to combat social problems such as substance abuse, poverty, unemployment, and homelessness.

Center Point offers rehabilitation and treatment services that interrupt the abusive cycles of psychological, social, and economic dislocation by providing critical training and support so that individuals and families can claim self-worth and dignity.

Center Point Inc.
CEO/President

In 1981 Dr. Sushma Taylor assumed the role of Executive Director of Center Point, Inc, a small private, non-profit drug and alcohol treatment program for men and women in San Rafael, California. Over the twenty-nine years of her remarkable stewardship, Center Point has grown tremendously, responding to the complex needs of those suffering from disenfranchisement in our community. Believing that adversity can be overcome and the extraordinary can be achieved by each of the clients she serves, Dr. Taylor has developed a wide array of services throughout California and, more recently, in Oklahoma.

Dr. Taylor works closely with local, state, and federal agencies and representatives to form policy and new legislation that advance the field of treatment and, in the last five years, services for veterans returning from the war field. She has been a consultant to the Office of National Drug Control Policy (ONDCP) in the White House, was a member of the Center for Substance Abuse Treatment’s National Advisory Council, and has served on innumerable advisory groups for federal and state agencies. Dr. Taylor is currently the President of the Therapeutic Treatment Communities of America, the first woman in the history of the organization to be elected to such a position in the pre-eminent national association in the field, and is the Co-Chair of the California Perinatal Treatment Network.
Marin Head Start
Mission Statement

Marin Head Start Ensures That:
- Low Income Children Ages 0-5 in Marin County Get the Experiences and Opportunities to Prepare them to Succeed in School and later in life
- That the Parents of the Children Gain the Knowledge, Skills and Opportunities to Successfully Support their Families to Be Self Sufficient and Their Children to Be Successful life long learners and Contributing Members of the Community.

Women and Children’s Residential

- FamilyLink is a comprehensive residential treatment program for single women and pregnant and parenting women and their children (up to the age of 5). This six-month long program offers rehabilitation services focused on improving health and well being of mothers and their children by providing individualized gender specific and culturally appropriate treatment.

- FamilyLink offers a variety of on-site psychological, educational, medical, vocational, and counseling support for women and women with children.

Children’s Services include developmental assessments, therapeutic day care and links to specialized services and Head Start.

Characteristics of Women Served

- Women Displaced by Substance Abuse, Poverty, Homelessness, Unemployment, and Trauma.
- Most lack a High School Diploma or GED.
- Many are Involved in the Child Welfare System and or the Criminal Justice System.
- Lack Basic Skills to Keep their Children Safe.
- Histories of Sporadic Employment and limited Vocational Skills.
- Many are Victims of Sexual or Physical Abuse.
Characteristic of Children Served
- Birth to five years of age
- Attachment Disorders
- Anxiety
- Behavioral Problems
- Language Disorders
- Medical Problems
- Anger and Aggression
- Learning Problems

Children’s Living Arrangement Prior to Admission
- 40% Of the Children lived in Kinship Care
- 5% Foster Care
- 5% Informal Family Care
- 50% Mothers Care
- Of the 50% living in the Mothers Care
  - 10% Were Homeless living on the Streets
  - 25% Living On Own
  - 65% Living With Relatives
  - 20% Intermittently Housed

Client data presented is based on data collected October 1, 2007 to August 30, 2010. The program has served 150 women and 132 children.

Referral Sources

Demographics

- CPS
- Outreach
- Former Centerpoint
- Health/Social Services
- Other
Ethnicity

- American Indian: 2%
- Hispanic: 13%
- American African: 35%
- Asian: 2%
- Other: 1%
- White: 43%

Prevalent Drugs Used

- Meth: 52%
- Cocaine/Crack: 20%
- Marijuana: 5%
- Alcohol: 17%
- Heroin: 3%
- Other Opiates: 3%

Parental Substance Abuse Impact on Children

- Fetal Exposure to Alcohol, Drugs and Tobacco.
  - Limited or No Prenatal Care, Poor Health Care, Behind on Immunizations, and Poor Nutrition.
  - Premature Babies, low Birth Rates
  - Respiratory Illnesses (Asthma, Respiratory Infections, and Bronchitis), Ear Infections, And Increased Medical Visits and Hospitalizations.

Parental Substance Abuse Impact on Children Cont.

- Developmental Delays
  - Cognition and learning Difficulties
  - Social/Emotional Development Difficulties
  - Psychological Disturbances
  - Expressive/Receptive language Development
  - Behavioral Problems
  - Attachment Disorders
Parental Substance Abuse Impact on Children Cont.

- Maltreatment
  - Physical and Emotional Abuse
  - Sexual Abuse
  - Neglect
  - Poor living Conditions, Homelessness
  - Instability
  - Poor Parenting

Why Center Point?

Collaborative Partnership Between Center Point and Marin Head Start

- Create a Safe and Nurturing Environment that Provides:
  - A Robust Therapeutic Environment in Which Parents and Children Can learn and Thrive (co-location)
  - Quality Child Care Staffed by Counselors, Child Care Workers, and Teachers with Experience and Expertise in Substance Abuse and Early Education (Cross Training)
  - Opportunities that Promote and Reinforces Healthy, Productive Parent-Child Relationships (Collaboration)
  - Emotional, Physical and Economic Stability for the Family Unit that Enhance Educational, Social and Developmental Opportunities for the Children and Provide the Parenting Skills Necessary to Help their Mothers Become Productive Members of Society (Shared Goals and Values)
Head Start Mandate To Service

- Mandate- to Serve the Family With the Greatest Need: Identified Community Need- Partner
- Ability of Marin Head Start and the EHS Model to Support Optimal Development for Children Including Parenting Education and Support.

Collaborative Partnership:

**CENTER POINT**

- Comprehensive Substance Abuse and Co-Occurring Disorders
- Child Development Assessments and Referrals
- Parenting Skills Assessments –Parental Stress Index (PSI)
- Ages & Stages Questionnaire, Mullen’s Scale of Early Learning
- Create a Safe and Nurturing Environment
- Health Maintenance and the Monitoring of Ongoing Growth and Development of the Children
- Facilitate Parenting and Child Development Groups
- Provide Housing, Vocational and Continuing Care Services
- Cross Training and Co-location of Staff

**HEAD START**

- Comprehensive Child and Family Development Services
- Provide Quality Infant, Toddler and Preschool Educational Programs
- Maternal Health Support (Pre-natal Care and Education)
- Nutrition Education
- Parenting Education
- Evidence Based Curriculum
- Co-located Classroom Environments that Support the Age and Developmental level of the Child
- Cross Training and Co-location of Staff
Head Start Service Delivery Approach
- Center Based Services
- Home Based Services
- Combination Programs
- EARLY CHILDHOOD EDUCATION, DISABILITIES, HEALTH, MENTAL HEALTH, FAMILY SERVICES, NUTRITION

Early Childhood Education
- Environments Reflecting Best Practices
- Planned Curriculum - Research Based and Aligned with State Guidelines
- Individualized Curriculum
- Screenings and Ongoing Assessments
- Classrooms and Home Based Settings
- Parent Conferences

Assessments & Interventions
- Mullen's Scale of Early Learning. This Scale Measures Five Areas of Development to Include:
  - Gross Motor Skills
  - Fine Motor Skills
  - Expressive Language
  - Receptive Language
  - Visual Processing Skills

Assessments & Interventions Cont.
- Mullen's Scale of Early Learning
  - This Assessment Identifies a Child's Strengths and Weaknesses
  - Assesses Early Intellectual Development and Readiness for School
  - Provides a Foundation for Successful Interventions
Assessments & Interventions, Cont.

➤ AGES & STAGES QUESTIONAIRES
  ▪ This Questionnaire is Used to Determine Whether the Child Is On Target or Needs Further Evaluation. The Questionnaire is Completed By the Mother and Gives Staff a Perspective on How the Mother Feels their Child is Developing. The Questionnaire Measures Six Areas of Development to Include:
    ▪ Gross Motor
    ▪ Communication
    ▪ Fine Motor
    ▪ Problem Solving
    ▪ Personal-Social

➤ Parenting Stress Index (PSI)
  ▪ This Assessment can be used as an Early Identification of Dysfunctional Parent-Child Interactions.
  ▪ Intervention and Treatment Planning in High Stress Areas.
  ▪ Family Functioning and Parenting Skills Trainings.

Screening, Assessment, Intervention cont.

➤ Parenting Stress Index
  ▪ Child Domain is Measured in Six Subscales:
    ▪ Distractibility/Hyperactivity
    ▪ Adaptability
    ▪ Reinforces Parent
    ▪ Demanding
    ▪ Mood
    ▪ Acceptability

Screening, Assessment, Intervention Cont.

➤ PARENTING STRESS INDEX
  ▪ Parent Domain is Measured in Seven Subscales:
    ▪ Competence
    ▪ Isolation, Attachment
    ▪ Health
    ▪ Role Restriction
    ▪ Depression
    ▪ Spouse
Health Related Requirements

- Requires the Health Manager to Determine Every Child’s Health Status and Be Sure that they Receive any Needed Health Related Screening, and Follow Up Services while they are in Head Start.
- All Immunizations
- A Dental Exam
- Vision and Hearing Screenings
- Access to a Medical and Dental Home for Ongoing Care
- Tracking of all Needed Medical and Dental Follow Up and Ensuring that the Child Receives Needed Treatment
- Health Insurance- All Children Have Access
- Each Child Follows Recommended Schedule of Well Child Visits
- Nutrition Assessment and Nutrition Education Services

Head Start and Children with Disabilities

- 25% (61) of Marin Head Start Preschool Children
- 11% (11) of Infants and Toddlers were Diagnosed as Having a Disability. 100% of Those Were Receiving Special Services.
- Types of Services Received:
  - Infant Toddler:
    - Infant Development/Easter Seals, Speech Therapy, Feeding Therapy, OT/PT,
    - Preschool
    - Co-Enrolled & SDC
    - Speech Therapy
    - Vision and Mobility

Mental Health Support

- Mental Health Consultants that Provide on Site Support to Staff, Children and Parents.
- Partner with Early Childhood Mental Health Project and the Special Needs Project
- Screening and Assessments
  - For Children- Behavior and Social Emotional
  - For Parents- Depression Screening
  - For Staff- Employee Wellness

Nutrition

- Focus on Healthy Eating Habits and Fitness- Moderate to Vigorous Physical Activity
- Meals and Snack Provided On Site
- Nutrition Assessment and Counseling
- Gardens at Many Sites
Parent Support and Leadership
- Policy Council Membership
- Family Advocates-Individual Family Plans
- Resource and Referral
- Parent Meetings/Education Opportunities
- Parent Involvement at All levels of the Program

Care Plan
- Information Gathered By the Child Development Specialist is Used to Develop a Care Plan for the Child. Scores are Reviewed with the Mom and Head Start Teachers so they Can Collaborate Together, Make Interventions, and the Appropriate Referrals.
- While We look at All Areas of Child Development and Make Appropriate Referrals, Our Main Focus is mother/child Dyad. Improving the Mother’s Ability to Respond Appropriately to their Child’s Cues, We Know Will Have a Better Outcome in the Overall Development of the Child.

Referrals
- The Integrated Children’s Care Plan Result in Comprehensive Treatment and Referrals
  - Speech Therapy (Community Partners, Easter Seals, Golden Gate Regional Center, Marin County Office of Education)
  - Early Intervention Services for Children under 3. (Community Partners, Easter Seals, Golden Gate Regional Center, Marin County Office of Education and Head Start)
Referrals Cont.
- Special Education Preschool for Children over 3. (Community Partners, Easter Seals, Golden Gate Regional Center, Marin County Office of Education and Head Start)
- Mental Health Services/Parent Child Interactive Therapy (PCIT) (Community Partner Family Service Agency)
- Occupational and Physical Therapy (Community Partner Easter Seals, Golden Gate Regional Center)

Preliminary Outcomes
- 42% Of the Women Entered Treatment With Their Children
- The Remaining 58% Were Reunified With Their Children in a Month Following Admission
- 100% Of The Women Have Custody of Their Children During Treatment and These Children Experience the Full Benefits of the Parenting Educational Services Described

Preliminary Outcomes Cont.
- 79% Of the Children in the Program Received Developmental Assessments
- 35% Of the Children Were Referred for Speech Therapy
- 30% Of the Families Were Referred for Parent Child Interactive Therapy (PCIT)
- 3 Children Were Referred for Special Ed. Services
- 25 Children were enrolled in Head Start Services Since January 2010
- 5 Pregnant Women Received Maternal Health Ed Onsite “In-Home Care” From Marin Head Start Maternal Health Support Staff Since January 2010

Outcomes Cont.
- As a Direct Result of the RPG Funding, Center Point Expanded It's Capacity to Assess the Mothers and their Children Through the Ages & Stages Questionnaire and the Parenting Stress Index Instruments.
- Head Start Funded the Remodeling and Refurbishing of Center Point’s Therapeutic Day Care facility and Built a New Outdoor Recreational Area for our children.
- Thank You, Head Start
Economies of Scale
The Resources and Services that Center Point and Head Start Both Contribute to This Collaboration Have Been Mutually Enhanced Through Co-location and Cross-Training. Each agency's capacity has been expanded by the expertise and experience of the other in the provisions of therapeutic and educational services to children and families.

Economies of Scale Cont.
- Assessments lead to Comprehensive Care Plans
- Comprehensive Care Plans lead to Coordinated Co-Case Management
- Coordinated Co-Case Management leads to Successful Outcomes for Mothers
- Successful Outcomes for Mothers Enhance the Prevention of Substance Abuse and Other Dysfunctional Outcomes for the Children
- SUSTAINABILITY

Challenges of Partnerships
- Head Start- Maintain Full Enrollment
- Learning About Each Other- Program Cultures
- Melding of Program Cultures
- Two Sets of Requirements and Outcomes
Benefits of partnership

- Increased Knowledge Base for Both Program Staff - Cross Training Opportunities
- Maximizing Resources
- Increased Program Quality
- Improved Outcomes for Clients
- SUSTAINABILITY

- Two Heads are Better than One
Suggested Resources
For Implementing a Family Focused Program
- Check With Your local School District about Special Education Services They Offer
- Find Out Who Is Responsible For Providing Mandated Early Intervention Services In Your County
- Develop a Relationship With Your Community Clinics, Public Health Nurses
- Ask About State Subsidized Pre-school Services
- Community Mental Health
- Head Start

How Do I Find A Head Start/Early Head Start Partner
- Early Childhood Learning and Knowledge Center
  - Head Start Center locator
  - Community Outreach
- Flexibility
- Vision
- Creativity

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FOR RESOURCES
Please visit our website:
http://www.cffutures.org/projects/ncaacw
Resources


- Early Childhood Learning and Knowledge Center http://eclkc.ohs.acf.hhs.gov
  - Kay Wemert
    kay@marinheadstart.org
    (415) 883-3791 x 11
  - California Head Start Association, Rick Mockler
    rick@caheadstart.org
    (916) 444-7760

Discussion