



A15 Running Forward – Foundation of a Successful 0-6 Mental Health and Wraparound Program, Part 1

Wednesday, June 15, 2016, 10:30 a.m.-12:00 p.m.

B15 Running Forward – Foundation of a Successful 0-6 Mental Health and Wraparound Program, Part 2

Wednesday, June 15, 2016, 1:30-3:00 p.m.

Kim Stokem, Debbie Reno Smith, Kathy Davison

Garden 4

Running Forward:

Foundation of a Successful 0-6 Mental Health & Wraparound Program



Presenters:

Kim Stokem, LMFT, Kathy Davison, Family Parent Partner, Debbie Reno-Smith, LMFT

Agenda Part 1

10:30-10:45 – Opening Exercise, Introductions & Overview of 2 Part Series

10:45-11:00 – Personal Story - Kathy

11:00-11:15 – Myths & Facts – Kim & Debbie

11:15-11:30 – Breakout Groups Activity (challenges & barriers) - All

11:30-12:00 – Overview of Workgroup & Funding – Kim

Agenda Part 2

1:00-1:15 – Assessment & Diagnosis Overview - Kim

1:15-1:30– Personal Story – Impact - Kathy

1:30-2:15 – Reflective Practice - Debbie

2:15-2:30 –Training & Questions – Debbie & Kim



**0-6 Baby
Wraparound
Workgroup**

Workgroup Members

May 2015-Sept.2015

- 6 workgroup members
- 4 Counties represented: Ventura, Contra Costa, L.A. and Riverside
- CDSS

Oct.2015-Present

- 13 workgroup members
- 9 Counties represented: Stanislaus, San Bernardino, Santa Barbara, San Diego and San Luis Obispo

May 2015-Sept.2015:

The workgroup began with 6 members, on average 4 were able to attend monthly workgroup calls. 2 work group calls were canceled.

Action-Developed guiding questions for the work group:

- 1.)What counties have 0-6 already?
- 2.)Innovative ways 0-6 is being used and funded?
- 3.)How many 0-6 already accessing services?
- 4.)How does the model differ for this population?
- 5.)What are the strategies that make 0-6 successful?
- 6.)How is 0-6 Babywrap funded?

Discussed growing our work group

Action- Survey was made and sent out with very low responses

Action- Each work group member will talk to members of their county about 0-6 Wraparound and how many beneficiaries are being services, see above.



Action- Workgroup members talk to members of their county about how many 0-6 Wraparound beneficiaries have service.
7 out of the 9 counties represented by the workgroup report 1 or more 0-6 beneficiaries are receiving Wraparound services.

October 2015 workgroup met face to face

- 7 people joined the work group representing 4 more counties
- Action- Guiding questions were revisited and the following modifications were made with input from workgroup members:
 - 1.) Funding 0-6
 - 2.) Staff Development: supervision, training, support system, diagnosing
 - 3.) CA. Endorsement
 - 4.) Looking at other models, such as Michigan model
 - 5.) Looking at master trainers/consultants, such as Pat Miles
 - 6.) Referral process for 0-6
 - 7.) Knowledge base needed to service 0-6 beneficiaries and their families/ caregivers
 - 8.) Importance of Dyadic and Attachment work/knowledge
 - 9.) Where does 0-6 fit into some of the current Wraparound Standards
 - 10.) Different pay rates in different counties
 - 11.) Katie A.
 - 12.) Re-do survey
 - 13.) Looking at diagnostic tools being used, such as DC:0-3 crosswalk being used in California



November 2015

Action-Survey- how to reach every county and began developing new questions
Action- Look at Evidence based tools already being used for 0-6 populations, such as CBCL, CANS
Action- Review and research available data in California for 0-6 populations



December 2015

Work group welcomed 2 new members
Action-Talk to Rich Weisgal and Vern Wallace about how Contra Costa funded 0-6 wraparound
Action- Survey questions were revised
Action-Work group decide to have survey's go out to the HUB's and CWAC group



January 2016

Action- Survey revised. Goal of having the survey's sent out to HUB's by the end of Feb.
Report in on how Contra Costa funded 0-6 Babywrap over 12 years ago



February 2015

Action- Adjustments were made to the survey based on feedback. Surveys have been presented at all HUB's, presented at county meetings and sent out to CWAC members.

0-6 Wraparound Survey

The purpose of the survey is to gauge where counties are with the implementation and knowledge of wraparound for the 0-6 population

- **Survey was modified several times**
- **To date 23 survey's have been received**
- **8 do not have identifying information of county and agency**
- **10 counties are represented: Contra Costa, Fresno, Kern, L.A., Monterey, Orange, Riverside, Sacramento, San Bernardino, Ventura.**
- **Please do the survey, thank you**

Survey Results

1.)What agency/entity do you represent?

- 17 Wrap Provider
 - Community based organization (Not the wrap provider)
- 2 Child Welfare Services
 - Probation
- 4 Mental Health
 - Parent or Family member
 - Parent Partner
 - Education/Schools
 - Consultant
 - Other (Specify _____)

2.) What is the referral process in your county?

- Multi-disciplinary teams/ comprised of MH, DSS, Probation, AAP, Education, DHS and Peer Support screen referrals
- County Social Worker
- Self-Referrals

Survey Results

3.) Is your county serving 0-6 population?

- 21-Yes (Specify what evidence based practice is being utilized _____)
- 2-No (if no, skip to #5)

Evidence based practice counties are using:
PCIT -Parent Child Interaction Therapy- 7
IY-Incredible Years - 1
MAP - 1
TFCBT -Trauma Informed Cognitive Behavioral Therapy- 3
Triple P- Positive Parenting Program - 1
Wraparound - 2
Pride Skills - 1

Survey Results

4.) How many 0-6 beneficiaries are currently being served in your county? If you know the exact number being served, please list it.

9 - 1-10
1 - 11-25
0 - 26-40
1 - 41-55
0 - 56-70
6 - Over 70

5.) How is 0-6 Wraparound funded in your county? (you can answer more than one)

6 - Wrap Funding/RCL Group home funds
16 - MediCal billing
4 - Mental Health Services Act-MHSA
0 - Grants
4 - First Five or like organizations
7 - Wrap reserve
- Other (Specify _____)

Survey Results

6.) In your county, is this population getting

5 - Identified
16 - Under-identified



Next Steps

- **0-6 workgroup will factor in the additional survey's received from CWAC**
- **Workgroup will utilize the information received from the surveys, discussing and developing action plans around implementation guidelines, training guidelines and the possibility of developing curriculum for 0-6 beneficiaries.**

We need Wraparound, too!!!



Assessment and Diagnosis of Young Children

Kim Stokem, LMFT



Why is it important to diagnose infants and young children?

- ❖ Opens the door to services for the child and her loved ones
- ❖ Provides a framework for a shared language for the child
- ❖ Provides an integrated treatment plan
- ❖ Supports ongoing research and outcomes

Purpose of Clinical Assessment

- ❖ To provide support and guidance to child's loved ones, a shared view point
- ❖ To gain a comprehensive view that can guide treatment
- ❖ To have a language for family, loved ones and professionals
- ❖ To determine the need for additional services

Assessing for the whole child

- ❖ Family/interpersonal relationships
- ❖ Behavioral concerns
- ❖ Child's safety
- ❖ Developmental and learning challenges
- ❖ Health issues



Why give babies diagnostic labels? \$\$\$ - NO!!!

- ❖ Provides parents, caregivers and loved one's with an informational framework
- ❖ Shared view point and language between parents, caregivers and professionals
- ❖ Fosters a connection to services available
- ❖ Guides treatment planning and treatment interventions
- ❖ ALWAYS USE LEAST ACUTE DIAGNOSIS

Some tools to consider using

- ❖ ASQ-3-Ages and Stages Questionnaire
- ❖ ASQ-SE-Ages and Stages Questionnaire Social/Emotional
- ❖ CBCL-Child Behavioral Check list
- ❖ Sensory profile
- ❖ CANS -Child Adolescent Needs & Strengths- can be population specific
- ❖ Clinical Assessment for young children



Ages and Stages Questionnaires

- ❖ ASQ-3 is a reliable assessment tool for screening infants and young children for developmental delays during the first 5 years of life.
- ❖ ASQ-SE-2 reliable assessment tool for screening infants and young children for social-emotional delays during the first 5 years of life.
- ❖ Both are very low-cost tools

Child Behavioral Check List

- ❖ CBCL screens for behavior as well as for developmental milestones.



- ❖ Tool is completed by parents, caregivers, early educators/pre-school and professionals.
- ❖ CBCL is a component in the Achenbach System of Empirically Based Assessment developed by Thomas M. Achenbach.

Sensory Profile

- ❖ The Sensory Profile is a screening tool that helps to detect possible issues relating to the different sensory systems.

Child Adolescent Needs & Strengths

- ❖ CANS is an evidence based*, multi-purpose tool developed to support integrated care planning and decision making to facilitate quality improvement and monitor progress.
- ❖ Supports communication in complex environment and reach agreement about needs and strengths of children and families.
- ❖ Can be adapted to be age specific.

❖ * When approved by The John Praed Foundation

Initial Clinical Assessment

- ❖ California State Medi-Cal assessment that gathers information on many levels that is relevant, such as the presenting problems, family history, developmental history and concerns.



Importance of Gathering Information

- ❖ Gather information from several sources; such as parents, caregivers and pre-school
- ❖ Observation of the child in different settings, at different times and with different key people.
- ❖ Interview using assessment tools and clinical interviewing of key people in the child's life.
- ❖ Utilize additional tools such as Circle of Security Questionnaire and Trauma Screening Tools.

DC:0-3 R/DSM-IV Crosswalks

- ❖ Washington State-DC:0-3
- ❖ Florida State – both DC:0-3 and DC:0-3R
- ❖ California, San Mateo County, L.A County DC:0-3
- ❖ Indiana State DC:0-3R
- ❖ Michigan State DC:0-3-ICD 10
- ❖ Crosswalks are being developed for DSM-5

Choosing a Diagnosis

- ❖ Use the least acute.
- ❖ Utilize the DC 0-3 crosswalks.
- ❖ Remember voice of the child is through her loved ones and key people in her life.



Partnership Plan for Wellness

- ❖ Key word “Partnership”
- ❖ The golden thread
- ❖ Include parents/caregivers
- ❖ Build from the strengths
- ❖ Include and highlight child's developmental and emotional abilities
- ❖ Quantifiable measurement tool
- ❖ Keep it simple, can always add new goals
- ❖ LISTEN

Take your time


