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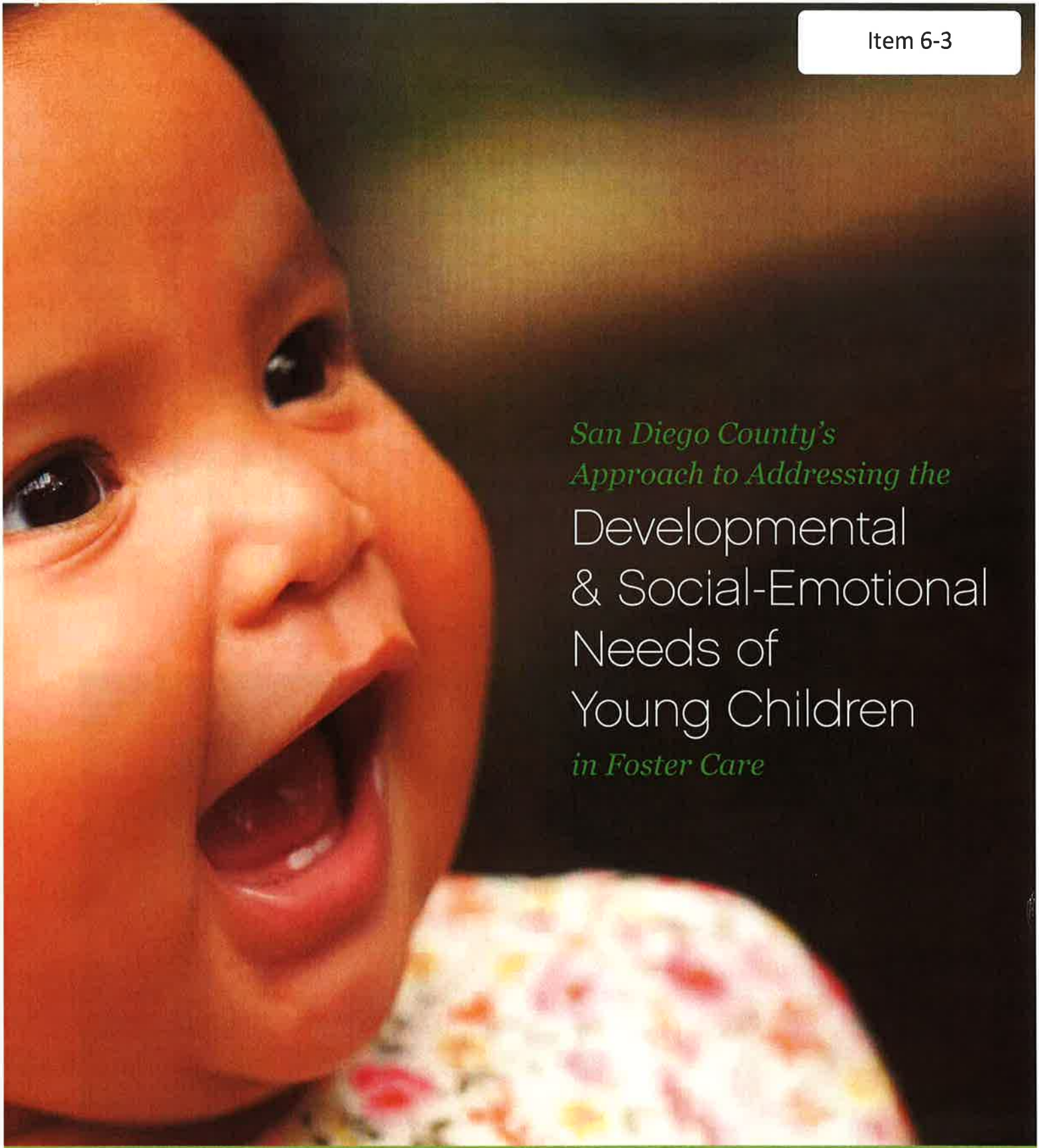


San Diego County's Approach to Addressing the

Developmental & Social-Emotional Needs of Young Children

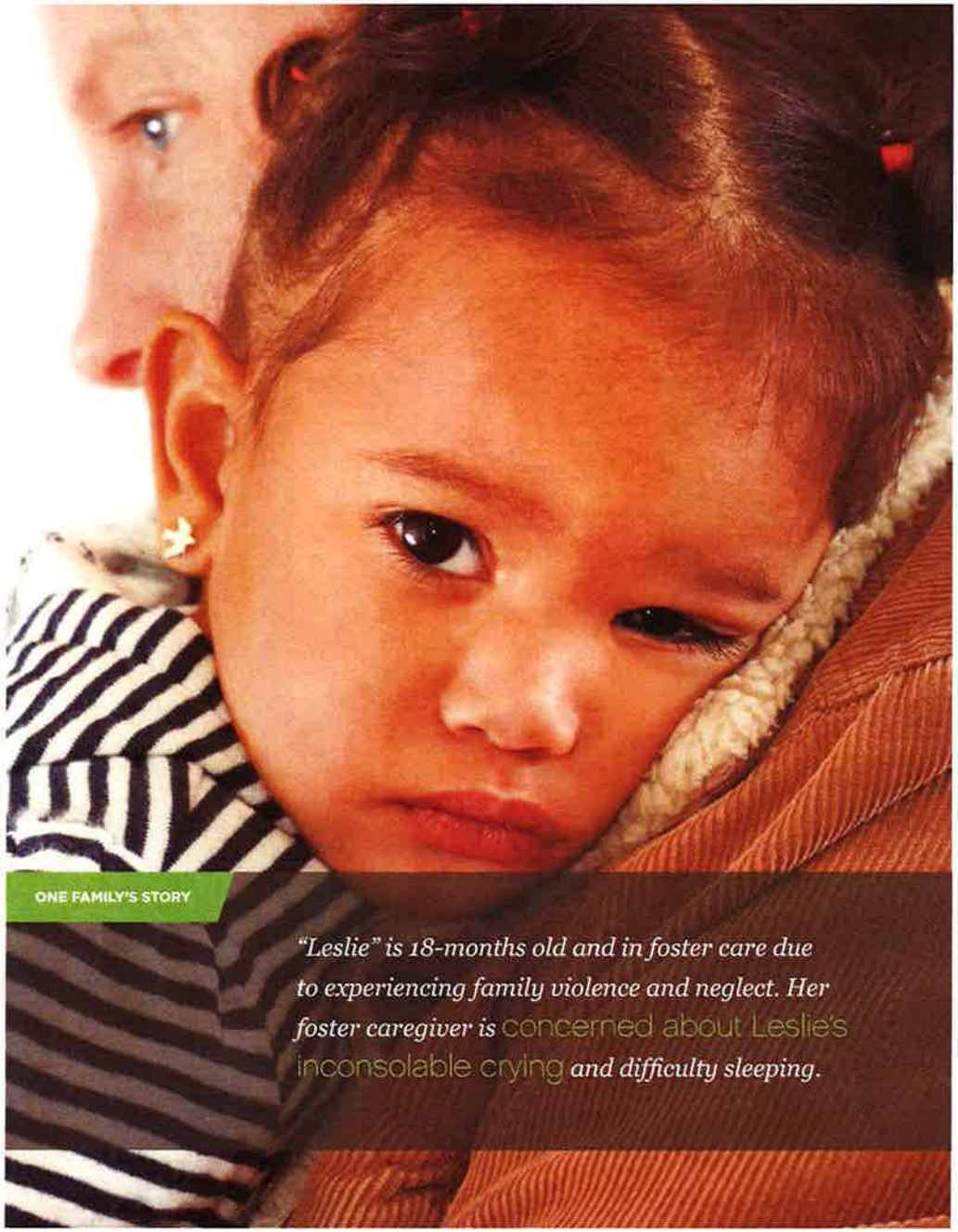
in Foster Care

Rady Children's Hospital San Diego

HHSA

LIVE WELL SAN DIEGO

FUNDED IN PART BY First 5 San Diego



ONE FAMILY'S STORY

"Leslie" is 18-months old and in foster care due to experiencing family violence and neglect. Her foster caregiver is concerned about Leslie's inconsolable crying and difficulty sleeping.

Introduction

Nationally, the number of infants and toddlers in the foster care system continues to increase.[1] With early childhood being a significant developmental period for children, the importance of effectively identifying and serving the needs of young children in out-of-home care is critical.[2] Casey Family Programs' 2013 Early Childhood intervention brief highlighted the difficulties faced by young children in foster care.

> Positive child development occurs in the context of nurturing relationships. Both the child's experience of maltreatment and changes in the primary caregiver that sometimes result from [Child Welfare] interventions are serious disruptions to healthy development. Such disruptions can alter the physical development of the brain and have serious negative consequences on children's cognitive, emotional, and social development.[3]

While maltreatment and disruptions in caregiver relationships can have a lasting impact, it is not inevitable. A growing body of scientific evidence shows that early intervention can mitigate risk factors such as placement disruptions[4] and longer lengths of the stay within the system,[5,6] and have a significant positive impact on later intelligence level, grade retention, use of special education services, and chronic delinquency[7]. Unfortunately, the rate at which young children in child welfare access early intervention services is substantially lower than the rate of need, with published studies citing rates of service delivery ranging from 13-31%,[8,9] The opportunity to intervene and positively change the trajectory of children's growth and learning provided the driving force behind San Diego County's creation of an innovative and comprehensive approach to supporting the developmental and social-emotional well-being of young children in the foster care system. The approach is designed to achieve four core objectives for children and families:

- Improve developmental, social-emotional, and health outcomes
- Increase access to services
- Increase caregiver sense of effectiveness
- Support efforts to secure a permanent home for children

The Developmental Screening and Enhancement Program (DSEP) and KidSTART are two unique and complementary programs within the County's comprehensive approach that support young children. Together, these two programs form a continuum of care that ranges from universal early identification of developmental and social-emotional concerns, to trans-disciplinary intervention for children with complex needs. Both programs were created through a unique partnership and financing structure among three entities of San Diego County's Health and Human Services Agency: Child Welfare Services (CWS), First 5 San Diego, and Behavioral Health Services (BHS). The programs are administered by Rady Children's Hospital San Diego (RCHSD), a non-profit pediatric health system serving San Diego, Imperial and southern Riverside Counties. The strong collaboration across these partners has been important to the development, implementation, and success of both programs.

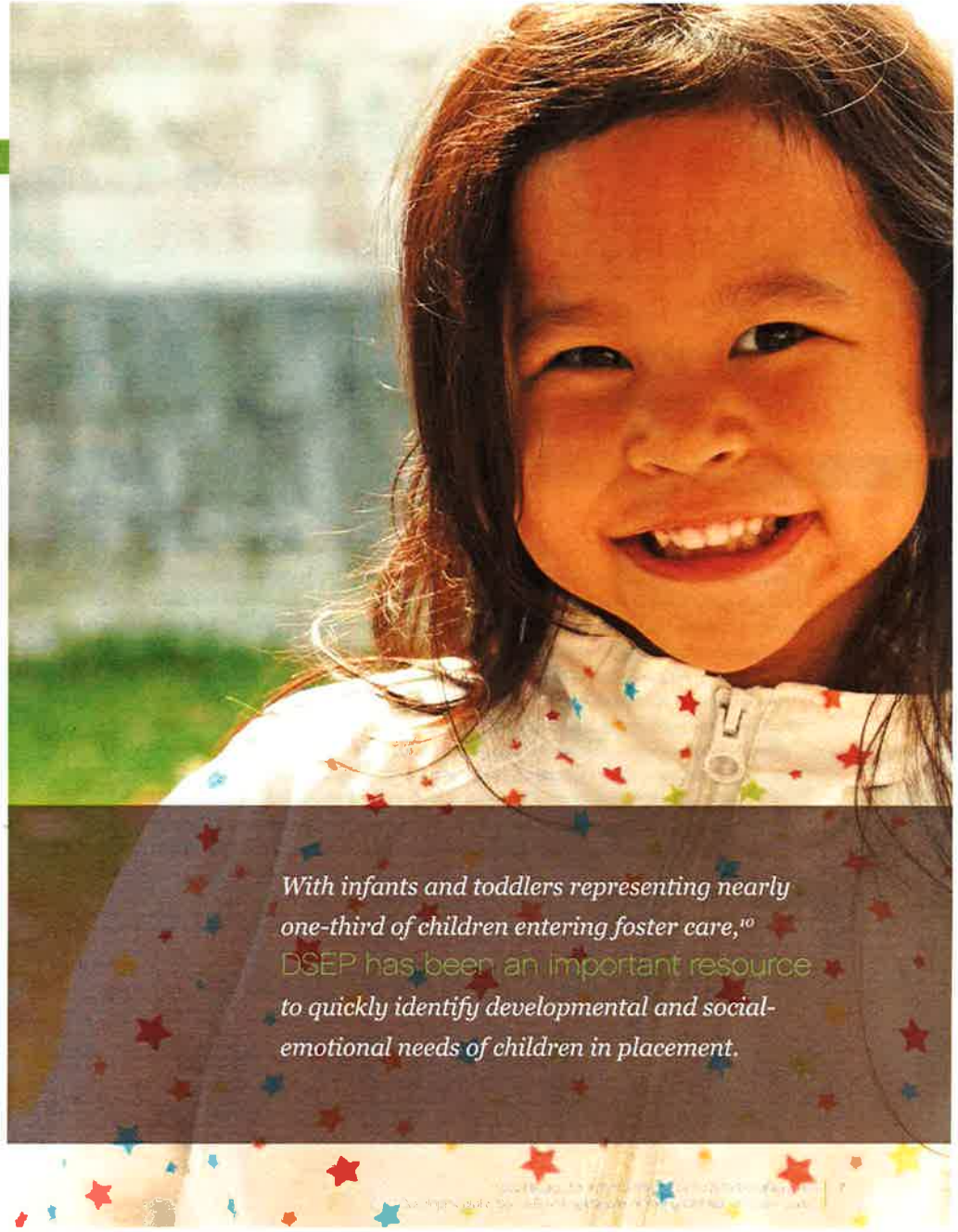
This document, referred to as a Chronicle, outlines the DSEP-KidSTART coordinated service approach and describes unique characteristics of the programs. .The Chronicle was informed by interviews with County administrators, program staff, caregivers, program and data summaries, and program materials gathered in November/ December, 2013.

DSEP-KidSTART Coordinated Service Approach

DSEP was created in the late 1990's in response to the high rates of developmental delays identified by physicians at the County's temporary emergency shelter. Initially limited to developmental screenings and referrals, over time the program has expanded to provide developmental and social-emotional screenings and assessments, long-term case management, and direct developmental and behavioral intervention services for children 0-5 in out-of-home placement. Today, DSEP provides screenings for virtually all young children in out-of-home care, identifying when children need additional supportive services related to development, social-emotional challenges, and other early childhood needs. With infants and toddlers representing nearly one-third of children entering foster care,[10] DSEP has been an important resource to quickly identify developmental and social-emotional needs of children in placement, link those children to needed services and supports, and provide brief, short-term intervention to address mild concerns. Specific program components are outlined below.

Component	Brief Description
Early identification of needs	**Screening:** All children 0-5 with a new entry into CWS or a change-of-placement are systematically referred to DSEP every 2 weeks. A developmental and social-emotional screening is completed using standardized tools. **Individualized Care Plan (ICP):** ICPs include a child's screening results, service recommendations, and developmental activities, and are prepared and distributed to caregivers and Social Workers within 1 week of screening.

Component	Brief Description
Facilitated linkage to services	**Case Management:** DSEP case managers collaborate with CWS social workers and caregivers, including biological parents when possible, to initiate referrals resulting from a child's screening or subsequent comprehensive developmental evaluation, and to facilitate linkage until the child receives the recommended services.
Developmental and behavioral intervention	**Developmental Intervention:** Caregivers of children with a developmental need are offered in-home "Caregiver Coaching" to educate/motivate caregivers to implement developmentally enriching activities that address needs identified during the screening. For children under six months of age, this service is provided in the form of infant massage. Both foster/relative caregivers, as well as birth parents, are invited to participate in DSEP's developmental intervention whenever possible. **Behavioral Intervention:** For children identified as having a social-emotional concern, a behavior specialist conducts home-based sessions to support the caregiver and ensure stability of the placement and social-emotional well-being of the child. Sessions include a focus on caregiver-child attachment.
Capacity-building	All CWS social workers receive initial and ongoing monthly didactic instruction on topics including introduction to early child development, social-emotional needs, the DSEP program, and other early childhood services.
Data collection and evaluation	Data collection and evaluation are fully integrated into DSEP's operations to provide quality assurance, report data to funders, develop an in-depth understanding of service needs, and inform program planning and research.



Overview of DSEP Program Components

The underpinning for all of DSEP's services is its integration with CWS. DSEP and CWS have made a dedicated effort to integrate across all service components, including the following.

- **Hard-wired referral system:** Rather than relying on individual social workers to send a referral to DSEP, CWS sends a bi-weekly "data upload." These uploads include all necessary information about every child who has entered foster care, or moved to a new foster home, within a two week period. As a result of this information-sharing, DSEP reached 99% of all eligible children in its target population during FY2012-2013—a success rate that would be virtually impossible if each of the more than 1,000 children per year had to be referred individually.

- **Standardized use of Individual Care Plans:** Each child's ICP is sent to their social worker within one week of screening. Social workers consistently indicate that these care plans are invaluable to case planning, and it is now standard practice for the information in ICPs to be included in case plans as well as reports submitted to the court.

- **Team Decision Making Meetings (TDMs):** When CWS is considering changing a child's placement, whether to a new foster home or to reunify with his/her biological family, they hold a TDM so all caregivers and providers can discuss the child's needs and best interests. A system has been implemented throughout San Diego County whereby DSEP is notified of every TDM to be held for a child age 0-5. This affords DSEP staff the opportunity to attend TDMs and share important information about a child's developmental and social-emotional needs, and to gain information that can help DSEP have a more complete picture of the child.

- **Social Worker Training and Support:** DSEP and CWS partner to build capacity among CWS's own social workers to effectively identify and respond to the unique needs of 0-5 year olds and these efforts target both the child and the system. A few examples include:

  - Collaboration and support activities with social workers including weekly "office hours" in all CWS office locations, where DSEP provides on-site consultation to social workers regarding community resources, developmental concerns, and specific case follow-up

ONE FAMILY'S STORY

"Sara" and her grandfather recently participated in DSEP's infant massage services. When interviewed for this Chronicle, "Sara's" grandfather spoke of initially not trusting that the service would be beneficial. He indicated that over time he grew to understand the importance of the service *by seeing his granddaughter respond to the infant massage. He also stressed that their bond strengthened through the process.*

- Group-based training for new and existing social workers

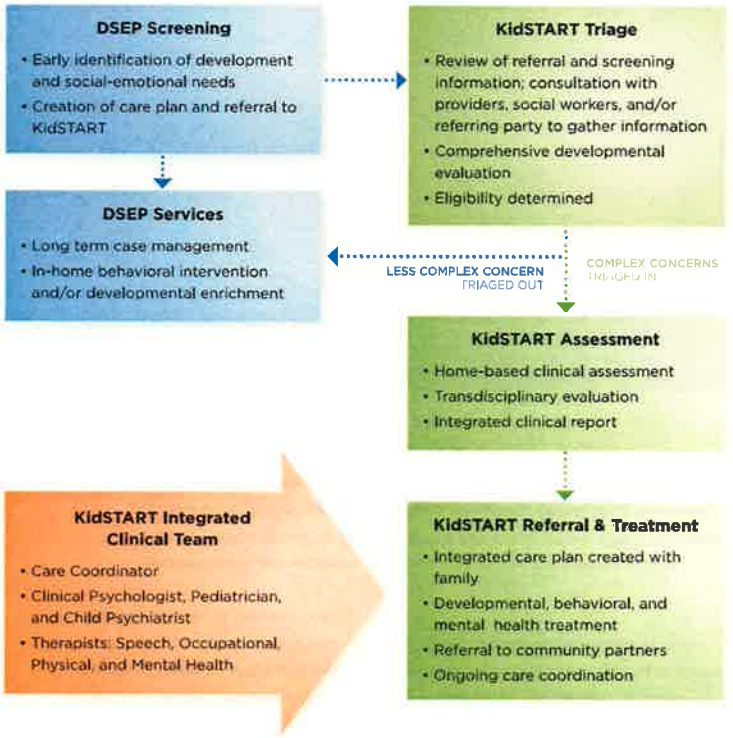
- Regular attendance at CWS case consultation meetings to ensure individual children are linked to the services they need, and social workers are educated about the unique needs of young children

The system that has been jointly created between CWS and DSEP is highly successful at identifying developmental and social-emotional needs early, and delivering brief intervention and linkage to services for children whose needs can be met by the services available. Despite the significant impact DSEP is making among young children in child welfare, there remains a small group of young children in foster care for whom these services are simply not enough. Children whose needs are complex, with concerns crossing many areas of the child's life, and children who do not respond as expected to treatment often require highly specialized services. Recognition that this group of children requires a different type of support in order to maximize their outcomes led the County to create the vision for a highly specialized, trans-disciplinary approach to serving children with complex needs.

Overview of KidSTART Components

The **KidSTART** program was created in 2010 to address the complex developmental, medical, mental health, and family needs of children from birth through age five and their families. The program design is based on an existing model of community-based services developed by Dr. Ira Chasnoff and colleagues.[1] The "START" in the program name represents the program's services: **S**creening, **T**riage, **A**ssessment, **R**eferral and **T**reatment. KidSTART provides an array of trauma-informed, trans-disciplinary services and supports to identify, treat, and coordinate care for children with complex developmental and social-emotional needs. Care coordination forms the foundation of the model to identify services and supports, both internal to KidSTART and in the community, to develop an individualized and targeted service plan for children and their families.

FIGURE 1 – "START" PROCESS



As Figure 1 shows, for children in foster care the DSEP-KidSTART coordinated approach begins with DSEP screenings. The "START" process targets both those children with complex needs served through the KidSTART continuum of services and supports as well as those children whose needs are found to be less complex who receive case management and supportive services from DSEP. The coordination and linkages between the two programs represents critical service integration.

DSEP refers children to KidSTART if they have both developmental and social-emotional concerns, plus either a medical or family need that adds to the diagnostic complexity of a child's unique profile. While DSEP initially was the primary source of referrals to KidSTART, the program now receives referrals from several different sources, including physicians, self-referrals, and other community-based programs.

Component	Brief Description
Integrated Clinical Team (ICT)	All KidSTART services are coordinated by an Integrated Clinical Team and a dedicated care coordinator to ensure that the children and families receive targeted, individualized, trauma-informed intervention and support. An ICT is comprised of a child's treatment professionals and community supports, including the child's key caregivers. The ICT's approach is child/family-centered to develop and refine a shared treatment plan for a child and his/her family. The ICT meets initially to establish the treatment plan, and then approximately every six months, with any needed adjustments to the child/family plan occurring continually through care coordination. **ICT Members: KidSTART** • Care coordinator • Pediatrician • Clinical/child psychologist • Speech-language pathologist • Occupational therapist • Physical therapist • Mental health therapist • Behavioral therapist • Child psychiatrist • Peer-Family Partner **ICT Members: Community** • Early Start/Regional Center • School districts • Healthy Development Services • Primary care physician • Mental health providers • County social workers • Public health nurses
Developmental treatment	Clinicians provide trauma-informed and evidence-based/-informed speech and language, behavioral, occupational, and physical therapy treatments. The length of time that a child and his/her caregiver(s) typically receive developmental services depends upon the child's needs.
Mental health treatment	Licensed clinicians treat children's social-emotional needs in the context of their caregiver relationships through the utilization of evidence-based and trauma-informed assessments and treatment. The length of time that a child and his/her caregiver(s) receive mental health services are based on a 26-session treatment approach, framed around the child's needs, with additional sessions as needed. Structured mental health interventions include Child Parent Psychotherapy, Parent Child Interaction Therapy, Parent Child Attunement Therapy, and Trauma Assessment Pathway.
Intensive family support	Care coordinators serve as a liaison between the family and providers, ensuring that all parties have access to the same information, helping caregivers navigate systems, and coordinating complementary interventions. In addition to care coordination, some families receive peer support from a "family partner, "a person who has prior experience as a consumer of services, to help with basic needs such as transportation and budgeting. The length of time that a child and his/her caregiver(s) receive intensive family support depends upon the family's needs. During FY 2012-2013, the average length of family support services for all families was 10 months, but for children active to CWS the average length was 12 months, reflecting the higher level of need among this population.
Data collection and evaluation	Data collection and evaluation are fully integrated into KidSTART's operations to provide quality assurance, report data to funders, develop an in-depth understanding of service needs, and inform program planning and research.

DSEP referred "Jose" (age 4) and "Maria" (age 3) to KidSTART for developmental and social-emotional concerns identified during the DSEP screening. Jose needed mental health, speech, and behavioral treatment, while Maria required speech therapy and medical care due to liver disease and asthma.

The children's mother suffered from depression, had been evicted from her apartment, and did not have a car. Over the course of treatment, the children often missed appointments. With transportation being a barrier to treatment for the children, along with the mother's mental health concerns and housing challenges, the care coordinator and the rest of the ICT team determined that they must address these issues with the mother directly. A KidSTART family partner was assigned to support the mother in learning to use public transportation to attend appointments. The family partner went as far as accompanying the mother to purchase bus tickets *and riding the city bus with the family. This helped the mother develop her skills and confidence in using public transportation, while also providing* a real-life opportunity to help her practice strategies *for keeping the children occupied during long bus rides to and from appointments. Additionally, the care coordinator connected the family with a community program that helped them secure stable housing.*

Building on the relationship they had established working together on transportation and housing, the mother was eventually able to talk openly with her care coordinator about her mental health need. With the mother's permission, the care coordinator consulted with a psychiatrist to promote an optimal treatment approach for the whole family.

By providing practical support through the family partner and KidSTART care coordinator, and professional developmental and mental health intervention for Jose and Maria, KidSTART was able to support the family's needs seamlessly and holistically.

The following have been identified by KidSTART staff, community stakeholders, and client families as contributing to the success of the program.

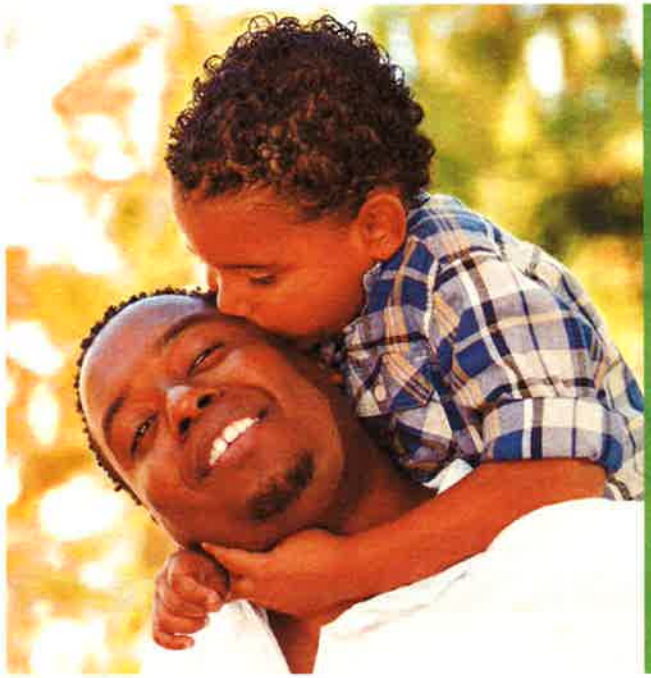
- **Intensive, therapeutic care coordination:** Under the KidSTART model, care coordination serves two distinct but related functions. First, care coordinators facilitate access to care and communication among families and providers. Second, care coordinators enhance the caregiver-child relationship through guidance and support for reflective parenting. Each interaction between a caregiver and care coordinator presents an opportunity to enhance the caregiver's reflective capacity, whether it is making observations about a child's response during a therapy session, or "wondering" aloud about how a caregiver's action might be seen or perceived from the child's point of view.

- **Co-treatment addressing developmental and mental health needs:** A top priority for KidSTART has been coaching providers to treat children and caregivers in a way that incorporates understanding of the inter-relatedness of developmental and mental health needs across multiple domains. Developmental and mental health clinicians create treatment goals that complement and support each other's disciplines. Clinicians actively partner to address the developmental, mental health, family, and medical needs of a child in the context of their sessions with the child.

- **Engaging caregivers as part of the team:** Caregivers' active participation in treatment activities is central to KidSTART's approach, building on the importance of the caregiver-child relationship in a child's development. Caregivers, including birth parents as well as foster parents and relative caregivers, are engaged regularly in treatment sessions and taught the importance of the treatment activities and how those activities promote development, secure attachments, and overall well-being. Working jointly with foster and birth parents allows KidSTART clinicians to empower all of the important adults in a child's life. This ensures that children's needs can be met across multiple settings and relationships as families work toward permanency.

Caregivers interviewed for this Chronicle spoke in a clear and informed manner about the developmental and relational needs of the children in their care. In one caregiver interview with a foster parent who has utilized both DSEP and KidSTART, the caregiver highlighted the significance of her participation in the "hands on" physical therapy treatment sessions for the children in her care. She emphasized the relationship with the program staff as essential in promoting a sense of trust and empowerment.

Because caregiver engagement is a central tenet of KidSTART, the program monitors caregiver engagement regularly and uses the results to drive continuous quality improvement. For example, KidSTART measures caregiver engagement in mental health therapy by tracking the frequency of caregiver participation in therapy. In FY2012-2013, at least one caregiver participated in over 90% of therapy sessions.



Because caregiver engagement is a central tenet of KidSTART, *the program monitors caregiver engagement regularly and uses the results to drive continuous quality improvement.*

Data Highlights—FY 2012–2013

Process data from both DSEP and KidSTART help to clarify the children and families being served, as well as the types of services being provided.

Demographics

Compared to children in foster care throughout California,[12] the children served by DSEP are quite young. While children under age three make up more than half (55%) of the children under age six in foster care in California, they represent nearly two-thirds (64%) of DSEP clients. The difference is even more pronounced for infants under 12 months of age, who make up 32% of DSEP's clients, compared with 17% throughout the State. While DSEP's clients are ethnically similar to all children in foster care, Hispanic children are somewhat underrepresented (38% compared with 49%) and White children are somewhat overrepresented (33% compared with 22%).

The children served by KidSTART are slightly older than those served by DSEP, with just over half (53%) under age three but significantly fewer 0-1 year olds. KidSTART serves a higher rate of Hispanic children (49% compared with 38%), and a slightly lower rate of White and African American children. Because KidSTART does not exclusively serve children in the CWS system, differences in the demographic data are to be expected.

TABLE 1: KEY CHILD DEMOGRAPHICS

Age	DSEP	KidSTART*
0 – 12 months	32%	13%
13 – 24 months	18%	19%
25 – 36 months	14%	21%
37 – 48 months	14%	27%
49 – 72 months	22%	20%
Ethnicity	**DSEP**	**KidSTART***
Hispanic	38%	46%
White/Caucasian	33%	28%
Black/African American	21%	15%
Asian/Pacific Islander	4%	3%
Other/Unknown	4%	8%
Developmental & Behavioral Needs	**DSEP**	**KidSTART***
Developmental and/or Behavioral Concern	42%	100%

*KidSTART does not exclusively serve children through child welfare. Children not involved with CWS are included in these demographics.

Services Provided

Process data from each program reflect their differing roles in the service continuum, with DSEP having broad reach, and KidSTART a more targeted one. As a "universal" program for children 0-5 in foster care, DSEP serves nearly every child eligible for the program, with a screening efficiency rate approaching 100% (99.6% in FY2012-2013). The program generates a large number of referrals, primarily for developmental (65%) and behavioral (26%) services. In contrast, KidSTART has a more focused, intensive scope, targeting only those children who have complex needs. With an 89% "triage in" rate in FY2012-2013—meaning that a large majority of children referred into the program met eligibility criteria—the program has been successful in reaching its intended population. More than one-third of children served by KidSTART (37%) received both developmental and mental health services within the program.

DSEP: FY2012-2013	
Early Identification	
Number of children eligible for DSEP	987
Number of children screened	983
Facilitated Linkage to Services	
Number of children receiving an ICP	983
Number of referrals made for intervention services	1,465
Developmental and Behavioral Intervention	
Families receiving DSEP behavioral interventions	173
Families receiving DSEP developmental enrichment	149
Families receiving DSEP infant massage	123

KidSTART: FY2012-2013	
Developmental and Mental Health Treatment	
Children receiving both developmental & mental health services from KidSTART	147
Children receiving developmental services only from KidSTART	164
Children receiving mental health services only from KidSTART	86
Intensive Family Support	
Number of children receiving care coordination	311

Program Outcomes

Both DSEP and KidSTART place a high value on evaluating program outcomes, both to enhance quality and to determine effectiveness of services. Although data are not yet available assessing children's improvement on standardized measures of developmental and social-emotional functioning, each program has broad indicators that suggest effectiveness in achieving key program goals.

- DSEP Referral Linkages – Published national data estimate that as few as 31% of abused children under 14 years old receive the mental health services they need,[13] and only 13% of infants and toddlers with developmental delay are receiving developmental early intervention services.[14] DSEP's facilitated long-term case management has resulted in dramatically improved access to care for the children they serve.
    - 91% of the children who received case management were successfully linked to at least one service (n=524/573).
    - 91% of children whose developmental recommendations were case managed were linked to a developmental service (n=413/454).
    - 86% of children whose behavioral recommendations were case managed were linked to a behavioral service (n=177/205).
- KidSTART Placement Stability – For children in out-of-home care, KidSTART seeks to support permanency as well as prevent unplanned changes of placement. The lives of children involved with CWS can be characterized by disruptions in their primary relationships if they are removed from their homes of origin and placed in the homes of foster parents and/or relative caregivers. As children progress through the CWS system, there may even be additional planned changes in placement. Sadly, children also change placement because of their developmental and social-emotional needs, or caregivers feeling unable to care for a child. KidSTART's focus on intensive family support and prompt linkage to services helps preserve children's placements. In fact, children are assigned a "fast track" status if a child is at-risk of losing his/her placement. In FY 2012-2013, more than 95% of the children receiving KidSTART services experienced stability in their out-of-home placement and/or their early childhood education setting.

Sustainability

Building and maintaining an array of services, such as those offered by DSEP and KidSTART, involves the same funding challenges that are faced throughout the nonprofit sector. Communities seeking to replicate such programs can develop a lean, yet robust, continuum of services by leveraging partnerships with local agencies with a shared commitment to these services, such as child welfare and early intervention agencies. Sustainability efforts should focus on diversified funding streams, including philanthropy, third-party payment, and grants/contracts. Lastly, programs should continuously assess the quality, efficiency, and impact of their services to refine the kinds of outcomes to be achieved and the most effective means of measuring them.

Sustainability efforts should focus on diversified funding streams, *including philanthropy, third-party payment, and grants/contracts.*

Conclusion

The DSEP-KidSTART coordinated service approach offers a unique set of complementary services for children 0-5 in foster care with complex needs. Together, the DSEP and KidSTART programs have created a coordinated service approach that provides:

- **Referrals and successful service linkages** to address targeted needs through integrated screening processes
- **A broad system of supports** within the DSEP-KidSTART service array, as well as through external community and therapeutic services
- **Comprehensive case management and care coordination** that support those children with complex needs, as well as children with less complex needs
- **A seamless system** for delivering trans-disciplinary intervention in conjunction with referrals to community partners
- **Promotion of placement stability** for children in out-of-home care

The partnership among First 5 San Diego, CWS, BHS and RCHSD's DSEP and KidSTART program staff is critical to making these services flow seamlessly to families. The leadership group interviewed for this Chronicle emphasized the mutual respect and connectedness among the partners to support the success of these programs. As all of these partners continue their work together, they remain focused on partnering to advance their shared goals:

- **Ongoing examination of the services** and their effectiveness
- **Co-training** between CWS, DSEP, and KidSTART staff
- **Strategic discussions** about desired outcomes and sustainability
- **Discussions to identify and eliminate redundancies** among partner requirements, including data and administrative needs

The partnership across all of the DSEP and KidSTART collaborators is a striking example of what partners can do when staying committed to working through challenges, building on successes, and staying focused on the needs of children and families.

While the services of DSEP and KidSTART are unique, the approach of identifying the developmental and mental health needs of young children and then providing targeted services has potential for replication in other communities. When a community is considering implementing these types of services, several essential elements are needed:

- A strong partnership among funding/program partners with champions at the leadership level
- Program leadership and staff with an understanding of:
  - Early childhood developmental and mental health needs
  - The needs of younger children and their families in the community
  - The effects of trauma and related trauma-informed assessments and interventions
- A commitment to the belief that all caregivers in a child's life can and should be engaged in developing a plan for treatment and support for their children, and should participate actively in treatment to promote child development, attachment, and improved outcomes for children

Early childhood is a critical time for development. In the absence of targeted supports and services, such as those provided through DSEP and KidSTART, young children in foster care and other young children with complex developmental, behavioral, and mental health needs could experience lasting negative effects impacting their physical and mental health, and well-being.[15]

ONE FAMILY'S STORY

Getting back to Leslie's story

As described in the Chronicle's introduction, Leslie's caregiver was concerned about Leslie crying inconsolably and having difficulty sleeping. Leslie was screened by DSEP, and while no developmental delays were identified, the screening identified social-emotional concerns. Leslie was referred to KidSTART for mental health treatment *and began seeing a therapist. Over time, the therapist began to notice that Leslie may have speech/language and motor delays. Because Leslie already had a KidSTART care coordinator, they were able to quickly schedule evaluations and Leslie began speech and occupational therapy through the program. As a result of Leslie's progress in her developmental treatment, she began interacting more with the mental health therapist and her caregiver – playing, smiling, and asking for help during sessions. A few months later Leslie's biological mother started joining Leslie and her foster mother for speech and mental health therapy appointments, where Leslie's strong attachment to her mother was evident. Through a course of trauma-informed, attachment-based therapy (Child Parent Psychotherapy) with the foster parent and birth mother, Leslie's initial symptoms were primarily resolved.* Her birth mother said that she now feels more confident *about how to assist her daughter in regulating her emotions. Now at 2-1/2, Leslie is doing well, and plans for reunification with her mother are underway.*

End Notes

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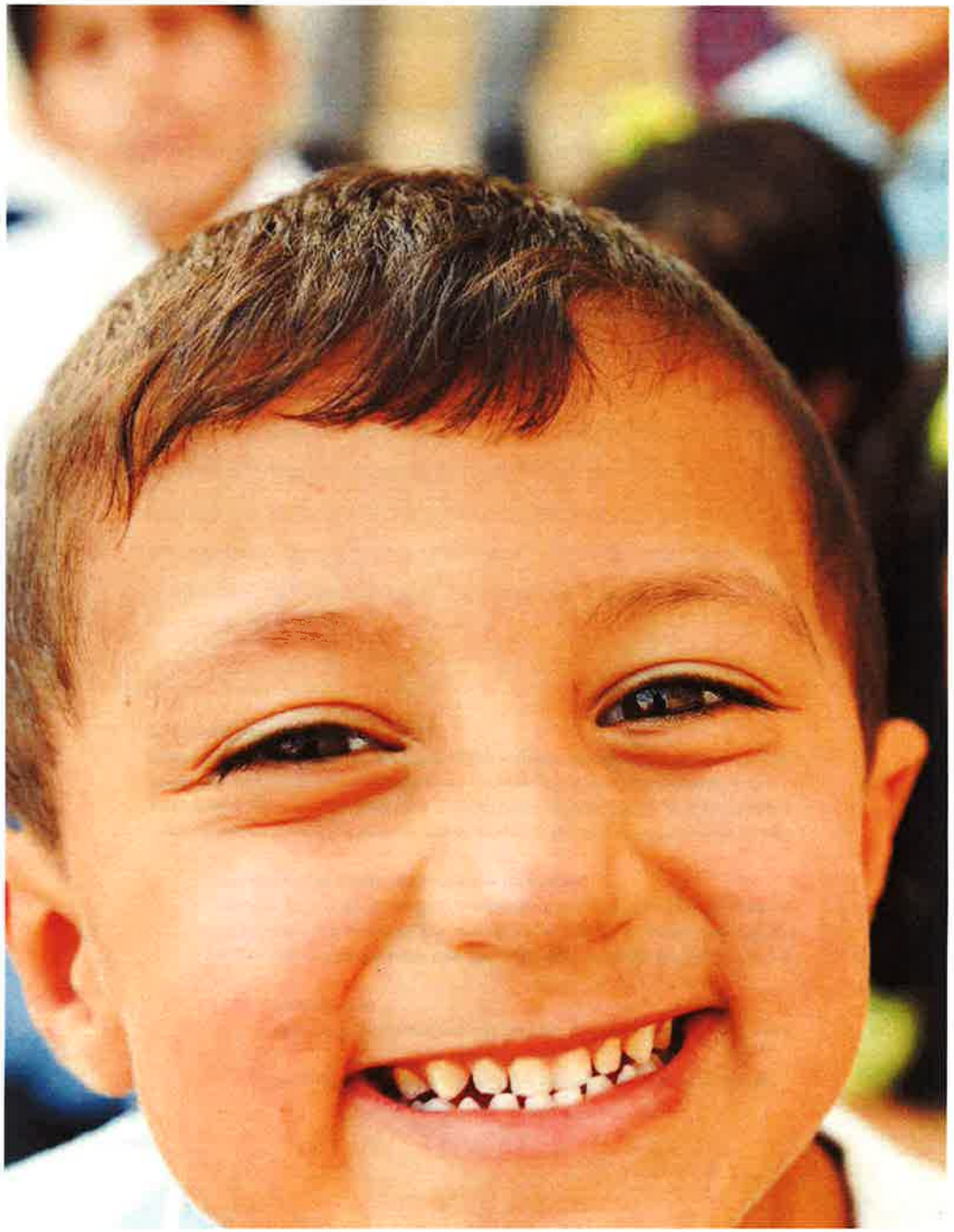

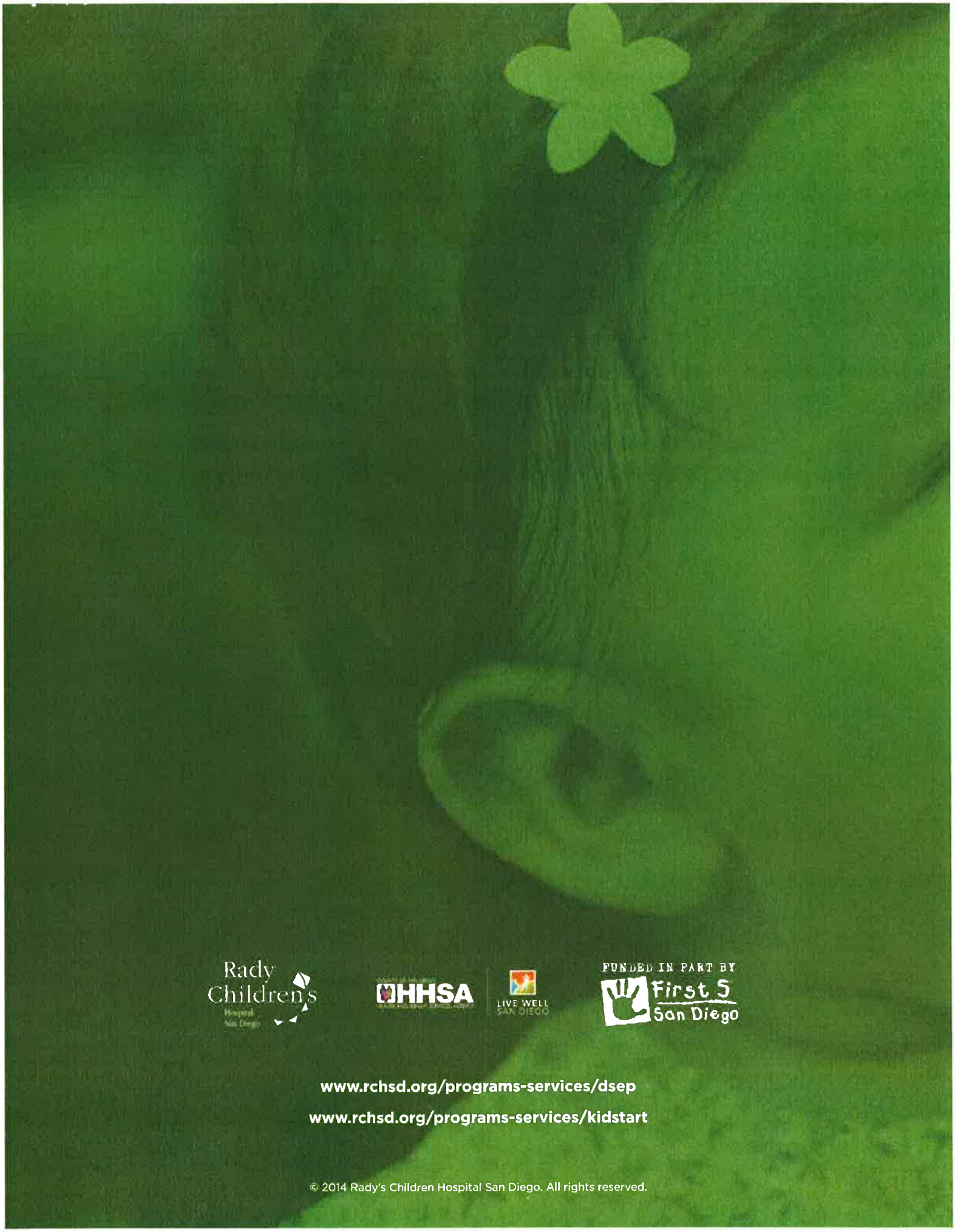

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