

**Lassen County, CA**  
**Initial Plan for Children's SART**  
*(Screening, Assessment, Referral and Treatment)*

*February 1-4, 2010*



# Lassen County Plan for Children's SART (Screening, Assessment, Referral and Treatment)

## Executive Summary - February 4, 2010

The Children's SART Planning Group<sup>1</sup> has initiated a planning process that is aimed at developing a system of care which will identify high-risk children and get them the services they need to realize their fullest potential. The benefit to these children and their families is apparent. Less obvious, but still important, is the savings this system of care will yield in the reduced number of children who would otherwise require costly services from the county's schools, child welfare system, mental health and other health and social services.

### Vision

We are a community that honors its children by making a commitment to assure that all children reach their full potential in a nurturing, healthy family environment.

### What is SART?

SART stands for screening, assessment, referral and treatment. It is a systematic approach to identifying children who are at risk of developing developmental and/or behavioral/emotional problems and getting them the help they need.

Screening children 0-5 already occurs in many settings in the county. The SART system will coordinate these on-going efforts and build on this practice. Children whose screen is "borderline", an indication of a possible problem, will be referred to Pathways for a home visit and early intervention. Children who screen positive will be referred for an assessment to the Schools, Regional Center or the Child/Family Behavioral Health Program, whichever is a best-fit depending on the results of the screen. These entities will assess the child and make referrals to treatment as appropriate. The Child/Family Behavioral Health Program is a new program and will be developed as part of the SART System. This system will require intensive implementation planning, and its opening is anticipated as Fall 2011.

A SART coordinator will work with all involved organizations and professionals to monitor the effectiveness of SART to ensure children are being helped and to make sure money and personnel are used wisely. The Interagency Case Conference Committee (ICCC) will track clients who are being served by more than one service. This way the county avoids children "falling through the cracks" and eliminates duplication of services.

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<sup>1</sup> See Appendix A for a list of those who participated.

## A Road Map to a Children’s SART Process

The road leading to a Screening, Assessment, Referral and Treatment process - a system of care for high-risk children - proceeds through three stages:

- I. Initial Design
- II. Implementation Planning
- III. Start-Up (leading to full operation)

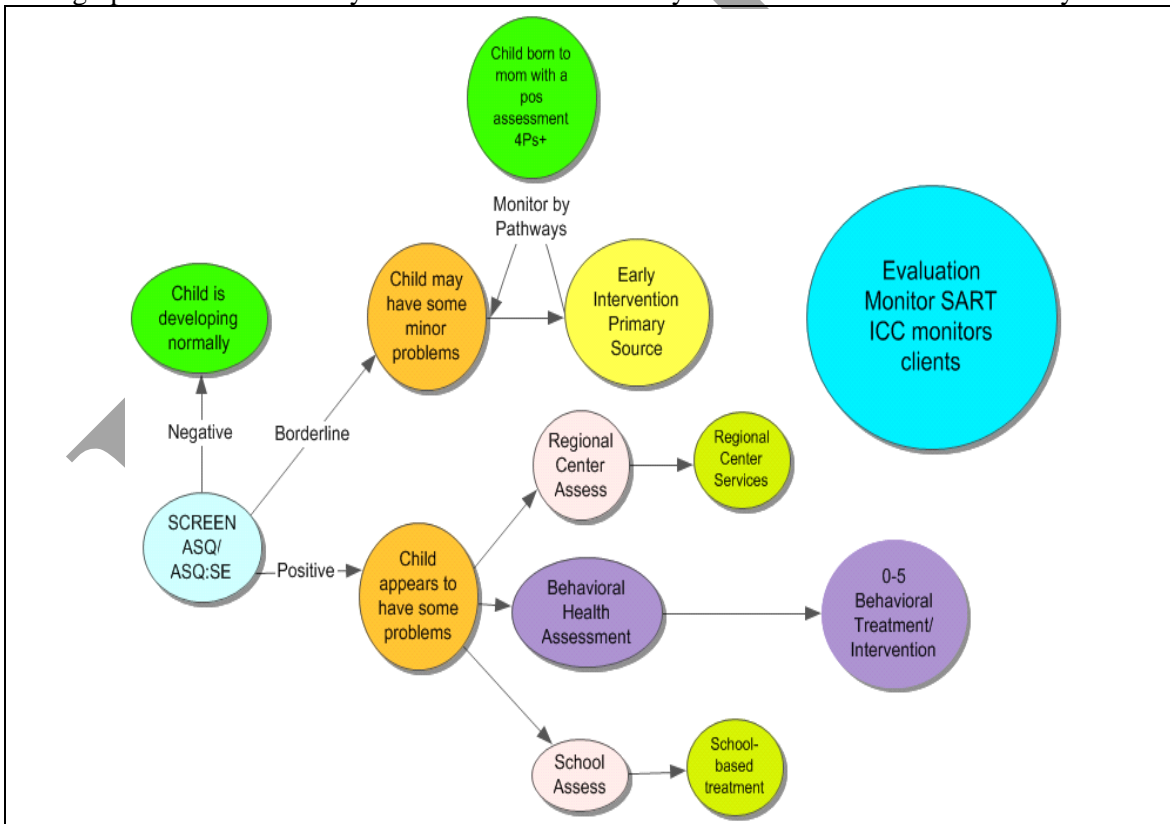
The initial design was developed during a planning session – Feb. 1 - 4, 2010.

Once the community has endorsed the basic plan, a period of more specific implementation planning is required to establish the organizational and financial sustainability of the system.

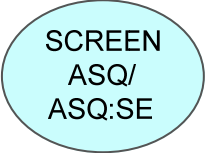
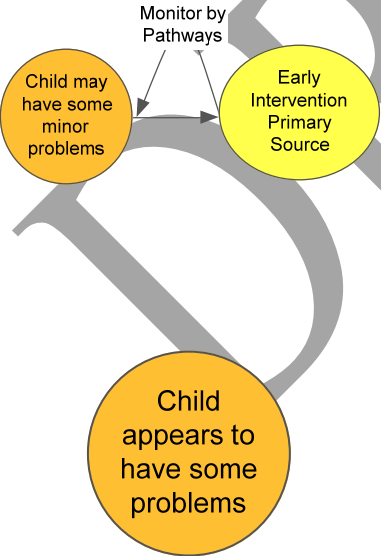
Finally, the start-up phase, which provides the system a chance to begin operations in a controlled fashion, begins. A limited number of children are seen at first, and numbers are increased as the system demonstrates its capacity to handle the flow of children/families. The goal for having the Children’s SART system in place is Fall 2011.<sup>2</sup>

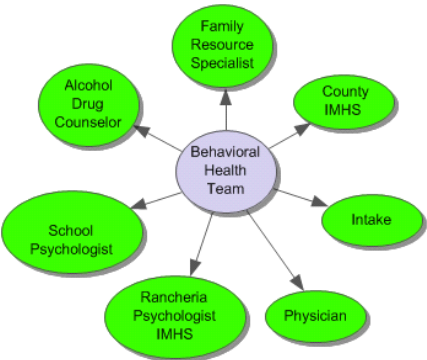
### The Children’s SART System

The graphic and commentary describe how the SART system will work in Lassen County.



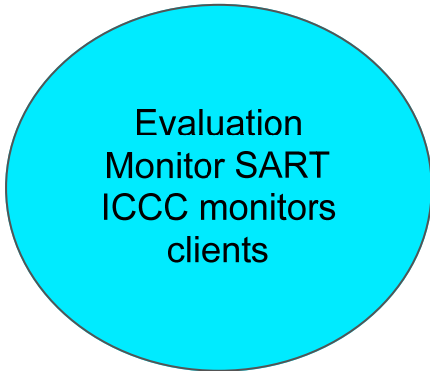
<sup>2</sup> See the implementation planning calendar on pages 8-9.

<p style="text-align: center;"><b>Screening</b></p> <div style="text-align: center; margin: 20px 0;">  </div> <div style="margin: 20px 0;">  </div>	<p>The process calls for universal screening of all children 0-5 years of age. The county will move toward this goal in gradual steps making sure screening efforts are in line with the county’s capacity for assessment and treatment. The county has many opportunities to screen children. Locations include:</p> <ol style="list-style-type: none"> <li>1. Child care locations (Note: There is a Lassen Child Care Council.)</li> <li>2. Child Development Center at Lassen College</li> <li>3. CPS</li> <li>4. Sierra Army Depot</li> <li>5. Pathways Home Visiting</li> <li>6. Early Head Start and Head Start</li> <li>7. Courts</li> <li>8. WIC</li> <li>9. Physician offices (incl. MDs and Nurse Practitioners)</li> <li>10. Children’s Fair and other Health Fairs</li> <li>11. Rancheria</li> <li>12. Public Health</li> </ol> <p>The ASQ and ASQ-SE are already in use in many locations. Importantly, the county has individuals who are experienced in the use of the instrument and can train others.</p> <p>Children who screen “borderline” will trigger early intervention and monitoring at the location of the screening and/or through a home visit referral to Pathways.</p> <p>Children who screen positive will be referred for an assessment to the Schools, Regional Center and/or the Child/Family Behavioral Health Program, whichever is a best-fit depending on the results of the screen. These entities will assess the child and make referrals to treatment as appropriate. The Child/Family Behavioral Health Program is a new program and will be developed as part of the SART System.</p> <p>For planning purposes we estimate 300 children are born each year in the county. Local data indicate an approximately 30% positive rate on the ASQ:ASQ-SE, about 100 children/year will need an assessment. This does not include the backlog of unscreened children at the outset of the program.</p>
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<p><b>Assessment</b></p> <p>Regional Center Assess</p> <p>Behavioral Health Assessment</p> <p>School Assess</p> 	<p>Assessment will occur through the Regional Center if the screening indicates the child's problems are developmental in nature. The assessment will occur through the Schools if the problems are thought to be educational.</p> <p>Children whose screen indicates behavioral/emotional dysregulation will be referred to a new Behavioral Health Program.</p> <p>Cooperation. If the assessment at the School or Regional Center identifies the need to examine issues related to behavioral health, the child will be referred for assessment through the Child/Family Behavioral Health Program.</p> <p>At present the Schools and the Regional Center have an effective process for making proper use of each other's strengths. The new Behavioral Health Assessment/Treatment function will be integrated into that cooperative framework.</p> <p>The Behavioral Assessment/Treatment team, at its core a physician and a psychologist, will be expanded to include expertise depending on the needs of the child and family. There most likely will be significant need of an infant mental health specialist's participation in the assessments of children 0 to 3 years. It is anticipated that additional partners, including the schools and addictions counselors, will be invited to participate as needed in child assessment and treatment.</p>
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<p><b>Treatment</b></p> <p>Regional Center Services</p> <p>School-based treatment</p> <p>0-5 Behavioral Treatment/ Intervention</p>	<p>Traditional School and Regional Center clients will continue to receive the education and developmental services they need.</p> <p>Those children who have significant behavioral/emotional dysregulation have not had appropriate treatment available to them in the county. These same children may also fail to qualify for Regional Center or traditional special education services due to diagnostic restrictions.</p> <p>The SART system calls for the development of increased capacity to help these children.</p> <ol style="list-style-type: none"><li>1. Near-term there is an effort to attract new practitioners to the area. This effort is just beginning but the hope is for two new individuals with expertise in the 0-5 age group.</li><li>2. Some practitioners already in the county may allocate time to this age group.</li><li>3. Longer-term the SART effort will work with local residents who are studying at nearby institutions of higher learning to create a professional pathway to the assessment and treatment of these children.</li><li>4. Given the reality of inadequate numbers of professionals in the community to address the needs of high risk children, community-based “natural environments” (Boy Scouts, sports classes, play groups, mothers’ groups, etc) should be recruited to this effort.</li></ol> <p>See Appendix C for ways to develop treatment capacity.</p>
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## Evaluation and Monitoring



The SART system will include mechanisms to insure that it is providing quality services that are in keeping with the guiding principles which were adopted in the planning session:

- County-wide access
- Early intervention
- Easy access for families
- Simplicity
- Financial sustainability
- Begin with the needs of the children and families
- The support of the community's medical and mental health professionals
- Services delivered so they do not stigmatize children or families

Future planning will include community-wide quality assurance evaluation across multiple systems.

There is a need for a dedicated person to initiate and sustain the SART system – a SART Coordinator (see Appendix B for a draft job description.)

NOTE: The SART Coordinator will serve both the Children's SART system and the Perinatal SART System. The job description is tailored to the Children's side and consequently does not include the full range of responsibilities for a county SART Coordinator.

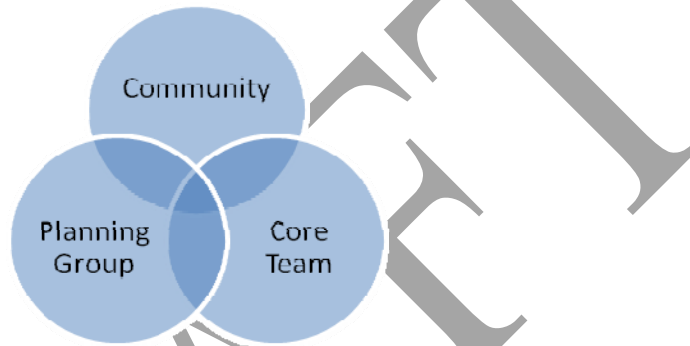
The SART Coordinator will ensure that child outcomes are central to the evaluation of the system.

The ICCC (Interagency Case Conference Committee) will be expanded and revised to ensure follow-up on treatment recommendations and to track clients' use of services. The ICCC will help avoid children "falling through the cracks" and duplication of case management and other services.

## IMPLEMENTATION PLANNING

The initial design of the Children’s SART system benefited from the input of many people who brought their experience and the perspective of their organization to the discussions – the planning group.

Implementation planning is better handled by a smaller team – a core team. The large group from which the core team was selected will remain as a consulting body meeting periodically. The core team will meet more often and will be responsible for translating the initial design into reality. The core team will create committees to help them in their work. It is understood by the large planning group who contributed to the initial design that they may be called upon by the core team to assist in the implementation planning. In the end, the SART system is responsible to the whole community. Reports on the work of the SART system will be widely shared.



### Core Team

Kevin Mannel  
Ken Crandall  
Lyle Dornan  
Laura Roberts  
Barbara Pierson  
Rebecca Roberts  
Anita Osborn

### Implementation Planning – Major Tasks

January - March 2010	Initial planning at Leadership Institute Identify fiscal agent for SART system Identify start up costs – approximately \$120,000 Identify SART coordinator Determine agency timelines in order to outline funding streams, lay out budget planning Build interagency aspects of SART: ICCC, ART Train providers then begin ASQ/ASQ:SE screening at NRHC
April - June, 2010	Program plan – 3 options Grant to TIDES Foundation due April 9
July – Sept. 2010	Finance opportunities and plan Develop charter with conflict resolution guidelines

	Identify behavioral assessment/treatment team Begin developing evaluation plan
Oct. 1 – March 31, 2011	Training of clinicians
April 1– June 30, 2011	Evaluate pilot children
September 1, 2011	Open doors for patients

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## Appendix A – The Planning Group

### Lassen County Children’s Leadership Institute February 1 – 4, 2010

*Leadership Team:*

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## Appendix B – SART Coordinator Job Description

### Children’s SART Coordinator Job Description

#### Primary Responsibilities

- **Monitoring.** The SART coordinator is responsible for monitoring the overall effectiveness of the SART process; providing feedback to professionals/organizations working with the children to improve effectiveness of the SART system; and providing reports on the SART system to responsible parties in the community.
- **Reporting.** The SART Coordinator reports to the SART Coordinating Body<sup>3</sup>. The SART Coordinating Body works with the SART Coordinator to set long term and annual goals, to secure the resources needed to achieve them and to resolve problems which may occur.
- **Sustain and Enhance SART.** The SART Coordinator will address system improvement as needed.

*The SART Coordinator bears these areas of responsibility but does not pursue them alone. The SART Coordinator coordinates the work of others and sees to it that this work is done properly. The energetic involvement of the SART Coordinating Body is essential.*

#### Particular Responsibilities

##### *Monitoring and Reporting on Overall Effectiveness and Evaluation*

1. Work with the SART Coordinating Body to set long term and annual goals.
2. Design and implement an *outcome* evaluation process which will provide feedback on the impact of the SART process on the well-being of the children and families which are served.
3. Design and implement a *process* evaluation which will provide feedback on the effectiveness (quality) and the efficiency (timeliness and cost) of screening, assessment, referral and treatment.
4. Convert the evaluation data into feedback for those in the SART process and work with them to develop improvement plans.
5. Monitor improvement plans.

##### *System Improvement: Expansion of Screening*

1. Work with screeners (Child Welfare, PHNs, pediatricians, Head Start, Early Head Start, Child Care and others) to develop and implement an annual plan for the expansion of screening.

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<sup>3</sup> In Lassen County this may be the Administrative Review Team.

2. Monitor the implementation of the plan in a manner which reflects the capacity for assessment and treatment.
3. Provide support for those who are screening – availability of the ASQ and ASQ/SE and training, if needed.

*System Improvement: Development of Treatment*

1. Periodically conduct an audit of the existing treatment resources.
2. Convert the information from the audit into a practical listing of resources which can assist local professionals when they need to facilitate a referral.
3. Continually update the list of resources.
4. Identify gaps in treatment resources and, in collaboration with local schools and professionals, develop a plan to increase the availability of needed treatment.

**The Stability of the SART Process and the SART Coordinator' Role**

The role of the SART Coordinator is critical to the success of the SART process. In light of this:

- Select an experienced person, i.e. someone who knows the area and the people who are contributing to the SART process;
- If possible, select a person with experience in program administration, especially health care; and,
- Have a back-up in kind in the event the SART Coordinator cannot carry out the duties of the role.

## Appendix C – Options for Building Treatment Capacity

### Options for Building Treatment Capacity

- a. Recruit professionals currently working in the county to develop the working knowledge and skills necessary to work with the 0-5 population.
  - i. They will need intensive training like that which is available through The Children Research Triangle's *Clinical Institute*.
  - ii. Support following the intensive training will also be required for a time.
  
- b. Work with local educational institutions to create a career path for those who wish to serve the 0-5 population, especially those who are bi-lingual.
  - i. Identify returning students
  - ii. Promote 0-5 assessment and treatment as a career option for students in undergraduate and graduate training.
  - iii. Work with local universities to set aside slots for local residents/bilingual candidates
  
- c. In time the SART Behavioral Assessment/Treatment Team should develop into an attractive site for post-docs and other interns thereby creating an opportunity to retain these professionals in the county.
  - i. Marketing the opportunity to work in a transdisciplinary SART system will be part of the process to attract the right candidates.