Developing Systems to Serve the Mental Health Needs of Children 0-5 in San Mateo County: A Landscape Scan

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Prepared For
First 5 San Mateo County

Prepared By
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Learning for Action enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services.

Introduction

Purpose of this Landscape Scan

In June 2017, First 5 San Mateo County launched a planning initiative to explore approaches to strengthening systems within the County for addressing mental health needs in early childhood. As a first step in this initiative, Learning for Action (the consulting firm retained by First 5 San Mateo County to lead the process, and referred to henceforth as LFA) conducted a landscape scan to illuminate the existing systems within San Mateo County and to learn about potential levers for systems change. This document summarizes the findings from the landscape scan and will be shared with First 5 San Mateo County staff and a Steering Committee, convened by First 5 San Mateo County to help guide the initiative, to generate reflection and ideas about how to focus efforts to improve the early childhood mental health system.

Methods

The Landscape Scan involved three components:

- **A review of available literature.** LFA conducted online research to learn about successful ECMH systems and models from other regions, as well as to further define components of the local system in San Mateo County
- **Interviews with key stakeholders.** LFA conducted interviews with a total of ten stakeholders from within San Mateo and nearby counties who hold critical perspectives about the strengths, needs, and potential opportunities for the early childhood mental health system in San Mateo County. Stakeholders included representatives from the following agencies or initiatives:
  - ACES Connections
  - First 5 Association
  - First 5 Santa Clara County
  - First 5 Santa Cruz County
  - Children Now
  - San Mateo County Health System
  - North County Outreach Collaborative
  - Watch Me Grow/Help Me Grow (San Mateo County)
- **Steering Committee Member Input.** Local experts and stakeholders, identified by First 5 San Mateo staff as key partners for this effort, were convened as a Steering Committee to provide input and guidance. Steering Committee members reviewed a preliminary draft of this Landscape Scan document and shared input on what was missing in the scan's depiction of the local ECMH system. The feedback informed revisions to the Landscape Scan document.

Overview of this document

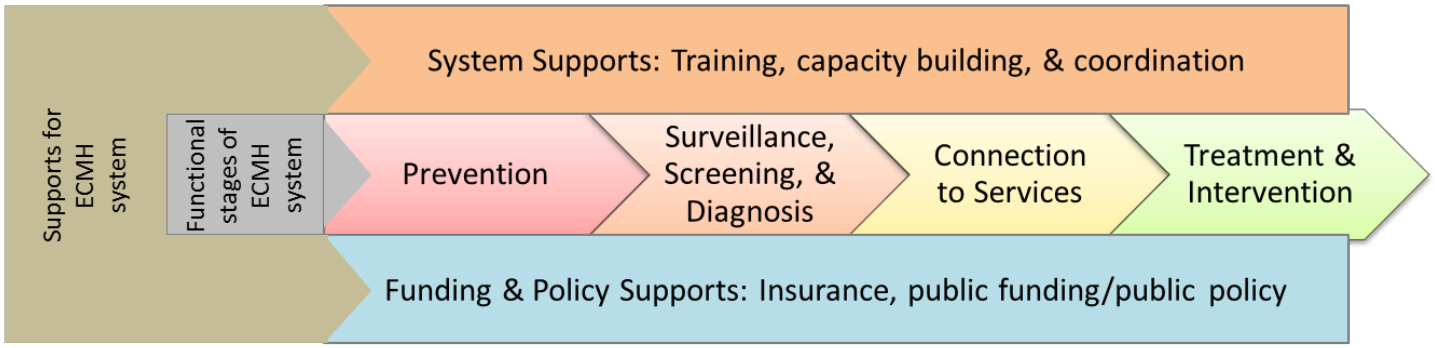
Learning for Action has created a system map (depicted below) to both organize the landscape scan findings and serve as a common point of reference (and source of common language) for future stakeholder conversations about the significance of the findings. System maps are especially useful when the problem to be solved is complex (as in the case with early childhood mental health) and the system organized to solve the problem is composed of multiple sectors, each with their own unique behaviors and ways of working.

The map is organized by four functional phases of the early childhood mental health system, as depicted in the middle row of the visual below. They are: 1) Prevention, 2) Surveillance, Screening, and Diagnosis, 3) Connection to Services, and 4) Treatment and Intervention (clinical and non-clinical). They are described as "functional" in that they represent stages of a system's functioning, from pre-entry of the consumer into the system through exit.

The top and bottom rows of the map represent groups of actors that exist to support the system, both through funding and policy mechanisms (including health insurance) and system improvement interventions (efforts to strengthen the system through training, technical assistance, and system coordination).

Throughout this document, "early childhood mental health system" will be used to describe the totality of the systems represented on the map below.

First 5 San Mateo County: Proposed Early Childhood Mental Health Systems Map



The landscape scan findings are organized by the four functional phases of the early childhood mental health system. Within each section is a brief definition of what the phase entails, select research findings related to the phase, an overview of what is currently happening within San Mateo County in relation to that phase, and a description of potential opportunities for system improvement identified by interviewees or through the literature review. Each section also includes some examples of successful models from other regions. **The reader should consider that the findings about what is currently happening in San Mateo County were informed almost entirely by interviews with ten system representatives; therefore they represent an incomplete picture.** A Steering Committee convened to discuss implications of this scan provided input as to how to provide a more complete depiction of the current system and its challenges. It should be noted that the purpose of the Landscape Scan is to provide a broad overview of the system to promote shared understanding as a foundation for collaboration, dialogue, and planning, and is not intended to be a comprehensive or in-depth analysis of the local system for early childhood mental health.

The landscape scan concludes with a discussion of issues that cut across the four functional phases of the system, funding & policy supports, and system supports.

Findings from the Landscape Scan

Prevention

Description of the function

The most effective early childhood mental health system prioritizes prevention efforts so problems are not encountered downstream. This entails ensuring healthy and safe environments for kids in the family context as well as in early care and education settings. This work primarily takes the form of parent or family education and support services (including home visiting, parent-child playgroups, and parenting classes such as the Positive Parenting Program or "Triple P"), provider support services (such as those provided through QRIS (Quality Rating and Improvement System/Quality Counts), Early Childhood Mental Health Consultation (ECMHC), and Center for Social Emotional Foundations for Early Learning (CSEFEL) or Pyramid Model training). Prevention also includes community-level prevention. As distinct from prevention services, community-level prevention is focused on changing values, beliefs and perceptions in ways that support the social-emotional and developmental well-being of children. This may include activities such as public media campaigns, or broad awareness education on Adverse Childhood Experiences (ACEs).

There is research to support investing in family stability and supporting parent and caregiver mental health as important interventions to promote child wellbeing. Below are a few examples:

- **Family support and prevention of ACES:** ACEs are traumatic experiences that can damage a child's developing brain and body and lead to toxic stress and lifelong problems with health, wellness, and learning.[1] ACEs include abuse and neglect as well as experiences such as divorce or living with a parent who is depressed, has a substance abuse problem, or has unaddressed ACEs themselves. The ACE study found a connection between childhood trauma and adult chronic disease and mental health issues such as depression.[2] Research over the past two decades confirms that the more ACEs a child experiences, the greater the risk for adult chronic disease, mental illness, substance abuse, obesity, violence or being a victim of violence, and suicide.[3]
- **Parenting education to support family functioning:** Programs such as Triple P help build protective factors and reduce risk for future physical and mental health problems among children, adolescents, and adults. In Australia, a population-based trial evaluating Triple P communities and comparison communities found that Triple P communities experienced a significant reduction in parental depression, coercive parenting, psychosocial problems, and emotional difficulties.[4]
- **Treatment of maternal/parental depression and reduction in children's risk of future mental health issues:** Early maternal depression is associated with "adverse cognitive and emotional infant development."[5] Children of depressed mothers exhibit poor mental and motor development, low interpersonal functioning, and behavioral problems.[6] Living with a mother who is depressed, particularly in the first three years of life when the brain is developing rapidly can alter a child's brain and stress response.[7] Effects for the child are long-lasting; maternal depressive symptoms are associated with poor self-control and executive functioning in preschool as well as acting out and behavior problems in elementary school.[8, 9] There is increasing evidence that maternal depression is linked to a child's risk of developing depression or other emotional disorders later in life.[10] Research shows that remission of maternal depression is associated with decreases in children's problem behaviors and psychiatric symptoms.[11] Effectively, detecting and treating postpartum maternal depression (PMD) is an intervention that can improve maternal and child well-being and mental health outcomes. A study of Silicon Valley parents found that 36% reported experiencing chronic sadness or depression that interfered with their daily lives at some point within the last year.[12] While the study cited here focuses on maternal depression specifically, paternal depression or depression among others in a primary caregiver role also relate to child mental health and wellbeing.

The Current State of Prevention in San Mateo County

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[1] Feletti et al. (1998). *Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study*. American Journal of Preventive Medicine. 14(4): 245-258.

[2] Ibid.

[3] Anda et al. (2006) *The Enduring Effects of Abuse and Related Adverse Experiences in Childhood.* European Archives of Psychiatry and Clinical Neuroscience. 256: 174-186.

[4] Sanders, et al. (2008). *Every Family: A Population Approach to Reducing Behavioral and Emotional Problems in Children Making the Transition to School.* Journal of Primary Prevention.

[5] Murray, L. and Cooper, P. (1997). *Effects of Postnatal Depression on Infant Development*. Archives of Disease in Childhood 77(2): 99-101.

[6] Dawson, G., Ashman, S. B., Panagiotides, et al. (2003). *Preschool Outcomes of Children of Depressed Mothers: Role of maternal behavior, contextual risk, and children's brain activity*. Child Development. 74(4):1158-1175. Abstract available at: http://www.blackwell-synergy.com/doi/abs/10.1111/1467-8624.00599

[7] Ronsaville, D.S. et al. (2006) *Maternal and environmental factors influence the hypothalamic-pituitaryadrenal axis response to corticotropin-releasing hormone infusion in offspring of mothers with or without mood disorders.* Development & Psychopathology. 18: 173-194.

[8] Moore, K.A. et al. (2006) Depression Among Moms: Prevalence, Predictors, and Acting Out Among Third Grade Children. Child Trends Research Brief. March 2006. Retrieved: https://www.childtrends.org/wp-content/uploads/2013/03/Child_Trends-2006_03_31_RB_MomDepression.pdf

[9] Canadian Paediatric Society. (2004) Maternal Depression and Child Development. 9(8): 575-583. Retrieved: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724169/

[10] Gump, B. B. et al (2009). *Trajectories of maternal depressive symptoms over her child's life span: Relation to adrenocortical, cardiovascular, and emotional functioning in children.* Development and Psychopathology. 21: 207-225.

[11] Wickramaratne, et al. (2011). *Children of depressed mothers 1 year after remission of maternal depression: Findings from the STAR*D-Child study.* American Journal of Psychiatry 168(6):593-602.

[12] Silicon Valley Community Foundation Center for Early Learning, Parent Story Project (Jointly funded by First 5 San Mateo), https://www.siliconvalleycf.org/sites/default/files/documents/center-for-early-learning/cel-brochure.pdf.

There are a range of supports and services available for families in San Mateo County to help promote safe, stable homes, and healthy family functioning, as parent mental health and family functioning is inextricably linked to child mental health and well-being. One highly successful program is the Nurse Family Partnership, an evidence-based home visiting program for low-income, first time mothers.[13] The program supports new mothers from the prenatal period through the child's second year of life, and has been demonstrated to reduce the incidence of child abuse and neglect. The program also helps promote families' economic self-sufficiency. StarVista's Early Childhood Community Team provides a full spectrum of family support programs that help parents identify, understand, and respond to the social-emotional needs of children in early childhood programs. StarVista runs the Parents as Teachers home visiting program, provides comprehensive bilingual parent education and family support services to families experiencing difficulties accessing resources, experiencing community violence, linguistic isolation or other risk factors. StarVista's Mental Health Home Visiting program provides parent education, parent-child playgroups, and case management, with goals of improving family functioning and supporting child development. Family Connections provides parents of enrolled children 0-3 years old with workshops promoting positive discipline practices and parent-child attachment, which are complemented by home visiting and customized case management. Early Head Start's home-based services[14] (only for Early Head Start program participants) include weekly 90-minute home visits and group socialization activities.

In addition to providing prevention-focused family support programs, StarVista's Early Childhood Community Team also provides Early Childhood Mental Health Consultation to over 30 ECE programs in San Mateo County, helping to build the capacity of early care and education providers to understand and respond to children's social and emotional needs in the classroom. The The Big Lift™ is another local effort with an educational focus, and it has provided funds to ECE sites for ECMH consultation, though these funds are expected to be reduced or cut in the coming year.

The San Mateo County Office of Education (SMCOE) provides a training series coupled with coaching for ECE providers (teachers, leaders, and ECMH consultants) in the Teaching Pyramid[15] approach that helps build skills for preventing challenging behaviors in the classroom. The Teaching Pyramid offers a framework to guide providers in promoting social and emotional development and appropriate behavior, preventing challenging behavior, and addressing problematic behavior. The WestEd Center for Child and Family Studies offers comprehensive professional development packages for infant/toddler, preschool, and early elementary educators. WestEd's Teaching Pyramid is based on evidence-based practice originally developed by the Center on the Social Emotional Foundations in Early Learning (CSEFEL), authorized by California Department of Education (CDE), and aligned with California's Early Learning and Development System.

The San Mateo County Health System has a program called Prenatal to Three that is preventive in that it provides parenting information and training to new Medi-Cal parents starting at the prenatal stage. The program continues to support families by assisting with early identification of problems and helping to connect them with services if they are needed. For instance, mothers are screened prenatally and post-partum for depression, and referred as needed to therapeutic treatment services. The Big Lift™, mentioned above, has among its goals promoting culturally and linguistically responsive family engagement, including the use of the Strengthening Families Protective Factors Framework[16] to build family resiliency in the Friday Cafés, and the Parent Café monthly support system for family engagement practitioners countywide.[17]

Engaging and educating families is essential, and to do so effectively, services need to be sensitive to the cultural and linguistic attributes of those being served. Cultural norms and beliefs vary among various communities and sub-populations in San Mateo County, including stigmas around mental health, and norms and beliefs about family functioning (e.g. domestic violence, corporal punishment, substance abuse, etc.). The North County Outreach Collaborative works to a) help educate community-based providers about how best to engage diverse families, and b) to connect with

[13] http://www.smchealth.org/nfp
[14] Provided by Institute for Human and Social Development and Peninsula Family Service.
[15] http://cainclusion.org/teachingpyramid/
[16] https://www.cssp.org/young-children-their-families/strengtheningfamilies/about
[17] http://www.thebiglift.org/key-programs/

families in the community directly to share messaging, information, and resources about mental health services. Educating families and community based providers about ACEs, mental health, and prevention strategies in a way that acknowledges diversity is important for San Mateo County. Puente, a Community Resource Center serving the San Mateo County coastal communities, provides a range of parent education and home visiting services for children and families, and has inclusivity, cultural humility, and community engagement at the core of its values.

While research about the impacts of Adverse Childhood Experience has been part of the discourse among mental health communities for decades, there is growing understanding and attention among broader audiences to the key role that ACEs play across the lifespan and in many facets of life (e.g. education, employment, health, criminal justice involvement, etc.). Therefore, there is a growing movement that unites cross-sector partners in ACEs awareness, education, screening, and prevention efforts. Two local efforts in the Bay Area include: 1) the Trauma Transformed initiative: a SAMHSA-funded regional partnership of seven bay area counties to strengthen the regional system of care for responding to trauma, and 2) ACES Connection: a primarily online platform for a community of practice around ACES and trauma-informed care, that is expanding to establish in-person communities that will enhance the ability for local partners to collaborate around a common goal of preventing and reducing the impact of ACES. Both of these are well-developed local resources seeking to engage stakeholders across sectors in supporting the mental health and well-being of children and their families.

Key Opportunities for Strengthening Systems for Prevention

Helping support families to ensure that basic needs are met is a critical strategy for reducing children's exposure to chronic stress in the home. One stakeholder recommended the promotion of routine, comprehensive family screening for food insecurity, housing concerns, and other family stressors in order to help intervene when families' basic needs are not being met. Incorporating these screens into CBO settings where families already go, and connecting them to screens for early childhood mental health issues, holds promise especially for identify families who are not adequately connected with community resources.

Making maternal/parental depression screens routine practice was also identified as an important prevention strategy. One stakeholder noted that screens for maternal/parental depression can be billed under a child's Medi-Cal identification number, which potentially expands access to this critical service to parents of children who are Medi-Cal eligible, but may not have Medi-Cal themselves. Fatherhood was also identified as a high potential area of focus; there are currently very few programs that target fathers, and some programs that focus on parenting do not adequately engage fathers or address fatherhood. Making parental screening for ACEs more routine practice holds potential for helping promote healthy parent-infant attachment, if screening efforts are coupled with trauma-informed treatment options for families who are coping with multiple ACEs.

Another area identified by interviewees as deserving attention is the coordination of family education and support programs. While many evidence-based practices such as Triple-P (a parenting intervention with the goals of increasing parent knowledge, skills, and confidence, and reducing the prevalence of mental health, emotional, and behavioral problems in children) and the Teaching Pyramid Model (i.e. CSEFEL, a multi-tiered intervention for promoting the social, emotional, and behavioral development of young children) are being deployed, in some cases deployment is piecemeal and/or conflicts with the deployment of other models. Identifying one or a limited set of approaches, or increasing coordination in the deployment of different models, could help establish the consistency and branding needed to increase uptake by parents and providers alike. Furthermore, some of these programs are only available to families that qualify as low-income, while the need extends to families that exceed the low-income threshold but still experience many of the other risk factors for early childhood mental health.

Stakeholders also noted a trend of addressing early childhood mental health increasingly in community settings (such as early care and education and family support programs) instead of clinical settings. Some made the case that there are more and deeper gaps to fill in bringing child and family providers – especially early care and education providers - up to speed on practices that address and promote early childhood mental health than in the health care delivery system. Given that many children spend a considerable amount of time in the care of ECE providers, prevention efforts that support healthy and nurturing relationships with these care providers are a particularly valuable opportunity.

Prevention: Examples from the Field

Recognize maternal mental health as key to infant/early childhood mental health

- Indiana's Medicaid authority has collaborated closely with the state's health and mental health departments to standardize health and behavioral health screening for prenatal and postpartum women. Indiana is now awaiting approval from the Centers for Medicare and Medicaid Services to roll out presumptive eligibility with notification of pregnancy, which will increase the reach of these screens. The state also plans to reimburse care management organizations for comprehensive health and behavioral health risk screens in mothers, as well as their infants.[18]

Surveillance, Screening, & Diagnosis

Description of the function

Surveillance for social-emotional, behavioral, and development issues allows for the earliest possible identification when concerns are present. Parents and other primary caregivers, including ECE providers or home visitors, play an important role in being able to flag behavioral or other mental health issues that a child may be experiencing. Screening may be triggered by surveillance (when a problem has been identified), or it may take the form of a routine screening in order to catch issues that are "under-the-radar" or otherwise not detected as deserving of attention. Assessment is another term used in the field to refer to processes that involve both screening and diagnosis. Much more infrastructure and capability has been developed within early childhood health systems for developmental assessments, which sometimes but not always include mental health or socio-emotional development; assessments used specifically for mental health are far less prevalent.

Surveillance: A continuous process whereby a knowledgeable professional observes a child during the provision of health care.

Screening: the use of valid and reliable tools for the purposes of identifying children who may need more comprehensive evaluation[19]

Screening and assessment are most effective when they are administered where children and families go (such as the pediatric primary care and/or early care and education settings). Screening tools should be high-quality (using evidence-based/validated screening tools), and there must be adequate organizational and operational supports in place (such as training, time, and funding) to complete the screenings. Screenings may produce adequate data upon which to make a diagnosis (in the case of less complex issues) or may be the basis for referring to a pediatrician or other specialty care provider that can make a diagnosis.

Surveillance and screening for developmental concerns do not necessarily encompass early childhood mental health surveillance and screening. However, many of the recommended developmental screening tools include a social-emotional component. There are many additional early childhood mental health screening and identification tools and approaches that are not included in general developmental screening practice. However, for the sake of this landscape analysis, references to developmental screening should be presumed to include social emotional development.

Research suggests that screening with evidence-based tools is not routinely practiced in all settings, and that use of formal tools and procedures for surveillance and screening is more effective than relying solely on clinical observation or parent concerns.

[18] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf

[19] Silicon Valley Community Foundation, Center for Early Learning, From the Doctor's Office: California Pediatrician Survey on Early Childhood Developmental Screening, June 2017.

- **Routine screening is needed to identify children at risk for developmental or mental health concerns.** Only 53% of parents in California and 51% of parents nationwide report that a doctor or other health care provider asked them to complete a questionnaire about their specific concerns or observations about their child's development, communication, or social behaviors.[20]
- **Developmental screening with valid and reliable instruments is critical to identifying children with developmental and social-emotional delays.** When pediatricians rely upon clinical judgment alone, they fail to detect developmental delays in children over 70% of the time.[21] Valid, reliable screening instruments are able to identify developmental delays 70-80% of the time.[22]

The Current State of Surveillance, Screening, and Diagnosis in San Mateo County

The pediatric primary care setting is an important touchpoint for developmental and social emotional surveillance and screening. A key feature in San Mateo County is the existence of the San Mateo County Health System, a comprehensive and centralized health care system for low-income and uninsured residents. However, there are many children on private insurance that do not receive adequate screening and diagnosis because they have high co-pays for developmental assessments, or their insurance providers are not good at promoting these kinds of services.

Commissioned by First 5 San Mateo County, Silicon Valley Community Foundation's Center for Early Learning administered a survey to measure attitudes, beliefs, and practices for developmental screening and surveillance among pediatric care providers. This study was specifically focused on developmental screening, which in many cases incorporates some elements of social-emotional development, but does not fully encompass surveillance and screening for mental health concerns. This study provided information about the current rates of routine developmental screening, the types of screening tools used, but also beliefs about the role of pediatricians in developmental/social emotional screening, and barriers pediatric providers face in implementing routine screening. Some barriers specific to San Mateo County identified by stakeholders include: medical providers not having adequate knowledge about where to refer children whose screens indicate risk for delays and/or behavioral issues, lack of capacity and effective systems for following up on those referrals, and inadequate understanding or ability to recognize concerns that present in the youngest children. Other barriers identified through the statewide survey which may also impact San Mateo providers include, inadequate time and reimbursement for conducting screening, and lacking confidence that there is sufficient treatment capacity to serve children in need.

The Watch Me Grow program, administered through Gatepath and primarily funded by First 5 San Mateo County, is a critical resource that provides developmental and social emotional screenings. While the majority of the screenings are completed in person in pediatric care clinics, online, Watch Me Grow also enables screenings to be completed online. In addition to developmental/social-emotional screening, Watch Me Grow supports collaboration within the medical community in the form of case consultation on children with complicated socio-emotional or developmental issues. San Mateo County has also recently become a Help Me Grow affiliate, which – once implementation is fully achieved – will greatly increase the County's capacity to collect and share data regarding mental health screening and treatment, as well as to conduct meaningful systems improvement work, including advocacy.

The California Quality Rating and Improvement System (QRIS) work – Quality Counts - is taking place in San Mateo County and throughout the state. Locally it is implemented as a partnership between First 5 San Mateo County, San Mateo County Office of Education, and the San Mateo 4Cs (Child Care Coordinating Council). QRIS, which provides defined quality standards for a range of ECE program attributes, includes developmental screening requirements for programs seeking to achieve a higher tier level on the 5-tiered QRIS rating matrix. Participating child care programs first encounter the requirement for use of validated and reliable developmental screening instrument at the Tier 3 level. QRIS provides a

[20] National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org.

[21] Glascoe, F. (2000). *Early detection of developmental and behavioral problems*. Pediatrics in Review 21(8): 272-280.

[22] Squires, J., Nickel, R., & Eisert, D. (1996). *Early detection of developmental problems: strategies for monitoring young children in the practice setting.* Journal of Developmental and Behavioral Pediatrics 17(6): 420-427.

range of interventions including coaching, professional development, and quality stipends to support programs to attain a higher level of quality, including requiring use of the ASQ and ASQ-SE as screening tools at Tiers 4 and 5. The Big Lift™, a local social venture that aims to transform early learning also a partner in the QRIS effort and requires all classrooms in The Big Lift™ to enter and maintain at least a Tier 3 level of defined quality.

Key Opportunities for Strengthening Systems for Surveillance, Screening, & Diagnosis

Stakeholders interviewed by LFA urged San Mateo County to provide additional education, training, and supports for primary care providers in order to strengthen the role of the pediatric setting for identification of developmental and behavioral concerns. Providers, including appropriate support staff, should be trained and knowledgeable in administering and interpreting evidence-based screening tools, and in billing to ensure maximum possible reimbursement for screening and assessment services.

Mental health and developmental screening can also take place in a range of community-based settings including ECE sites. However, several stakeholders urged a standardized approach to screening in order to ensure cross-system compatibility. For example, screenings completed by community based providers must meet certain standards in order to be accepted by the agencies that receive the referrals, particularly when results indicate need for further follow up or treatment. Repeating assessments creates inefficiencies and delays that result both in increased costs to the system and unnecessary obstacles to connecting children and families to needed services. One stakeholder also reported backlogs in the developmental assessment system at the Lucile Packard Children's Hospital at Stanford, with some children needing to wait 9-12 months for an assessment, which allows a substantial amount of time for issues to progress before they are addressed. San Mateo County could also consider offering mental health risk screening in hospitals at delivery, which could match families with home visiting programs or other resources depending on their level of need.

Stakeholders identified the importance of systems such as Watch Me Grow and Help Me Grow to promote developmental screening, provide platforms for system coordination, and to provide a foundation of data upon which to further understand need as well as to diagnose and treat system functioning issues. The Watch Me Grow and Help Me Grow models focus on developmental concerns, which encompass some components of social-emotional development and mental health, though these models are not developed with the full spectrum of early childhood mental health in mind. However, given the infrastructure these programs provide for improving administration and coordination of developmental screenings, they may be a potential resource for enhancing systems for mental health screening more broadly as well. The challenge of these systems is their strength – they seek to be comprehensive, which promotes connections between all system components but which also requires compatibility from and participation from all the system components. Currently Watch Me Grow is estimated to capture data on 90% of the developmental and social-emotional screenings that happen within its system, including the outcome of each referral; however a significant challenge is that pediatricians are responsible for conducting follow-up, which often does not happen because they don't have the time or resources to do so. Enhancing this system by layering in Help Me Grow - and increasing the number of providers that participate - will support the system to capture data from a greater number of children, as well as to enable additional systems improvement activity.

The regional work that Trauma Transformed is doing throughout the Bay Area is a local asset that may help promote routine mental health screening in San Mateo County. Trauma Transformed conducted a mapping project to identify the mental health screening and assessment tools being used by providers within each of the region's seven participating counties. Trauma Transformed aims to develop a universal CANS instrument that it will share throughout the region with the goal of establishing greater consistency and alignment between counties, as well as among providers within counties.

Additionally, a Statewide Developmental Screening Taskforce was convened in 2017 and has produced a landscape scan based on input from local stakeholders. It is currently in the process of developing recommendations based on the scan.

Screening and Surveillance: Examples from the Field

Facilitate Universal Screening in Primary Care Settings.

- Santa Clara County Universal Developmental Screening Pilot formed workgroups tasked with systems aspects of the project formed (e.g. integrating tools with EHRs) and clinical aspects of project (staff competencies) The project identified screening tools and intervals, developed referral protocol, did a phased rollout at different sites, and integrated with Kid Connections Call Center.[23]

Leverage partnerships between ECE and Medical System to expand access to assessment services and grow the trained workforce.

- Rhode Island's Medicaid EPSDT initiative is notable for its partnerships between primary care and early care and education settings, in which behavioral health screenings are conducted with children in their care and results sent to the children's pediatricians. A Department of Health visiting nurse helps to assess the readiness of primary care providers to follow up on referrals of positive screens, as well as conduct EPSDT screens with other children, and then provides them with necessary information and support. The additional time that child care providers can spend with children observing their behavior and conducting more thorough screenings is likely to provide primary care professionals with more information than they would have been able to gather in brief well-child visits.[24]

Requiring specified screening tools for reimbursement as a lever to make universal screening a standard practice.

- Texas Health Steps: EPSDT requires that healthcare providers serving Medicaid recipients incorporate the ASQ-3 and or the PEDS (Parent Evaluation of Developmental Status) during well-baby check ups. In response to this policy, Project Launch provides training and technical assistance for providers.[25]

Implement funding policies to Support Billing for Assessment and Services.

- Minnesota Zero to Three: In 2011, the state made changes to the administrative rule for mental health clinical services, guaranteeing that Medicaid covers an extended diagnostic assessment for children under age five and psychotherapy when performed by a mental health professional. The rule specifically recommends mental health clinicians use the DC:0-3R.[26]

Coordinate policy and identify approved tools as a way to ensure revenue capture.

- Indiana Medicaid is supporting the state's mental health authority to introduce a screening tool, the Child and Adolescent Needs and Strengths (CANS), which has a special version for infants and young children, the CANS 0–5. The CANS tool can be used to plan care according to the strengths and needs of each child and family. The state is now working on CANS algorithms for children of all ages that will help agencies make care decisions and justify Medicaid payments for rehabilitative services. CANS and utilization data also will be used as performance indicators for providers and behavioral health organizations. Eventually these indicators are envisioned to be used in pay-for performance incentives. [27]

Engage families and work on reducing stigma to promote open conversations about early childhood mental health.

- Partnership for Early Childhood Mental Health Social Media Campaign: The Early Childhood Mental Health Partnership launched a public media campaign to raise awareness about the importance of childhood mental health even at the youngest ages, and to encourage parents to talk regularly with their pediatricians about the topic. The media campaign will include advertisements at bus shelters in Boston and toolkits for pediatric providers that aim to make conversations about mental health more approachable for parents and practitioners alike.

[23] https://drive.google.com/file/d/0B-9kThePSDz7N1J4ZDF2S01vbFE/view
[24] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf
[25] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf
[26] https://www.zerotothree.org/resources/842-minnesota-builds-an-early-childhood-mental-health-system-of-care
[27] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf

Connecting to Services

Description of the function

When children are identified as being at risk for mental health and/or developmental concerns, they need to be connected to appropriate follow-up services for further assessment or treatment. In order for families to be effectively connected to services in a timely manner, community partners need an awareness of to whom and how to complete appropriate referrals, and families need to be supported so they are able to navigate the system of connecting with the appropriate resources.

The Current State of Service Connection in San Mateo County

Watch Me Grow, administered by Community Gatepath, plays a valuable role in helping connect families with services in San Mateo County when screening results indicate a need for further evaluation or treatment. In addition to providing care coordination for families, Watch Me Grow provides training on developmental/social emotional screening tools and referral processes to health, early education, and family support partners.

Help Me Grow is a similar model for a system-level approach to developmental screening that is heavily invested in by First 5 California, and has been implemented in many counties. Building on its investment in Watch Me Grow, San Mateo County has become a Help Me Grow affiliate, and is working to flesh out the Core Components of the model. There is potential to continue to develop Help Me Grow in a way that complements the functioning of Watch Me Grow.

As previously noted, developmental screening takes place at a number of community-based sites, including ECE settings. One barrier identified by a stakeholder is that many providers use screening tools that are not accepted by Regional Centers because they don't meet their criteria; this can lead to re-screening and delays for connecting families with services.

The San Mateo Behavioral Health System has a call center to identify and process all requests for mental health services for their customers: Medi-Cal beneficiaries and those that are uninsured. Private insurers have the same, though their accessibility (including language capability) can be limited. Local CBO's such as StarVista provide extensive coordination support and case management. Various service providers have tools in place for receiving requests and making appropriate referrals, though there is not a single, unifying system through which all clients are supported and served.

Key Opportunities for Strengthening Systems for Service Connection

Collaboration and information sharing are critical elements of a seamless system of early childhood mental health services. Diverse actors who serve children in different capacities need to be engaged in constant dialogue with other stakeholders about how to interact with the system in a way that meets both individual and collective needs, and most importantly in a way that helps families and their children access the system with ease.

The development of the Help Me Grow (HMG) system in San Mateo County could be an asset for coordinating services for children whose screenings/assessments indicate possible concerns. The following are ways in which Help Me Grow strengthens the system:

- As centralized hub for coordinating referrals, HMG can reduce systemic barriers between players in the system. For example, Regional Centers will typically accept all assessments that come through HMG. Additionally, it can be difficult for providers to hold the full picture of the service landscape, making it more difficult to make appropriate referrals. HMG can serve as a single information clearinghouse for all referrals, making the screening provider's role easier and increasing the likelihood that families get connected with the appropriate services.
- HMG includes a centralized telephone access point that serves as an information resource to providers, families, and community members about how to connect to care. By having a single access point for information and linkages to a range of services, families do not need to become familiar with all the complexities of the system in order to have their needs met. It's worth noting that several groups of California counties have collaborated by creating a single

telephone access point for customers across all of their geographies, so that the cost for both marketing and operations for each party is greatly reduced.
- HMG requires tracking data about the number of kids being screened, connected to services, and how much time it takes to make the connection from screening to services. These data can be used for both quality assurance and system improvement efforts.

One stakeholder suggested that it would be productive to invest in improving the interface between early care and education and the mental health service delivery system, based on a belief that there are currently a lot of barriers for ECE providers to access the service delivery system; for example, many of the mental health hotlines and/or referral sources are for health insurance members only, so a provider can't access it on behalf of a child in their care.

One stakeholder emphasized the importance of care coordination, especially in cases where a child has complex mental health needs. A family should have a single, trusted source for care coordination that understands their unique needs and can help connect them to the services they need.

Connecting to Services: Examples from the Field

Develop infrastructure for collaboration
- KidConnections is a partnership between County Mental Health Department and First 5 Santa Clara County, Inclusion Collaborative, and other community organizations (including Santa Clara County Health and Hospital System). The Kid Connection Network provides screening and assessment, therapeutic services, home visitation services, and linkages to community resources. It provides a roadmap for where to refer based on assessment results. The Call Center is set up to triage referrals, and includes signing HIPAA/Consent forms for information sharing

Use of a universal referral form
- First 5 Sonoma County has created a universal referral form for providers to use to connect families with developmental services. Physicians can send the form to the lead agency that serves as the one-stop navigator to coordinate the referral.

Ensure technological supports for collaboration and data sharing
- Rhode Island's health department points to its online information system as one of the nation's most fully functioning models of a primary care interagency data system. This system links pediatric health data with 10 public health programs, including newborn screening, home visits, and other child and family support programs, as well as Part C and Part B Special Education programs. The efficiencies of this system, combined with the state's focus on early identification at birth, have helped make Rhode Island Part C fourth in the nation in numbers of children served at any one time.[28]

Treatment and Intervention

Description of the function

The service delivery system of care for early childhood mental health involves a range of interventions and services delivered in a variety of settings. These include therapeutic treatment such as that provided by therapists, psychologists or psychiatrists as well as speech therapy and occupational therapy. Sometimes services are delivered via specific therapeutic intervention models such as Parent-Child Interaction Therapy (PCIT), Trauma Informed Child-Parent Psychotherapy (TI-CPP), and more. These treatments and interventions are provided by a range of organization types including medical

[28] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf

providers and community-based organizations, the latter of whom are often funded via contracts with public agencies. ECE settings can also be thought of as sites where mental health services are delivered informally, although the line is blurry between prevention (promoting healthy social behavior) and intervention (using a mental health consultant to help you diagnose a behavior and design a classroom-based treatment plan).

Research highlights the importance of early treatment and intervention.

- **Early intervention is more efficient and effective than remediation later in life.** Because the brain's elasticity decreases with age, early intervention produces more favorable outcomes for children with developmental delays than do interventions later in life.[29] The "emotional and physical health, social skills, and cognitive linguistic capacities" developed during early years lay an important foundation for later school, work, and community success.[30]
- **Establishing a foundation for sound mental health in early childhood has lifelong impacts on later functioning.** Experiences early in life shape the architecture of the developing brain. Disruptions in this developmental process can impair a child's capacities for learning and relating to others, with lifelong implications. For society, many costly problems, ranging from the failure to complete high school to incarceration to homelessness, could be dramatically reduced if attention were paid to improving children's experiences early in life and focus on building healthy social emotional relationship with those around them. Children can and do demonstrate signs of mental health issues very early in life, including depression, anxiety disorders, attention deficit/hyperactivity disorders, and developmental disabilities. Early identification and treatment of mental health issues, and ensuring that children are in safe and nurturing environments gives children greater opportunities to overcome early adversity.[31]

The Current State of Service Delivery in San Mateo County

Early childhood mental health services are delivered primarily through the various public and private health care systems, the most sizeable of which are the San Mateo County Health System (serving the Medi-Cal, ACA, and uninsured populations), Kaiser Permanente, and Blue Cross-Blue Shield. All of these systems are comprehensive by design, and internal navigation (i.e. receiving a referral and accessing a new service) is typically easier than navigating between systems. However because all operate at scale, there is variation in the quality, availability, and accessibility of services – sometimes depending on the specific service. Each of these systems strains to meet the needs of its customers while remaining financially strong, which is challenging given the continually rising costs of medical products and services. Each has a long-term incentive to invest in prevention, but because of pressures to meet short-term financial goals, investments in prevention are often de-prioritized.

Treatment and intervention services are provided in clinical settings as well as in homes, and include services for parents dealing with mental health concerns as well as interventions that focus on parent-child relationships. For example, Behavioral Health & Recovery Services (BHRS) Pre-3 team is made up of clinicians who provide home and office visits to provide therapy, including dyad therapy, and therapy groups. The Nurse-Family Partnership and Black Infant Health home visiting programs also work in close collaboration with BHRS mental health clinicians to provide seamless services to first-time mothers and African-American mothers. In both of these teams, there are identified mental health clinicians working with the home visitors to provide wrap-around services.

Many therapeutic mental health services are also delivered through community-based organizations. StarVista is the largest such provider in San Mateo County, providing individual and family counseling, including more intensive treatment for clients (including parents) that are dealing with trauma or multiple mental health and/or substance abuse issues. The Legal Aid Society has a Family Advocacy Program (in partnership with several medical providers) to ensure that legal complications do not interfere with a child's ability to get the treatment they need. While some community-based

[29] Center on the Developing Child at Harvard University. (2012). In Brief: The Science of Early Childhood Development. Retrieved from www.developingchild.harvard.edu

[30] Feinberg, et al. (2011). *The Impact of Race on Participation in Part C Early Intervention Services.* Journal of Developmental & Behavioral Pediatrics 32:284-291.

[31] http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/

organizations receive reimbursements through Medi-Cal or other publicly funded programs, the majority of funding for early childhood-focused services comes through First 5 San Mateo County or other philanthropic entities.

An effective early childhood mental health system ensures that families at all income levels and living situations are able to access the services they need. Currently the system has multiple barriers that families may face in trying to access treatment services. Some families that are low income but do not qualify for Medi-Cal are on insurance plans that provide limited coverage and/or expensive co-pays, particularly for therapeutic services like occupational or physical therapy. Provider capacity also limits availability of services. For instance, there is a waitlist at StarVista for treatment services for Spanish-speaking clients. This creates not only a barrier for families in timely access to services, but may also hamper buy-in from referring providers if there is a sense that families will be unable to access services once they are referred.

Evidence is beginning to show that an effective mental health system also provides services in a trauma-informed way. San Mateo County currently is investing time and resources in developing its capacity to provide trauma-informed care. For example, the San Mateo County Health System has a Trauma-Informed Workgroup that devises ways to improve care delivered throughout the health system. The System also participates in a regional initiative called Trauma Transformed, funded by the US Substance Abuse and Mental Health Services Administration (SAMHSA). An organization called ACES Connections supports an online community of practice related to ACEs and trauma informed care, and is exploring the concept of creating a more formalized and intensive in-person community of practice in San Mateo County.

San Mateo County partners have specific systems in place to serve Child Welfare involved youth, you are particularly at-risk for mental health concerns. There are specialized mental health and public health nurse teams who work with these populations to provide needed mental health services, including NMT (a specific intervention for at-risk children). BHRS has provided training to the StarVista team in NMT services and maintains a contract with their Early Childhood Consultation program to provide this support in different sites.

Key Opportunities for Strengthening Treatment and Intervention

Noting the market forces that govern private insurance, a few stakeholders recommended engaging private insurance providers to advocate for taking a more effective approach to early childhood mental health issues. While investing in treatment for children's mental health issues is in the economic interest of insurers, they miss opportunities to ensure effective delivery of these services in a way that can realize long-term cost savings. Interviewees also suggested leveraging systems that are already in place, making sure that services are delivered effectively, are navigable and user-friendly, and are delivered in the highest quality way possible, leveraging authorities like the American Academy of Pediatrics to reinforce the importance of effective approaches like trauma-informed care.

Because of its reliance on Medicaid funding, which has relatively low reimbursement rates, securing sustainable funding for children's mental health services within the San Mateo County Health System is an ongoing challenge. Stakeholders offered several ideas for how to extract more funding from Medicaid:

- One approach to maximizing revenue capture is training to ensure that providers and billing staff are well versed in billing and coding for early childhood mental health related services. While this will not yield a dramatic increase in funds, it will help ensure that providers are being optimally reimbursed for every billable encounter they provide, thereby increasing their motivation to continue providing the service.
- Another potential avenue for increasing reimbursement for services is advocacy to expand the range of reimbursable diagnoses. Because EPSDT funds services that are deemed medically necessary, it is possible to advocate for an increased range of services that are reimbursable under this designation. One stakeholder shared that this type of advocacy will best be heard coming from pediatricians themselves.
- In order to access EPSDT funds, providers need to be eligible Medi-Cal providers. While it is a rigorous and complicated process to become a certified Medi-Cal provider, expanding the number of local EPSDT providers would increase the region's capacity to draw upon this source of funding for children's mental health services.
- Stakeholders also noted that there are ways to blend external funding (i.e. from First 5 San Mateo County, similar to a model in Santa Clara County) with funding with EPSDT funding that could allow for additional EPSDT funds to be drawn down.

- MediCal Innovation Funds, System Improvement Funds, and Prevention and Early Intervention Funds could be accessed with the right planning and/or advocacy.

MHSA is another source that provides funding for children's mental health services and programs. Unlike EPSDT which is a fee for service reimbursement funding source, MHSA funds can be used to fund entire programs, and has greater flexibility with how funds can be spent. Recently, stakeholders report that the state is re-directing MHSA funds towards housing and away from direct services, so it may become more challenging in the future to secure funding for mental health services. One stakeholder suggested that the Prevention and Early Intervention portion of MHSA policy "needs an overhaul." San Mateo County has already engaged in its three-year planning process to determine MHSA funding priorities for the coming period. Though stakeholder input plays a key role in informing the specific programs that will be funded by MHSA. There is potentially a role for advocating locally to access MHSA funds that are dedicated to early childhood.

A few stakeholders referenced Measure K as a possible source of funding, though it is a very competitive source due to the range of services that are eligible.

Overall, stakeholders highlighted the need to apply constant and focused pressure on legislators at the county and state levels to prioritize investments in early childhood mental health, so that the funding sources can be expanded at the source, which is the best long-term strategy for creating and sustaining high quality mental health care. Stakeholders also advised First 5 San Mateo County to reach out to possible funders or investors in the region (e.g. The David and Lucile Packard Foundation, Genentech, Stanford Children's Hospital) to explore opportunities for partnership.

Enhancing the primary care pediatric setting also holds potential as a strategy for improving mental health service delivery. Integrating mental health intervention into the pediatric care setting – in the form of therapists or psychiatric services - can be accomplished, provided that services are reimbursable and pediatric practices have the space and bandwidth to enhance their service setting. This model that is being employed by Palo Alto Medical Foundation, and has transformed the ways that pediatric primary care providers see themselves as responsible for early child mental health in addition to physical health.

Finally, provider training was identified as a critical system component to expand to ensure that San Mateo County has a highly-trained, workforce for providing high-quality, linguistically appropriate early childhood mental health services. Having a well-resourced and coordinated approach for training clinicians is particularly important in order to ensure the region has adequate capacity for providing services as screening and identification efforts are enhanced.

Treatment and Intervention: Examples from the Field

Ensure developmentally appropriate diagnostic classification

- A challenge articulated by one state Medicaid official is that third-party payers and Infant and Early Childhood Mental Health (IECMH) experts often "do not speak the same language" regarding diagnosis. There is no universally accepted diagnostic classification system for infants and young children as there is for youth and adults. This constitutes a barrier to age-appropriate diagnosis and reimbursement. The Colorado Division of Behavioral Health, with the support of the state's Medicaid authority, has officially adopted DC: 0–3R diagnoses as justification for service reimbursement. This important step helps providers, payers, and parents to "speak the same language," opening a gateway to the mental health services children need.[32]

[32] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf

Leverage existing funding sources

- Michigan is looking for ways to institutionalize infant and early childhood mental health consultation (IECMHC) and has looked to building policy to ensure that IECMHC is a service available to young children and families. Michigan's Department of Health and Human Services, Division of Mental Health Services to Children and Families, identified the Child Care Expulsion Prevention (CCEP) program as a Medicaid-covered prevention and direct service model—a program using individual, family, and group interventions designed to reduce the incidence of behavioral, emotional, or cognitive dysfunction, thus reducing the need for individuals to seek treatment through the public mental health system. CCEP is one of five direct prevention models that can be made available statewide by the Prepaid Inpatient Health Plan or its provider network for children with Medicaid who are under six years of age and are experiencing behavioral and emotional challenges in their childcare setting.[33]

Ensure maximum revenue capture through training in billing/coding

- As the Bay Area's Trauma Transformed regional initiative embraces a new state policy, AB1299, that will help smooth care transitions for foster youth placed across county lines, the initiative convened focus groups with billing staff from various agencies and sectors – a critical step for understanding the implications and challenges of the policy. The perspective of the staff familiar with billing and coding is crucial for developing an implementation plan and training model that will be feasible and gain traction.

Conduct workforce training to increase the number of trained providers and enhance the range and quality of service options available

- A Washington State model of Infant Mental Health workforce training includes training clinicians in Child Parent Psychotherapy, an evidence based model of dyadic therapy for children under the age of six who have been exposed to trauma. The training would involve seven days of training spread over a fifteen month period with small group consultation calls in between training days. The training would accommodate approximately 50 clinicians.[34]
- Minnesota Zero to Three is providing training on evidence-based interventions: The state provides training to mental health clinicians on evidence-based treatments including Attachment Bio-Behavioral Catch-up (ABC), the Incredible Years, Parent-Child Interactive Therapy (PCIT), and Trauma Informed Child-Parent Psychotherapy (TI-CPP). More than 300 clinicians have been trained in these interventions. Ongoing support and consultation is provided to ensure interventions are implemented with fidelity.[35]

Ensure collaboration between adult mental health and IECMH

- Early Intervention is often a "default referral," especially in primary care, for children under age three presenting with mental health concerns. In Massachusetts, while clinicians have been trained in and practice relationship-based interventions for developmental disabilities, their systems do not yet have the tools, training, or reimbursement structures necessary to carry out expert mental health interventions, including therapeutic work in child–parent relationships. This work often must address the mental health of the parents. Part of the dilemma faced by many states is how Part C and adult-serving agencies will collaborate to jointly serve the mental health needs of all partners in parent–child relationships. This requires ongoing discussion between state mental health, Medicaid and Part C authorities, and third-party payers.[36]

[33] https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/financing-guidance-infant-early-child-mental-health-consult.pdf
[34]http://www.kingcounty.gov/~/media/health/MHSA/MIDD_ActionPlan/RenewalPlanningDocuments/MIDDBriefingPapers/PreventionEarlyIntervention/BP_40_Prevention_of_Serious_Mental_Health_Problems_in_Young_Children.ashx?la=en
[35] Minnesota Builds an Early Childhood Mental Health System of Care
[36] http://www.integration.samhsa.gov/integrated-care-models/1427_Lyman_state_case_studies_child_mental_hlt.pdf

Cross-Cutting Feedback from Stakeholders

In addition to input directly related to the four functional phases of the ECMH delivery system, stakeholders drew on their experience to offer general feedback regarding efforts to improve early childhood mental health systems.

One line of feedback concerned the ordering of systems improvement efforts. Stakeholders familiar with the experience of Santa Clara County advised San Mateo County to focus on establishing a robust system of care for providing services before investing too deeply in screening and diagnosis, to ensure that the screening and diagnosis can actually result in a quality service being delivered to a family based on the need that is identified.

There is a need to expand the current workforce to increase the system's capacity to provide culturally and linguistically appropriate services for screening, diagnosis, and treatment. Not only is it critical that treatment capacity exists before expanding the screening and identification system, but additionally workforce development efforts need to be sustained over time, requiring ongoing resources for training and potentially using a train-the-trainer model to develop an ongoing infrastructure for training. Finally, there must be adequate language capacity among trained providers to meet the needs of San Mateo County's diverse families for prevention, screening, and treatment services.

Another line of feedback concerned the type of stakeholder needed for systems improvement, and how to go about getting their buy-in. Stakeholders emphasized the need for key system players – especially health care providers generally and pediatricians specifically – to be at the table, and suggested putting in the time needed to cultivate those relationships and build the case for support and engagement. Strong relationships were described as being at the foundation of most collaborative efforts of scale or significance. Also, current policies – such as the San Mateo County Behavioral Health and Recovery Services "Prevention Framework"[37] – can be leveraged as a platform for collaboration around common goals.

One stakeholder emphasized the importance of working proactively to build system awareness as a part of the problem-solving process, asserting that most players do not have a comprehensive view of the system and that limited view inhibits the capacity and propensity to collaborate. An additional barrier to collaboration is a lack of a coordinating or oversight body; one stakeholder recommended establishing an oversight body that would both support the functioning of any collaborative effort resulting from planning and organizing, and that could also provide performance information as to the success of any collaborative effort in achieving commonly held goals.

Finally, several stakeholders urged San Mateo County to include the voices of parents and families in any planning process, noting that many planning efforts make assumptions about the needs and experiences of families without asking them directly, resulting in faulty assumptions that turn into misguided system improvement efforts.

[37] http://www.smchealth.org/sites/main/files/file-attachments/strategicpreventionplan.pdf