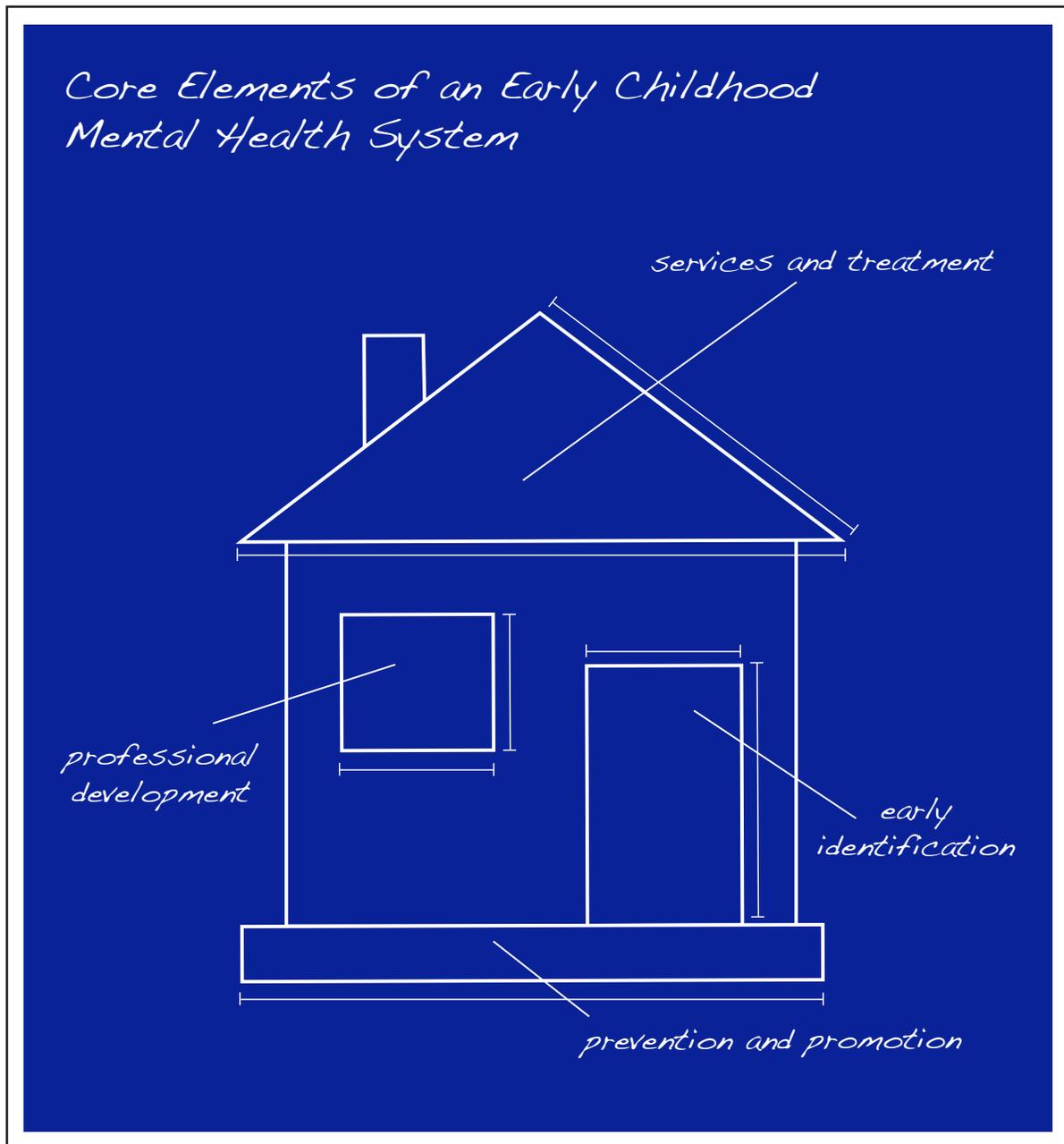


Early Childhood Mental Health *Community Assessment Tool*



Introduction

Project Connect NBRC is a three-year project that focuses on mental health and wellness of young children (prenatal-five years old). It is specifically intended to identify and address critical need areas within Napa, Sonoma, and Solano Counties. The aim of the project is to promote the development of an inter-organizational system of coordinated, culturally appropriate early childhood mental health services that support young children's social-emotional health and well-being in these three counties.

The Leadership Council for the Project identified the need for best practices around early childhood mental health. A Best Practice Task Team was formed and began work on the development of a community-wide early childhood mental health assessment tool. The tool is meant to help communities develop an overall picture of the current early childhood mental health system in their community. It is meant to help community stake holders know, specifically, which pieces of ECMH exist in their communities and how well those resources are being utilized. This should then lead to community conversations about how to address needs and gaps and take advantage of potential opportunities, both within the local community and regionally.

[Insert a bold version of the house graphic, with the paragraph below describing the graphic.]

The vision of the Best Practice Task Team took shape around the analogy of building a house when considering ECMH systems of care. Houses have main components that are almost universally agreed upon as necessary, i.e., roof, floor, access method (doors or windows), walls, etc... These elements may be configured differently due to aesthetic, climate or fiscal considerations, but they are included somehow, in every house. Just like a house, ECMH systems must include key elements; prevention and promotion, early identification, professional development, and services and treatment. The assessment tool was designed around these key components.

Purpose of the Tool

The tool and subsequent planning processes are meant to help communities identify strengths and potential areas of growth in order to improve access and quality of services for children and families in the following areas:

- Basic Community Prevention and Promotion
- Early Identification
- Services

- Treatments
- Professional Development

The core elements in each of these areas have been identified and ranked according to the best available research about their importance in an ECMH system.

The rankings of these elements should not influence your answers – they exist to guide discussions after all the survey data is compiled.

The results of this assessment are meant to help guide subsequent community planning processes.

Instructions for Completing the Assessment

The assessment was designed to ask three very basic questions about each element of an ECMH system: Do we have it? How much of it do we have? Are we using it?

Individually or as a community team, answer the following guiding questions for each item listed:

1) Do we have the capacity to provide (ITEM LISTED) for all those who need it?

- If your answer is “yes” – mark “Fully.”
- If your answer is “sometimes” – mark partially. We are then asking you to consider is the need mostly met? (over 50%) or mostly unmet (under 50%).
- Only mark “no” if your community has no capacity at all.
- If you don’t know, mark the “I don’t know” box.

2) To what extent are we utilizing this capacity?

- If your answer is “yes” – mark “Fully.”
- If your answer is “sometimes” – mark partially. We are then asking you to consider is the capacity mostly utilized (over 50%) or not (under 50%).
- Only mark “none” if your community is not utilizing any capacity at all.
- If you don’t know, mark the “I don’t know” box.

(For groups, it is strongly suggested that you individually complete the assessment tool prior to convening. This should help you move through the items more quickly as a group.)

It is important to note that this assessment is being distributed to a wide variety of individuals whose answers will be combined to provide an overall picture of the current ECMH system in your community. Please answer the questions **TO THE BEST OF YOUR ABILITY**. No one person is an expert in all areas. Try not to be overly concerned about exact accuracy. Answer the questions from your own experience.

Example: Prevention and Promotion – 1. A Medical Home for every child.

In our community, do we have the capacity to provide a Medical Home for every child who needs it?

If you believe the community has the capacity to provide a Medical Home for nearly every child, mark “Fully”. If there is capacity to provide a Medical Home for only some of the children, mark “Partially.” Then estimate whether the capacity to provide a Medical Home is above or below 50%. If there is no capacity to provide Medical Homes in your community, mark “no.”

To what extent are we utilizing this capacity?

If you believe that the Medical Home capacity available in our community is being fully utilized, mark “Fully”. If only some of the Medical Home capacity is being utilized, mark “Partially.” Then estimate whether the percentage of the Medical Home capacity being utilized is above or below 50%. If none of the Medical Home capacity is being utilized, mark “None.”

Demographic *Information Sheet*

In order to better understand who is completing and submitting these ratings for each community, please provide some demographic information.

■ Name: _____

■ Agency: _____

■ What is your primary profession?

- Early Childhood Special Education Teacher/Provider
- Early Childhood Special Education Administrator
- Early Childhood Teacher/Provider
- Early Childhood Administrator
- Early Start/Part C Provider
- Head Start/Early Head Start
- Licensed Clinical Social Worker
- Marriage and Family Therapist
- Occupational Therapist
- Parent Advocate
- Physician
- Physical Therapist
- Psychologist
- Registered Nurse
- Speech Therapist
- Teacher Assistant/Para-Professional
- Other _____

■ What is your primary work setting?

- In the child's home
- In an office/clinic
- In the community
- Other _____

Who are your primary clientele?

- Children – English Speaking
 - Number of children typically served in a month: _____
- Children – Spanish Speaking
 - Number of children typically served in a month: _____
- Families – English Speaking
 - Number of families typically served in a month: _____
- Families – Spanish Speaking
 - Number of families typically served in a month: _____
- Other _____

What geographic area do you serve?

- Napa County
- Solano County
- Sonoma County
- Other _____

Would you be interested in being part of a larger community planning process?
This means we will contact you in the future.

- Yes
- No

Early Childhood Mental Health (ECMH) Community Assessment Tool
 Developed by The Best Practice Model Focus Area Task Team from Project Connect NBRC

Ranking Guide

- 5 – Essential element (red)
- 4 – Core element (orange)
- 3 – Important element (yellow)
- 2 – Preferred element (light green)
- 1 – Desirable element (green)

		GUIDING QUESTIONS										NOTES (Please note if a planning process is currently happening.)
Rank of Importance (0-5)		In our community, do we have the capacity to provide...for all those who need it?				Are we fully utilizing this capacity?				DON'T KNOW		
		FULLY	PARTIALLY	NO	DON'T KNOW	FULLY	PARTIALLY	NO				
PREVENTION AND PROMOTION												
5	1. A Medical Home for every child	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
5	2. Prenatal care	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
4	3. Community-wide parenting skills education that includes ECMH developmental milestones	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
4	4. A perinatal substance use disorders prevention program	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
4	5. A teen pregnancy prevention program	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
3	6. Community education and outreach about ECMH	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
3	7. A targeted outreach plan for referrals to ECMH/developmental screening	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
3	8. Screening and referrals through Child Resource and Referral agencies	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
2	9. Mandated screenings/services by Child welfare Judges/court	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	
2	10. Nutrition Education	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	<input type="checkbox"/> Below 50% <input type="checkbox"/> Above 50%	

COMMUNITY ASSESSMENT TOOL

COMMUNITY ASSESSMENT TOOL

		GUIDING QUESTIONS							NOTES (Please note if a planning process is currently happening.)	
Rank of Importance (0-5)	In our community, do we have the capacity to provide... for all those who need it?	Are we fully utilizing this capacity?			Are we fully utilizing this capacity?					
		FULLY	PARTIALLY	NO	DON'T KNOW	FULLY	PARTIALLY		NO	DON'T KNOW
EARLY IDENTIFICATION										
1. Referrals for Screening	3	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
When I (or my agency) make referrals for screening, I utilize a: <ul style="list-style-type: none"> <input type="checkbox"/> Universal Consent to Exchange Information Form <input type="checkbox"/> Universal Referral Form <input type="checkbox"/> Universal Consent Form <input type="checkbox"/> Warmline/Single Entrance Portal 										
2. Developmental Screenings	5	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Fully	<input type="checkbox"/> Partially	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	
Our clients receive developmental screenings from: <ul style="list-style-type: none"> <input type="checkbox"/> Medical Well Checks <input type="checkbox"/> Mental Health Visits <input type="checkbox"/> Public Health Nursing <input type="checkbox"/> Community Based Organizations <input type="checkbox"/> Early Childhood Education Programs <input type="checkbox"/> Child Welfare <input type="checkbox"/> Other: Please specify _____ <input type="checkbox"/> Not Available 										
Estimate the percentage(%) of where screenings originate. Column should total 100%										

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Step Two: Recruit and Convene Stakeholders	3
Step Three: Define Vision and Desired Outcomes	3
Step Four: Establish Policies to Guide the Collaboration	3
Step Five: Establish Formal Continuing Quality Improvement Process	Error! Bookmark not defined.
Elements of the Universal Screening System: The Pieces	Error! Bookmark not defined.
Outreach/Public Education	Error! Bookmark not defined.
Referrals for Screening	Error! Bookmark not defined.
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Participating Agency Consent to Exchange Information	Error! Bookmark not defined.
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USS Participating Partners Referral Form	Error! Bookmark not defined.
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INTRODUCTION: THE PURPOSE

These Guidelines are intended to complement the Community Self-Assessment Tool and support a county's decision to develop and implement a Universal Developmental & Mental Health Screening/Early Identification System (referred to as a Universal Screening System, or USS) plan. The intent is to provide further explanation and guidance in defining and establishing elements of a USS within your county. A successful USS relies on a number of elements, such as stakeholders with a strong commitment to and investment in a collaborative planning and implementation process, a well-defined and easily navigable structure, and resources to serve the identified population throughout the system, to name a few. These and other essential components are described in detail below; one or more samples of specific items (forms, MOUs, etc.) are included as appropriate.

COLLABORATION AND COMMITMENT: MUSTERING THE TROOPS

There is a wide array of participants and stakeholders in the USS, i.e, the children, families, and the many individuals and organizations that comprise the system, each of whom has different roles, objectives, and priorities. Each of these must be committed to the vision of a USS as well as open to and available for collaboration if the plan is to be successful.

There are a great many resources and tools to support effective collaboration. The DDS publication, *Autistic Spectrum Disorders: Best Practices in Inter-Organizational Collaboration*, provides an excellent synopsis of best practice in collaboration and is an excellent resource for planning and launching such a collaborative effort. It identifies five steps to organizing a collaborative, paraphrased here:

- Step One: Decide Why to Collaborate
- Step Two: Recruit and Convene Stakeholders
- Step Three: Define Vision and Desired Outcomes
- Step Four: Establish Policies to Guide the Collaboration
- Step Five: Establish Formal Continuing Quality Improvement Process

Autistic Spectrum Disorders: Best Practices in Inter-Organizational Collaboration is available for download at <http://www.dds.ca.gov/Autism/Home.cfm>.

STEP ONE: WHY DO THIS?

It is widely accepted that identifying and addressing developmental delays and social-emotional difficulties as early as possible reduces their impact on the child's health and well-being later in life. California counties have a number of existing agencies and organizations working to identify and support infants and young children with or at risk of developing social-emotional difficulties. However, there may be discontinuities, either between organizations, along the path from initial identification to services, or both. Developing a USS can lead a community to

- Clearly identify the existing components of their USS, including resources and capacity for referral, screening, assessment/evaluation, and service delivery
- Clarify or create a mechanism by which a family or other stakeholder can enter and understand the system at any point along the continuum
- Identify gaps or inconsistencies within the existing system; identify and prioritize solutions
- Better utilize existing resources
- More effectively identify and support children and families in need of services
- Other?

Clearly articulated purpose, objectives, and potential benefits will be an asset in recruiting key players for the planning and implementation phases and can also be used in future endeavors, such as pursuit of funding to support the plan. As described below, identifying the benefits specific to individual stakeholders and agencies can greatly improve their receptivity to and participation in the USS planning and implementation.

STEP TWO: RECRUIT AND CONVENE STAKEHOLDERS

It is possible that not all stakeholders participated in the decision to develop and implement a USS plan, so engaging the right players is an essential early step in the process. Several elements of a USS system require or are enhanced by inter-agency coordination. Agreement to use a shared Consent to Exchange Information form is just one example of a USS component that will likely require formal agreement from the participating agencies. Such agreements, typically defined in a Memorandum of Understanding (MOU), are more efficiently drafted and executed when the decision-makers participate in their development. Some types of stakeholders to consider including in the process include

- Those with formal authority and power to make a decision
- Those with power to block a decision
- Those affected by a decision
- Those with relevant information or expertise
- Those providing service(s) and referrals.

Autistic Spectrum Disorders: Best Practices in Inter-Organizational Collaboration describes other useful considerations in determining the composition and structure of the collaborative. When approaching or inviting potential stakeholders, it is helpful to have prepared talking points that address such questions as

- Why this collaboration/project is important
- Benefits to the participating organizations
- Commitments expected of each member and organization
- Date and time for first meeting and overall time commitment.

An additional element of an effective USS that will require input and support of key stakeholders for effective implementation is a shared data system. This is discussed in further detail below.

STEP THREE: DEFINE VISION AND DESIRED OUTCOMES

As with any collaborative effort, articulating a shared vision is a critical step in development of an effective and successful USS. As defined in *Best Practices in Inter-Organizational Collaboration*, “A vision is a compelling statement of what collaborative members want to create. A shared vision is responsive to participating agencies and organizations, but it transcends individual concerns and focuses on the common goals on which all members are united. A vision focuses on possibilities, not on problems.”

A clearly articulated vision provides the framework within which the mission, desired outcomes, and strategy for achieving those outcomes are identified and defined – the basis for the USS plan. The desired outcomes are the concrete, attainable, and measurable elements of the USS.

STEP FOUR: ESTABLISH POLICIES TO GUIDE THE COLLABORATION

ATTACHMENTS

Sample MOU: Consent to Exchange Information

MEMORANDUM OF UNDERSTANDING

FIRST 5 SOLANO COLLABORATIVE

GENERAL DESCRIPTION OF THE FIRST 5 SOLANO COLLABORATIVE:

First 5 Solano Collaborative is a multi-agency, multidisciplinary, countywide effort to provide access to developmental and social emotional health services to at-risk children ages prenatal-5 and their families, caregivers, and providers through a variety of strategies, providers, and agencies working in collaboration to best meet the needs of each child and their family.

MEMORANDUM OF UNDERSTANDING:

This Memorandum of Understanding authorizes the gathering, exchange and release of information and/or records for coordination of integrated children's services programs, as defined and provided for in *Section 18986.46, et seq., of the California Welfare and Institutions Code*, for purposes of developing a plan of comprehensive services and making appropriate referrals for children and their families with the First 5 Solano Collaborative as well as other Solano County prenatal-5 providers.

THE PARTIES

This Agreement is entered into and between the participating agencies in the First 5 Solano Collaborative as follows:

(* denotes Lead Agency for each Initiative)

BabyFirst Solano (BFS)

- California Hispanic Commission
- Children's Nurturing Project
- La Clínica Vallejo
- NorthBay Healthcare ABC Prenatal program
- Partnership Healthplan of California (Solano County Perinatal Case Management)
- Planned Parenthood
- Solano County Black Infant Health program (BIH)
- Solano County Maternal Child and Adolescent Health (MCAH)

Family Support Partnership (FSP)

- Benicia Family Resource Center
- Children's Network of Solano County
- Children's Nurturing Project
- Dixon Family Services
- Fairfield Suisun Healthy Start Family Resource Centers (FSUSD)
- Fighting Back Partnership (Vallejo Family Resource Centers)
- Rio Vista Family Resource center (Rio Vista Care)
- Solano County Child Welfare Services (CWS)
- Vacaville Family Resource Center (VV FIRST)

Partnership for Early Access for Kids (PEAK)

- Aldea, Inc.
- Children’s Nurturing Project
- Child Start, Inc.
- Child Haven, Inc.
- EMQ-Families First
- PEAK Interdisciplinary Team (IDT)
- North Bay Regional Center
- Solano County Child Welfare Services (CWS)
- Solano County Children’s Mental Health
- Solano Special Education Local Planning Area (SELPA)
- Solano Family and Children’s Services
- Youth and Family Services

CONFIDENTIALITY POLICY

The First 5 Solano Collaborative partner agencies will determine the difference between confidential information and confidential records relative to the delivery of services in a multidisciplinary and multiagency setting. For purposes of this policy, the following definitions will apply:

Confidential Information: Confidential information is data regarding a family or an individual family member which is shared among agency staff and is obtained through verbal communication or reviewing of participant records. This information shall be shared across agencies in order to develop service plans for an individual or a family. (For the purposes of this agreement, confidential information shall also include Protected Health Information (PHI), i.e., information in any form that relates to the past, present or future physical or mental health of an individual.

Confidential Records: Confidential records are handwritten, digital, typed or printed documents regarding a family or an individual family member which are maintained by one the participating agencies.

The parties agree that, prior to sharing information between the First 5 Solano Collaborative initiatives agencies, a written consent shall be obtained from the minor and/or his/her legal representative. Verbal consent from the legal representative will suffice to being services and/or refer to services, with written consent follow up when possible. This consent will also allow sharing of information with First 5 Evaluation and a data collection system (Persimmony). The parties may share information only when operating as part the Collaborative and not when acting solely on behalf of a specific agency or other entity. Information and records collected, developed, and maintained by the First 5 Collaborative, either as part of a unified service record or held by an individual partner agency, may be shared with any other partner agency only for the purposes of developing an integrated service plan or delivering service to the child/family.

The parties agree to be bound and abide by the confidentiality requirements of *Welfare and Institutions Code 827, 830, 10850, and 10850.1*, which collectively provide that all information and writings pertaining to the clients of the First 5 Collaborative be kept confidential and that all discussions by partner agencies relative to the disclosure of any such information or writing are confidential and not withstanding any other provision of law, testimony concerning any such discussion relative to such disclosures or exchanges of information or writing is not admissible in any criminal, civil or juvenile court proceeding. This does not preclude the work product consisting of the recommendation of the First 5 Collaborative team in response to a referral and consent by the Court pursuant to *Welfare & Institutions Code 18986.46* where the Court has jurisdiction over the minor children who are wards of dependents.

REFERRAL FORM

Date _____

CHILD'S/PARENT INFORMATION:

CHILD NAME	DATE OF BIRTH
ADDRESS	ZIP CODE
CARETAKER NAME	RELATIONSHIP
PHONE	BEST TIME TO CALL PRIMARY LANGUAGE SPOKEN IN THE HOME

REQUESTING AGENCY PROVIDING INFORMATION

Provider/Agency Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

REFERRAL AGENCY RECEIVING INFORMATION

Provider/Agency Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

Reason for Referral (Check all that apply)

Developmental Concerns:

- Self-Help Skills (Bathing, Dressing, Feeding, Toileting)
- Physical Skills (Moving, Hearing, Vision, Health)
- Cognitive Skills (Thinking, Understanding, Reasoning, Learning)
- Social and Emotional Skills (Feelings, Coping, Getting Along with Others)
- Communication Skills (Communicating with Others and Expressing Self with Others)

Has child received any screening, evaluations or assessments? Yes No
If yes, please explain screening or evaluation and results: _____

Diagnosed Condition if known: _____

Family Resources Needed:

- Medical (help finding health care for child or family)
- Family support
- Child needs help with school work
- Educational (help reading or understanding medical information)
- Other: _____
- Parenting classes
- Child Care Needs
- Financial
- Legal

Additional Notes that may be helpful to Agency receiving the Referral: _____

Screening Partners	Currently Available to screen		Potential Screener		Currently Referring		Potential Referrer		Training(s) and/or other resources required
	S/E	Dev	S/E	Dev	S/E	Dev	S/E	Dev	
Child Welfare and Foster Care									
Family Resource Centers									
Faith Communities									
Child Care Resource and Referral									
County Drug and Alcohol Programs									
Other* (please specify)									

*Any place where families often convene, such as food pantries, homeless shelters, WIC, domestic violence shelters, etc

Professional Development Self-Assessment

Key competencies for individuals supporting mental health practices in early childhood.

Instructions: As an individual supporting mental health practices in early childhood, rate your ability to demonstrate an understanding and awareness of key concepts in your work in the following areas:

Rating Levels

- I have little or **no knowledge** about this, and **limited experience** in doing this.
- I have **basic knowledge** and **some experience**, but would need to consult with others to do this effectively.
- I have a **good understanding** and am **experienced** with this. I can do this effectively.
- I can **teach others** to do this or **mentor** them in doing it.

Key Competencies Rate your ability to demonstrate an understanding and awareness of key concepts in your work in the following areas:	No knowledge/ limited experience	Basic knowledge/ some experience	Good understanding/ experienced	Teach others/ mentor
A. Parenting, Caregiving, Family Functioning and Parent-Child Relationships (Community Self-Assessment Tool Items: 4b, 4e, 4f)				
Optimal health during pregnancy. (B)				
The birthing process and impacts on the family. (B)				
Healthy attachment after birth and the importance of the postpartum period on the newborn. (B)				
Family and parenting function as a lifelong developmental process beginning before conception. (B)				
Different patterns of parent-infant interaction and attachment and their impact on child outcomes. (B)				
The emergence of communicative intent and gestural communication in dyadic interaction during the first year of life. (B)				
A variety of techniques to facilitate and reinforce positive parent-infant interaction and enhance parents' capacity to be responsive and sensitive to their baby. (B)				
The complexity of interrelationships between infant and caregivers within an environmental context and demonstrates a variety of appropriate strategies to support and promote family well-being. (B)				
Awareness of the potential negative impact of multiple separations and/or multiple family placements on early development. (B)				
Awareness of a wide range of family structures, family dynamics, and cultural influences on family functioning. (B)				
Assessment of difficulties in parent-child relationships as outlined by Axis 2 and PIRGAS of DC:0-3R, and the implications for relationship-focused interventions. (S)				
Strategies for facilitating change and growth processes in families with significant problems in relationships at the representational, dyadic, and systemic levels. (S)				
Demonstrate reflective insight into personal relationship history and dynamics and understands importance of one's own awareness in context of therapeutic relationships with families. (S)				

<p>Rating Levels</p> <ul style="list-style-type: none"> ● I have little or no knowledge about this, and limited experience in doing this. ● I have basic knowledge and some experience, but would need to consult with others to do this effectively. ● I have a good understanding and am experienced with this. I can do this effectively. ● I can teach others to do this or mentor them in doing it.
