Learning Conversation Notes		
Name of Partner:	Date: November 16, 2005	
Early Childhood Relationship Support		
Project		
Number of Children Served:	Ages: 2 yrs (4), 3 yrs (1), 4 yrs (4),	
12	5 yrs (3)	
When Served:	Gender:	Ethnicity:
July 1, 2005 to September 30, 2005	9-Male	8 - Caucasian
	3-Female	1 - African Amer.
		2 – Hispanic
		1 – Other

Conversation Participants: Barbara Guenther, Jackie Clark, Diane Bras, Michael Rahilly, Melissa Sipolt, Rick Saletta, Don Ferretti, Nancy Baggett, Mike Romero, Heidi Kolbe, Janey Crider, Judy Marston.

Outcomes:

- Children are in supportive relationships with primary care givers and are able to demonstrate developmentally appropriate social-emotional behavior.
- Children who are not eligible for categorical services will have access to early childhood mental health services.
- A core of trained professionals from a variety of public and private organizations will exist who are able to implement relationship based mental health interventions for children prenatal to five.
- A policy for service delivery and Memorandums of Understanding will exist for those agencies where there is blended funding and for other collaborative partners.
- The percentage of money used for direct services now funded independent of First 5 (10%) will me maintained in 2005-2006.

Performance Measures:

- Demographics (number of 0-5 served by gender, age, ethnicity and when services were provided).
- PIRGAS
- ITSEA, BITSEA
- Number of children seen whose services are paid by Medi-Cal, fee for services, private insurance as well as First 5 funds, by payer source and agency.
- Instrument measuring skills and competencies of the Training Institute participants.
- Service delivery policy and MOU's with collaborative partners.
- Non First 5 Funds received and used in direct services by number of children/agency.

What is this data telling us about achievement of outcomes?

Information on children served by direct service providers is collected during the intervention, and the system is generally working.

Direct service providers are providing services equally for male and female children. This is significant because males tend to externalize behaviors, and females tend to internalize behaviors.

More referrals occur at 2-3 years of age when children enter pre-schools/daycare.

PIRGAS scores indicate children tend to be moving toward healthier parent/child adaptive relationships. Outcome 1: The parent and child are able to demonstrate communication: ie. saying "no" does not offend the parent. We will look at data next time to see the child's development after second ITSEA /BITSEA assessment.

Referring to Outcome 3: Children are getting referrals (access) to professionals and professionals are receiving consultations.

Medi-Cal and private insurance billing procedures have been established due to the collaboration between ECRSP, Placer Co, HHS-CSOC.

While children in this data set may be eligible for categorical funding, the project has been using First 5 funding. The project is now in a position to begin billing other funding sources for services provided for eligible children now that the foundational pieces are put in place.

In an effort to sustain treatment, 4 of 9 children have been identified with the potential for Medi-Cal funding. The next step is to qualify these children for assessment packages so that First 5 funds can be used for children that would not qualify for other categorical funding.

There are now 7 completed MOU's for capital sustainability 1 is pending completion and is a huge part of a systems change. This is an increase of 6 since the last learning conversation. MOU's include HHS- CSOC, HHS – community health, Special Education Local Plan Area, PEACE, CAPC, Placer County Child Development Services and Placer Community Action Council (Headstart).

The service delivery policy for ECRSP has been in effect and continues to be in effect.

As of the first fiscal quarter of this year, 25% of the cost for direct services was provided by SELPA. This is the same as last year. ECRSP is maintaining the sustainability outcome through SELPA funding, etc.

In what ways will we apply what we have learned from our data?

The whole family dynamic is serviced. Frequently infants or other siblings are serviced indirectly. This sibling group along with other children listed in the demographic under direct service provider, raise the issue of a need to better represent the demographics being served. (Possibly add a middle column to demographic collection grid – see attachment).

ECRSP may want to show continuing and new cases in PIRGAS assessment.

Data is routinely reviewed by the steering committee and planning team. Steering committee and planning team observations are included in the attached report as "key points".

ECRSP is exploring getting onto the panels for insurance companies to be able to continue services for children whose families no longer qualify for Medi-Cal.

May want to outreach to Victim Witness – DA's office as a potential referral and funding source.

The goal is 9 core trained professionals, (one professional from each partner agency). The recruitment goal has been exceeded with about 20-24 people expressing interest and participating to implement relationship based mental health intervention services. Project will track the number of trained professionals.

Other points that were made during the conversation:

ECRSP has been able to provide consultation services for direct service providers and was able to collect demographic data for 177 of these 240 children.

ECRSP staff attend perinatal treatment groups as part of their outreach efforts. The perinatal group addresses mothers in recovery from substance abuse.

Staff member, Melissa, a mental health clinician, attended an intensive training on promoting maternal mental health during pregnancy to better service the prenatal population.

Possible referrals can be made from Family Law Facilitators Office and further discussions are needed.

ECRSP uses a model that is similar to the one used by the Child Abuse Prevention Council for their "ability to pay scale" to assist in receiving payments from private pay clients/families.

Next Steps:

The tallied result from the instrument measuring skills and competencies of the Training Institute participants will be available at the next learning conversation.

Meet with Family Law Facilitators Office to connect court users to services.

Review ITSEA/BITSEA data relating to children social-emotional development at next learning conversation.

Report on the number of trained core professionals and agency affiliation of each.

Modify data collection practices as discussed above for the sibling/brief consultation group with child present.

Next learning conversation will be held May 2, 2006, 8:30 – 12:00.