

## Level of Care SUB-GROUP REPORT

**Group Lead (s): Maretta Juarez (MHD) and Rachel Talamantez (FIRST 5)**

**Level of Care: Children Birth through Five**

**Aim: To define parameters for the Level of Care for the Birth to Five population including: clinical criteria for inclusion; recommended range for length of stay; recommended range for dosage (hours/month); recommended cultural/linguistic expertise; recommended &/or required EBP's ; clinical supervision recommendations, frequency, caseload per FTE, reporting requirements (if any); etc.**

**Membership:** Maretta Juarez (MHD), Rachel Talamantez (FIRST 5), Larry Hanville (ARCC), Marilyn Ampuero(EMQFF), Sharla Kibel (KidScope), Marilyn Cornier (KidScope), James Comfort (Kidango), Rosa Ontiveros (Community Solutions), Pam Oshiro-Fossati (Community Solutions), Angela Albright (Catholic Charities), Rosalva Vargas (RCS), Joan Baran (CHC)

**Reporting Period: From: October 2013 To: February 2014**

### **1. Update (accomplishments; successes; milestones, be sure to include progress toward goals)**

The workgroup continues to meet. **Workgroup is meeting the 3<sup>rd</sup> Wednesday of the month at 9:00am.**

The workgroup has focused on the development of the Continuum of Step-Up/Step-Down Care process and flow diagram which will influence criteria of dosage and length of stay. We are looking at what resources we already have within our 0-5 system and what we might need. We developed a preliminary chart in our August meeting and have been building on the contents in terms of length of stay, resources, and treatment modalities including Evidenced Based Practices.

We identified 7 categories of services:

- 1) Education
- 2) Early Intervention/Development
- 3) Mental Health/Behavioral Health
- 4) Family Support/Community Support
- 5) Health/Development
- 6) Parenting
- 7) Child Welfare/Courts

We crosswalked these categories and current services along the spectrum of Prevention (dosage: up to 6 months), Early Intervention/Development (dosage: 6-12 months), and Treatment (dosage: 6-12+ months).

We have made a preliminary list of EBPs, but this will be drilled down alongside the ongoing development of the Step-Up/Step-Down process plan as well as with the criteria of clinical supervision.

One recommendation from this workgroup regarding workforce development is the need for training on trauma informed practices. One practice in particular and specific to the birth to age five population is Child-Parent Psychotherapy developed by Dr. Alicia Liebeman from UCSF. This is a listed EBP.

Another document the workgroup has been developing is on critical transition periods along the

continuum of care where children and families could potentially fall through the cracks. In identifying these periods where families could disengage, the workgroup has also developed solutions to address this issue. We are in the final stages of completing this document.

Our next workgroup meeting is February 19, 2014.

## **2. Change of course (barriers, risks, questions)**

No change of course at this time.

## **3. Response from LOC, SOC or PQIC (Meeting Date: February 6, 2014)**

- Approval to continue course of action**
- Approval for change of course**
- Request for more information**
- Declined**
- Please share with staff:**
- Comments**

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