

Early Identification and Intervention Systems in California

Bright Spots and Lessons Learned

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Promoting Healthy Child Development

Throughout the country, there is growing recognition of the importance of healthy child development in fostering school readiness and, by extension, social and economic success as adults. At the front end of the early identification and intervention systems—the topic of this report—is the need for a system to monitor young children so as to raise flags when developmental concerns are observed. Such concerns, related perhaps to a child’s ability to respond to a smile or identify body parts, should trigger actions that authentically engage a child’s family. With the support and coordination of a robust system, families successfully guide their young children to the supports and services that are most appropriate within the constellation of early intervention care providers. Without a robust system, it is far too easy for families—particularly those facing language and cultural barriers—to fall through the cracks.

All programs that interact with young children and their families have a role to play in monitoring and promoting healthy child development. With the unwieldiness of this large ecosystem, many states and localities are interested in strengthening their early identification and intervention systems, rather than merely investing in individual programs, to ensure that children and families receive the support and treatment they need. This trend is visible in the growing popularity of models that promote cross-sector collaboration and systems-building, such as the [National Help Me Grow model](#) and [San Diego’s Healthy Development Services](#).

To facilitate and systematize ongoing developmental monitoring, the [American Academy of Pediatrics](#) recommends that all children be screened for developmental delays and risks during regular well-child doctor visits at nine months, 18 months, and 24 or 30 months. Yet, research has found that many children with developmental disabilities are identified much later, often at age 10 or older. By this point, the child may have missed opportunities for treatment.¹ According to the [Centers for Disease Control and Prevention](#) (CDC), about 14 percent of children in the United States have a developmental or behavioral delay or disability, and as many as one in four children ages 0-5 are at moderate or high risk for developmental, behavioral, or social delays.² Early identification and intervention, particularly in the early years, has the potential to significantly improve a child’s development.³

Experts in the field, including the CDC, have published studies making the case for early identification and intervention, yet there is little documentation on what it takes to support this work on the ground and the role that early care and education has played. This report, funded by the [David and Lucile Packard Foundation](#), presents case studies of the successes and lessons learned in three California counties—Alameda, San Diego, and Santa Clara. The purpose of this study is to support the greater conversation around early identification and intervention in California. While counties throughout California are doing this important work,

Key Terms

Some terms may take on a different meaning in different venues or contexts. For the purposes of this report, we define some key terms below.

Early identification and intervention refers to the system of support needed to identify and address developmental and behavioral concerns and delays. Includes efforts to identify children for deeper assessment and to provide care coordination and treatment across a range of settings.

System refers to the actors, agencies, and infrastructure needed to support this work. Includes the many organizations and agencies that support children and families, efforts to coordinate and collaborate among partners, policies that facilitate or hinder access to services, and more.

¹ <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

² National Survey of Children’s Health, NSCH 2011/12, indicator: At risk for developmental, behavioral, or social delays, age 4 months-5 years.

³ <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

these three counties were identified as bright spots in early identification and intervention, with other counties across the state interested in learning about their efforts and experiences to date.

The case studies in this report were developed in close partnership with the local First 5 agencies⁴ in the three counties. First 5 agencies support and fund integrated, comprehensive, collaborative systems of information and services to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Their partnership and expertise informed the content of each case study. Through interviews, the research team engaged key leaders in each county to understand the local efforts that have most impacted their systems, as well as lessons that may apply to other counties.

Insights from Three California Counties

The three county case studies provide a glimpse into real-life approaches for strengthening early identification and intervention systems within each county's local context, opportunities, and constraints. The case studies highlight the processes, thinking, and decisions made in each county with the goal of supporting learning and spurring new ideas. The approaches described are unique to each county, and responsive to the needs voiced by their particular stakeholder communities. As such, they should not be taken as replicable templates. Rather, they provide insights and inspiration for those seeking to strengthen systems in their own communities.

In each of the three counties, respondents shared numerous highlights and lessons learned from their work. This report prioritizes ideas that would (1) feel relevant or applicable to other counties and municipalities, and (2) speak to the role of an entity that supports coordination and collaboration across the system. By nature, the case studies do not offer a comprehensive description of the early identification and intervention systems, nor do they offer a comprehensive review of the contributions of individual actors and agencies in each county. Instead, they each highlight a few focal points that local stakeholders identified as central to their county's success. The case studies are illustrative, not evaluative, and they appear in alphabetical order:

- **Alameda County: Families Front and Center** highlights the paramount role of meaningful family engagement in building a culture of early identification and intervention.
- **San Diego: Coordination from the Ground Up** describes a long-standing cross-sector collaborative system that was built through a decade of relationship-building and partnership.
- **Santa Clara: Starting with Services** reports on successful efforts to build the capacity and close service gaps within the network of early intervention service providers. 🇺🇸

⁴ In California, First 5 county agencies are charged with creating integrated, comprehensive, collaborative systems of information and services to enhance child development and school readiness.

Families Front and Center



Alameda County

Alameda County is located in the San Francisco Bay Area, and includes cities such as Berkeley and Oakland in the north, Fremont and Castro Valley in the south, and the Livermore vineyards in the east. Alameda County is the smallest of the three counties in this study with a population of 1.6 million people, of which about 97,600 are children under age five.⁵ Alameda County has a richly diverse population; three-quarters of its kids are children of color (31% Latino, 26% Asian American, and 11% African American).⁶ About half of Alameda County's children live with foreign-born parents (55%),⁷ and nearly half of the households speak a language other than English (44%).⁸

The theme for Alameda County's approach is *Families Front and Center*—parents are viewed as the true experts and best resource to promote healthy child development. This is reflective of the core values of Alameda as a community, as well as the diversity of its population and the many cultures and languages represented. This case study offers a high level view of how Alameda County's focus on families translates into their approach to early identification and intervention.

Growing a Family-Centered Early Identification and Intervention System

[First 5 Alameda](#), since its founding in 1998, has played a central role in countywide efforts to promote healthy child development. As a convener, funder, and supporter, it has refined its approaches to early identification and intervention over time. In the early 2000s, First 5 Alameda spearheaded the [Healthy Steps](#) model in which child development specialists stationed in several pediatric clinics conducted developmental screenings and helped refer families to services and supports. Although effective on a small scale, growing a model that relied on a team of specialists would not be financially realistic. As Janis Burger, Chief Executive Officer of First 5 Alameda, explained, "We realized it would be costly to replicate and it was too hard for us to do with [an anticipated] declining revenue stream."⁹

Alameda County Key Informants

- Alameda County Behavioral Health Care Services (Margie Padilla)
- Alameda County Medical Home Project (Mara McGrath)
- Alameda County Public Health Department (Anna Gruver)
- First 5 Alameda County (Janis Burger, Loren Farrar)
- Help Me Grow Alameda County (Deborah Turner, Angelina Ahedo, Vincent Cheng)
- Oakland Unified School District, Early Childhood Education (Christie Anderson, Drew Giles)

⁵ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

⁶ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; U.S. Census Bureau, Current Population Estimates, Vintage 2015 (Jun. 2016) via kidsdata.org.

⁷ KidsData.org, 2010-2014 estimate, see: <http://www.kidsdata.org/demographic/23/children-living-with-foreign-born-parents/summary#133/demographics>

⁸ First 5 Alameda County 2017-2021 Strategic Plan, citing data from the U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

⁹ In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative. The act levies a tax on cigarettes and other tobacco products to provide funding for early childhood development programs. The dollars available under Proposition 10 continues to decline over time as demand for cigarettes and other tobacco products wane. For more information, see <http://first5association.org/about-first-5/overview-of-proposition-10/>.

In 2009, First 5 Alameda launched the **Screening, Assessment, Referral and Treatment (SART)** initiative that used a collaborative approach to promote early identification intervention. SART leveraged collaborations with other agencies and partners to work towards integrating screening, identification, referrals, and family support into existing services.¹⁰ For example, SART was able to leverage **Assuring Better Child Health and Development (ABCD)**, a national project underway in Alameda County to promote the integration of developmental screening in pediatric primary care. Meanwhile, the Help Me Grow model was beginning to take shape elsewhere in the country, and several California counties, including Alameda, were taking notice. The systems approach, philosophy, and structured framework of Help Me Grow aligned with First 5 Alameda’s aspirations. Consequently, in 2012, SART transitioned into **Help Me Grow Alameda County (HMG Alameda)**, a county-level affiliate of the national model. Changes to the initiative included increased community outreach and greater attention on creating a coordinated network of early childhood service providers.

Today, HMG Alameda provides free and confidential support in early child development, promotes early identification of developmental concerns by using developmental screening tools, helps families access resources, builds the capacity of early childhood providers, and establishes partnerships to build a strong system of care network. Through their network of partners (which they support through training, technical assistance, and data support), HMG Alameda supported 13,567 screens for children ages 0-5 in 2016. This represents an increase in screenings of more than 300 percent since 2012.¹¹ In the future, HMG Alameda plans to further empower parents’ abilities to inform the system, streamline the parent experience, and expand the use of technology for communication and data sharing purposes.

Parents as Experts, Advocates, and Leaders

HMG Alameda County’s family-centered philosophy emphasizes parents as the primary experts on their children. They reason that parents are the most intimate observers of their children’s development. Parents also provide consistent eyes, ears, and voices in their children’s experience as they intersect with a variety of services such as healthcare, childcare, and preschool. Furthermore, in a large, highly diverse county, it is parents who hold essential firsthand knowledge of the cultural and linguistic context in which their child is developing, and the early identification and intervention system must attend to their language and cultural needs in order to effectively reach families. Meanwhile, parents with limited English proficiency face additional barriers in navigating the system of care, and therefore family support positions—held by multi-lingual staff who have expertise navigating the complex system—are critical to the system’s success at large.

To best equip parents as active participants, First 5 Alameda and other system leaders aim to educate them about child development and early identification and intervention. Especially given that data-sharing and coordination across sectors is not routine, children benefit when their parents are knowledgeable advocates for their development across the providers they encounter and services they seek. In First 5 Alameda’s view, developmental screenings present a valuable opportunity for parent learning, and encourage them to become champions of their child’s development.

Stakeholders in healthy child development efforts in Alameda County—a wide range of county government entities, school districts, health and childcare communities, and social services organizations—agree that building agency among families is critical to success. Taken together, the comments of many key

¹⁰ www.first5alameda.org/helping-kids-grow

¹¹ Help Me Grow Alameda County data was provided by First 5 Alameda County in December 2017.



Parent Connections

- **Developmental screenings as a parent engagement and education strategy** to start a conversation on the topic.
- **HMG Alameda phone line** is a resource for parents with questions or concerns about their child’s development.
- **HMG Alameda’s Family Advisory Committee** ensures community input on key decisions.
- **HMG Alameda Parent Champions** serve as a resource to families in need of support.
- **Community programs staffed with parents of special needs children** to serve as navigators, advocates, and liaisons in support of other parents.

informants coalesced into three primary strategies to work toward creating a family-centered system:

1. Support universal developmental screening and leverage screenings to engage and educate parents;
2. Respect parents' experience and expertise by including them in decision-making, care coordination, and community-led outreach;
3. Promote a culture of collective impact through cross-agency collaboration and training.

Lessons from Alameda's Experience

Developmental screening also serves as a tool to educate and engage parents on child development.

Alameda County stakeholders see developmental screening as an opportunity to flag areas of concern, as well as an important way to engage parents. Furthermore, First 5 Alameda and HMG Alameda promote the [Ages and Stages Questionnaire](#) (ASQ) as the county's primary screening tool in part because it is designed to effectively engage parents by raising their awareness about the types of activities they can do in the home to support healthy child development. As part of the county's Help Me Grow system, providers are trained to both determine ASQ scores and leverage the screening process to improve parent observation skills. This is a critical element that enables parents to support their children's development on an ongoing basis and understand when to seek outside help. In support of parent engagement, providers receive training on how to describe the role of the screening process and emphasize the importance of ongoing support and monitoring.

The county's HMG leadership posits that creating many avenues for children to receive screenings (for example, via pediatricians or other early care providers) may lead to some duplication, but also broadens the chances to strengthen the family's knowledge. As Burger explained, "Developmental screening is a really great opportunity to help parents understand child development in a very interactive way...we also see it [serves a dual function] as a parent education process." Screening is an important first step, with important opportunities for connecting with families on this topic.

With this philosophy in mind, Alameda County aims to meet families where they are. The approach of embedding developmental screening in the context of familiar events and activities normalizes it. As First 5 staff described, [developmental screening should feel] "as normal as getting your child's height and weight checked."

Strategies for meeting families where they are include:

- **Set developmental screening as a standard practice.** Implementing screening as a universal practice reduces the potential stigma associated with developmental screening, and helps to normalize it as a best practice for all children. First 5 Alameda offers trainings to their partners that focus on normalizing developmental screenings with the families they serve as well as integrating screening and referral practices into their programs.
- **Partner with pediatric practices to integrate developmental screening into well-child visits.** The [Alameda County Medical Home Project](#) (ACMHP), a partner of First 5 Alameda's Help Me Grow initiative, has a critical role in supporting developmental screening in well-child

"Developmental screening is a really great opportunity to help parents understand child development in a very interactive way."

—Janis Burger, First 5 Alameda County

visits. ACMHP maintains ongoing partnerships with over 50 pediatric practices in Alameda County. They help practices integrate developmental screenings into well-child visits efficiently and effectively, and ensure that pediatric practices have the information and support needed to make appropriate and timely referrals. Mara McGrath, longtime manager of the program, shared:

[Pediatricians] appreciate the fact that we come every month. We talk to them, we bring new information. We answer their questions. If we don't know the answer, we find out and get back to them. The follow-through is something they can depend on.

In the ten years since the ACMHP started in 2007, the number of children screened has grown from 300 screens in a six-month period to about 1,200 screens every month.

- **Strengthen linkages with early care and education providers.** Through a partnership between the [Quality Rating Improvement System \(QRIS\)](#) and Help Me Grow, significant resources have been invested in supporting the integration of developmental screening and follow-up in Early Care and Education settings, which serve as a primary touchpoint with families. For example, [Oakland Unified School District](#) launched universal screening at all its preschool sites starting in the 2017-18 school year, reaching approximately 1,700 families.

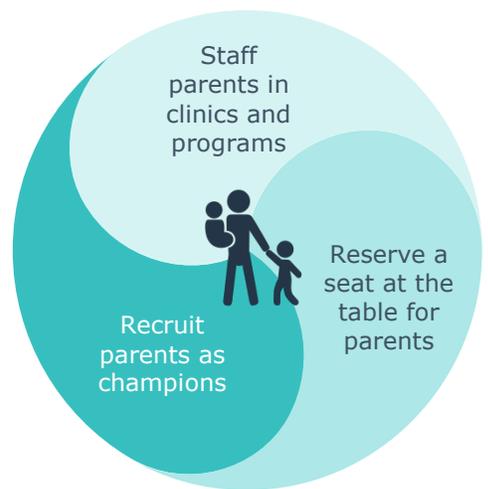
Embedding parents as experts strengthens the system of support.

The diagnosis of a developmental disability or other developmental vulnerability can be overwhelming for any family, and even more so for a family with limited English proficiency. Families who find themselves on the receiving end of a diagnosis must grapple with a multitude of questions: *What does this mean for my child's future? How do I make sure my child receives the support and treatment needed? How will the associated expenses be covered?*

Alameda County leaders recognize the value and expertise parents offer through their lived experiences, and thus have advanced a set of strategies that include:

- **Staffing parents in Early Childhood Mental Health clinics and programs.** Parents who have navigated the complex early intervention system on behalf of their own children are now recruited as paid liaisons to help other families who are new to the process. Margie Padilla, Director of Early Childhood System of Care at [Alameda County Behavioral Health Care Services](#) commented, "In the past six years or so we've really increased family partnership. Parents are paid and employed by our agencies and they work side by side with the clinicians and the mental health agencies...They help with bridging the family to other services in the community."
- **Recruiting parent champions as ambassadors in hard to reach communities.** Through its Parent Champions program, First 5 Alameda recognizes the value of parents' language and cultural expertise within their own communities. "To reach more families, we're starting a Parent Champions program through Help Me Grow," Loren Farrar, Help Me Grow Administrator at First 5 Alameda, explained. "We're recruiting parents in communities that we're not reaching as well as we would like, and one of the things they'll be able to offer is developmental screening."

Exhibit 1. Embedding Parents as Experts



- **Reserving a seat at the table for parents.** The Help Me Grow Family Advisory Committee is a leadership group that helps ensure outreach to families is relevant, friendly, and culturally appropriate.¹² Through the years, the group has provided valuable insight to inform the work of First 5 and Help Me Grow Alameda. Loren Farrar of First 5 Alameda shared:

Parents were receiving developmental screenings with little to no explanation about what it was or how it was being used, and that really influenced how they actually completed those tools. [That insight led to] provider trainings about how you present developmental screening to families, communicating how important it is, and also helping them understand how it is used.

Despite these successes, some stakeholders commented that there is more work to be done: "Here in the county we are gradually embracing family leadership but when it comes to funding decisions, they're often not at the table," Padilla remarked.

Collaboration on early identification and intervention improves families' experiences.

Alameda County's early identification and intervention system builds upon a long history of collaboration in support of young children and families. Padilla explained that their willingness to work together stems from a collective focus on children and families and "a shared vision that it makes a huge difference to intervene early."

One critical example of this is the [Alameda County Interagency Children's Policy Council](#) (ICPC), which brings together the departments that affect children the most. Its goal is to "engage in cross-system collaboration by improving communication, developing child friendly policies and initiating systems changes that result in safe, healthy, thriving children."¹³ ICPC developed shared indicators so that key leaders work together toward their shared goals: healthy child development, third grade reading success, and high school graduation. Furthermore, as a county leader in early childhood learning and development, First 5 Alameda has continued to promote cross-sector collaboration by convening stakeholders in early childhood education, healthcare, and behavioral health, among others, to identify shared goals and actions on early identification and intervention.

Looking Ahead: Three Wishes for Alameda County's Early Identification and Intervention System

While Alameda County has made important progress in bolstering their early identification and intervention system, stakeholders were clear that critical work remains around sustained financing, data tracking, and further integrating the system.

Identify ongoing and reliable funding for early identification and intervention. First 5 Alameda County has long filled an early identification and intervention funding gap in the county. However, with the First 5 tobacco tax revenue source continuing to decline, Alameda County, as well as the state of California must plan for an early identification and intervention system that is less

¹² https://www.cfc.ca.gov/pdf/about/annual_conference/sessions/1E-%20Systems%20Integration%20that%20Actually%20Works-Help%20Me%20Grow.pdf

¹³ <https://www.acgov.org/icpc/>

reliant on First 5 funds.¹⁴ The early identification and intervention stakeholders in Alameda County would like to see the state take on a greater role in financing developmental screening and early identification and intervention for young children. First 5 Alameda has taken steps to bring in more resources for early identification and intervention by providing the fiscal match necessary to draw down federal funds for Medi-Cal administrative dollars that help fund care coordination and Help Me Grow phone line services. They are also beginning to engage Health Plans as valuable funding partners with a shared interest in prevention and early identification and intervention. Though these steps are both strategic and important, stakeholders note that there will not be enough absent state-level action.

Improve system integration and streamlining. First 5 Alameda County, Help Me Grow Alameda, and other healthy child development stakeholders are aiming for a more streamlined experience for families. Two examples highlight the lack of a single interconnected system that addresses early identification and intervention countywide:

- **Mechanisms for communication across early identification and intervention and other preventive service providers.** While preventive social support (e.g., home visiting, child care, playgroups) and early intervention services (e.g., regional centers, school district special education) both support child development, the lines of communication between these two types of service providers are limited. To ensure partners across these systems are engaging with one another, Anna Gruber of [Alameda County Public Health](#) calls for improvements in workforce and training to help normalize this cross-system communication.
- **Mechanisms to track and share data.** Across the county, many players—Help Me Grow, home visiting programs, and Head Start, among others—conduct developmental screening. Data tracking and sharing is limited, leading to scattered and inconsistent records for children and potentially disjointed follow-up for families. Without such tracking, the number of children screened across the county remains unknown and public health leaders cannot use data to identify unmet community needs and gaps in access to services. County leaders dream of a countywide developmental screening registry. Without more widespread buy-in and participation in an early identification and intervention system across sectors, funding, and perhaps policy mandates, centralized data reporting remains an aspiration. 🏠

“A goal is to better integrate all of the screening happening in our county...[so we can] better understand what’s happening as a county-wide screening system.”

–Loren Farrar, First 5 Alameda County

¹⁴ In November 1998, California voters passed Proposition 10, the “Children and Families Act of 1998” initiative. The act levies a tax on cigarettes and other tobacco products to provide funding for early childhood development programs. The dollars available under Proposition 10 continues to decline over time as demand for cigarettes and other tobacco products wane. For more information, see <http://first5association.org/about-first-5/overview-of-proposition-10/>.

Coordination from the Ground Up



San Diego County

San Diego County is the largest of the three counties in this study, with a population of 3.2 million people of which about 210,900 are children under age five.¹⁵ Nearly half of its child population is Latino.¹⁶ It is among the top 10 largest counties in the state, spanning over 4,000 square miles¹⁷ and includes a mix of both urban and rural communities.

San Diego County's approach to their early identification and intervention system is *Coordination from the Ground Up*. While not originally envisioned to take on this role, [Healthy Development Services](#) (HDS) in San Diego has played a crucial role in ensuring system-level coordination of services and resources, as well as family-level connections to services and supports. HDS has been able to take on this role due to the trust and relationships that they built in their early work—the relationships that they built from the ground up—and the model's foundation in community-voiced needs.

A History of Partnership in Healthy Development

From its inception, [First 5 San Diego](#) built its approach to investing in children on partnership—an element of the county's expanded early intervention system that continues to stand out today. First 5 county commissions were established across California in 1998, founded on a commitment to children's health and education, and the comprehensive programs needed to achieve early childhood outcomes.

Through a community planning process, early intervention came into sharp focus as a high priority need in San Diego County in 2006. In response, First 5 San Diego sought a community partner to establish the **Healthy Development Services (HDS)** initiative, a model designed to fill a gap in developmental and behavioral services for children with mild to moderate delays. The initiative was grounded in a review of national programs, as well as key insights from the diverse stakeholders who participated in the community planning process. One of these key stakeholders, the [American Academy of Pediatrics-California Chapter 3](#) (AAP-CA3) was selected through a competitive process and became First 5 San Diego's partner in early intervention. AAP-CA3's commitment to children and families motivated them to take on this new role and they put together a team with program management, evaluation, clinical knowledge, and technical assistance expertise.

In the first years of HDS, AAP-CA3 was tasked with: (i) assessing the existing services (e.g., federally funded services at the Regional Center and schools under the Individuals with Disabilities Educational Act [IDEA]); (ii) identifying gaps; and

San Diego County Key Informants

- American Academy of Pediatrics, California Chapter 3 (Pradeep Gidwani)
- First 5 San Diego (Gloria Corral-Terrazas)
- Pediatrician Partners (Nathan McFarland, Marsha Spitzer)
- Rady Children's Hospital (Kristen Gist)
- San Diego County Office of Education (Evette Callahan, Lucia Garay)
- San Diego Regional Center (Terri Cook-Clark)
- YMCA Childcare Resource Service (Kim McDougal)

¹⁵ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

¹⁶ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; U.S. Census Bureau, Current Population Estimates, Vintage 2015 (Jun. 2016) via kidsdata.org.

¹⁷ California State Association of Counties, see: <http://www.counties.org/pod/square-mileage-county>

(iii) implementing a new set of services that reached children with mild to moderate developmental and behavioral concerns. Through this work, AAP-CA3 created an extensive network of community partners with whom referral guidelines were established, joint training was implemented, and activities were coordinated at the family and system levels. San Diego's countywide system of care uses a regional approach led by four local organizations, called *Regional Service Network Leads*.¹⁸ These organizations each coordinate local networks of providers that conduct developmental and behavioral screenings, assessment and treatment, provide parenting education, and connect families to services. The system also includes supports for health providers and early educators in the community, such as trainings on the use of screening tools and methods to support the identification of mild to moderate delays early. Recognizing the need to go beyond screening and assessments, First 5 San Diego funds treatment services for children.

First 5 San Diego also partnered with the county's [Behavioral Health Services Division](#) to launch [KidSTART](#) (Screening, Triage, Assessment, Referral and Treatment), which was established in 2010. KidSTART has two components, KidSTART Mental Health Clinic and KidSTART Center, both operated by Rady Children's Hospital. Service providers at these centers support children under age six who have complex needs in multiple areas of life. The [San Diego Regional Center](#) provides services for children who qualify under the IDEA definition of special needs, as well as support for those in the child welfare system. Attending to the more severe developmental needs, KidSTART and the Regional Center are a critical component of San Diego County's early intervention system.

Key Ingredients of a Coordinated System

Over time, HDS has taken on a lead role in ensuring coordination at the system and family level. Key ingredients to their success include:

- **Building trust from the ground up, with families at the center.** HDS first engaged system partners to ensure families received the care they needed—they had a clear, common, and measurable goal. This work set the stage for system coordination across agencies and providers.
- **Adopting a consistent framework takes years of work, and it is worth it.** A consistent framework is critical to ensuring that no matter where children are in the system, they receive the same level of care. Beyond training and capacity-building, it requires the buy-in of providers working with families and, potentially, deep culture change.
- **Long-term support of system coordination.** AAP-CA3 emphasized the importance of First 5 San Diego's long-term commitment to funding HDS and supporting the broader system. Long-term funding enabled AAP-CA3 to plan and build relationships. As Pradeep Gidwani of AAP-CA3 asserted, "It is hard to fund something for a decade, and it is transformational when you do it."

Taking the Lead on Coordination

An important feature of San Diego's Healthy Development Services (HDS) is its role as a coordinating entity, both in terms of coordination of care and support at the family level, and coordination across agencies and providers at the system level. Through its community planning process, First 5 San Diego saw coordination as the key to meeting the needs of children and families. Their hope was that HDS would streamline services and referrals for families, ease the process for providers, and

¹⁸ The four Regional Service Network Leads are Family Health Centers of San Diego, Rady Children's Hospital, Palomar Health, and South Bay Community Services.

identify gaps in the system of care. Gloria Corral-Terrazas, Assistant Executive Director of First 5 San Diego, emphasized care coordination as the vital link between screening and services, stating:

One of the biggest takeaways from our experience is the critical role that care coordination plays for families—not just [informing the families of] the services that are available, but ensuring that there is that continuity and follow through. [Concerted efforts to ensure those linkages happen] is really what makes the difference of whether or not a family shows up to their appointment and continues to come back for treatment.

Furthermore, a mechanism for greater coordination is critical to meeting the increasing need for developmental screening and early intervention. Pradeep Gidwani, Medical Director of the Healthy Development System and First Steps explained:

We have increasing unmet developmental and behavioral needs, yet we have no increase in treatment services. That's where First 5 San Diego has been incredibly thoughtful and innovative in sticking to a strategic plan, and it has carved out, and held to, a long-term vision. It goes beyond the development of specific services, but strengthening the entire system.

The majority of developmental screenings are conducted in pediatrician offices and preschools through HDS and First 5 San Diego's [Quality Preschool Initiative](#), which is led by the [San Diego County Office of Education](#) (SDCOE). With AAP-CA3, Regional Service Networks, and First 5 San Diego's collaborative partnership, HDS brings together the relationships and know-how of three critical groups supporting developmental screenings and early intervention—pediatricians, early educators, and community-based organizations. Though HDS originally started as an effort to coordinate care for children with mild to moderate need, the trust and relationships HDS built over time with agencies and providers in the broader system has positioned it centrally to support systems coordination as well.

Lessons from San Diego's Experience

Addressing mild-to-moderate delays pays off.

First 5 San Diego looked to HDS as a platform for cross-sector partnership aimed at addressing mild to moderate developmental delays. This was a critical population whose life trajectory could be changed with early identification and intervention—by addressing those developmental and behavioral delays early, these children could be in a much better position to enter kindergarten ready to learn and succeed in school. As many communities had experienced, children with mild to moderate needs were not consistently identified and connected to the support that they needed. To address this gap, San Diego built a system of support with HDS as the coordinating entity between health, education, and community agencies. This partnership enabled San Diego to identify children with mild to moderate concerns and address them early on. As pediatrician Marsha Spitzer shared:

[Our partnership with] HDS has been incredibly successful because, instead of those problems getting to be larger problems as kids get older, and then not truly being diagnosed or recognized until they are in Head Start or pre-school or kindergarten, those issues are being picked up on at 12 months, 18 months, or two years of age. A lot of those kids will come back to the normal developmental trajectory because of intervention early on, and that's because of HDS.



Normalizing Developmental Screening

In their efforts to ensure that all young children receive a screening, San Diego has adopted a number of strategies to normalize the practice.

- **Instead of “screening,” say “developmental check-up.”** This frames screenings as something every child should complete regularly.
- **Make the process feel familiar by considering language and culture.** By connecting to personal experiences and native languages, the process feels less foreign. Diversity and cultural competence make a big difference. Home visiting services are one setting where families may feel more comfortable completing screening.
- **Instill confidence that identified needs will be supported and addressed.** By proactively helping families with connections, they are more likely to see it as typical course of action than a daunting uphill battle.

Through a broad-based network of partners, HDS connects children and families to services. Kim McDougal, Executive Director of the [YMCA Childcare Resource Service](#), described HDS as “a really comprehensive system where families can access parenting classes, they can access behavior coaching, they can access occupational therapy, physical therapy, speech therapy, a wide range of support for their children that have mild to moderate behavior concerns or developmental concerns.”

Maintaining active and ongoing coordination across health and early education can expand and sustain screening efforts.

HDS has strong relationships with both health providers and First 5 San Diego’s network of community partners. This broad-based network enables extensive outreach to families and referrals for children with developmental and behavioral concerns—including screenings. The majority of developmental and behavioral screenings in San Diego County are conducted in pediatricians’ offices and preschools, in many cases through HDS and the Quality Preschool Initiative (QPI) (Exhibit 2). As initiatives of First 5 San Diego, HDS and QPI are both committed to the importance of early identification and intervention, with developmental screening as an important tool in this work. All preschool children in QPI classrooms are screened, and HDS offers screenings through regional partners and other community settings at no cost to families.¹⁹ As Garay explained, “[SDCOE and HDS] have these joint meetings to make sure that we are not missing any children and refine how we are referring to each other within regions—that every preschool provider knows who their clinics and referral resources are within their neighborhoods.” Garay also noted that these meetings help “districts to understand where children are [in the] years prior to pre-school or kindergarten.” For example, recent efforts include plans to bolster developmental and behavioral supports in hard-to-reach populations such as children who are in foster care or are homeless.

Close coordination within and across sectors is critical to the financial sustainability of this work. “The only way that we can [financially] continue to operate these [early intervention supports in] early education programs is to be more collaborative,” Garay remarked. “It’s leading to joint professional development, joint use of facilities, and eventually naturally-occurring inclusive practices.”

Connecting families to the right services and the right stream of funding requires cross-agency collaboration.

A notable feature of San Diego County’s expanded early intervention system is the level of coordination and collaboration that goes into referrals for children with identified needs. The referral process matches children to services based on their identified level of need as well as their eligibility for coverage—based on provider and health insurance requirements—across the many early intervention partners. HDS connects children and families directly to support services (such as family support groups and workshops), treatment, or therapy as needed—including a broad range of services offered by the Regional Center. As pediatrician Nathan McFarland highlighted, this referral system funded by First 5 San Diego, “allows us to say, ‘Regardless of what the patient’s funding status is, this kid will get services.’”

Exhibit 2. Children Screened and/or Receiving Services, First 5 San Diego

	Children
<i>Developmental Concerns</i>	
Screened	17,913
Identified with concerns	2,397
Received treatment*	5,053
<i>Behavioral Concerns</i>	
Screened	10,558
Identified with concerns	1,381
Received treatment*	2,781

* Includes children referred by providers not funded by First 5 San Diego.

Source: [First 5 San Diego 2017 Annual Report](#)

¹⁹ Families with young children ages 0-5 are most commonly connected to HDS through their health providers or by reaching out to HDS on their own. Families with preschool-age children may also be referred to HDS through their early care and education providers, including First 5 San Diego’s Quality Preschool Initiative.

San Diego County's ability to make these connections is a product of the collaborative efforts of First 5 San Diego, AAP-CA3, Regional Service Network Leads, San Diego County Office of Education (SDCOE), the Regional Center, and others. Evette Callahan of SDCOE commented, "Our partnership with HDS...is something that we actively work on because we know that [by] working together we can do more for our families."

Their dedication to collaborating with one another in support of children and families has made a difference. As pediatrician Marsha Spitzer explained, "What has been a huge advantage is that we have been able to connect families with community partners without having to do all the research ourselves to find them, because someone else has already done that." Nathan McFarland, another pediatrician partner, added, "Trying to figure out what resources are available in the community, screen our patients, and get them appropriately plugged in is really our goal. However, it is a challenging one. That is one of the reasons why [the role of] HDS is really important." HDS reports that approximately 15 percent of their program funding has been dedicated to care coordination over the past eight years, enabling a clearer focus on connecting families with the services they need.

Looking Ahead: Three Wishes for First 5 San Diego's Early Intervention System

Secure funding to support the system of care. The HDS system has relied on sole funding from First 5 San Diego, which has made San Diego County's expanded early intervention system what it is today. As First 5 funding across California decreases,²⁰ stakeholders recognize the need for fiscal diversification. They are also aware that their successful model cannot be replicated without strong and sustained investment, and see a role for public funding and a greater level of commitment across the state to meet the need for early intervention. A number of key informants raised ideas for additional funding streams, including incorporating system costs into the county Health and Human Services budget, exploring the use of marijuana tax dollars, and childcare subsidies.

Outreach to families through childcare and home visiting. Key stakeholders across sectors in San Diego are increasingly reaching families outside of medical settings—this approach has the potential to normalize conversations about early childhood developmental and behavioral health, as well as bolster parent capacity to support their children's development in their everyday lives. As Terri Cook-Clark, of the San Diego Regional Center, explained:

We want to coach the family in how to work with their child, not just [during] the one hour that the therapist is there, but all the other days and hours during the week. That is most effectively done in the home, where the child and parent spend most of their time.

Work is underway to integrate services into settings where children and families spend most of their time. One First 5 San Diego project is training 40 family childcare providers throughout the county to use screening tools. YMCA Regional Childcare Services' McDougal reports that they are "really trying to get the childcare community engaged in talking to parents about screening, the importance of screening, and building it into their [family providers] standard practice."

²⁰ In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative. The act levies a tax on cigarettes and other tobacco products to provide funding for early childhood development programs. The dollars available under Proposition 10 continues to decline over time as demand for cigarettes and other tobacco products wane. For more information, see <http://first5association.org/about-first-5/overview-of-proposition-10/>.

"Trying to figure out what resources are available in the community, screen our patients, and get them appropriately plugged in is really our goal. However, it is a challenging one. That is one of the reasons why [the role of] HDS is really important."

**—Nathan McFarland,
Pediatrician**

Facilitate communication across data systems. Numerous respondents agreed that a cross-sector data system would yield benefits for both tracking progress and informing providers about how to best serve children and families. Currently, HDS has a strong record of tracking and using data, and the HDS referral form is compatible with electronic health records systems used by medical facilities, which can streamline referrals. Early educators in the Quality Preschool Initiative have a similar record of tracking and monitoring child-level data. However, these two data systems are separate. Both data systems support capacities and reporting requirements that are specialized for each sector, and there is no clear and easy way for the data systems to communicate with one another. Despite the challenges, stakeholders see promise in a more integrated data system to support cross-sector coordination and, importantly, to help families navigate and understand a highly complex system of care. 🏠

Starting with Services



Santa Clara County

Santa Clara County, the home of Silicon Valley, has a population of 1.9 million people, of which about 122,400 are children under age five. About three-quarters of its child population is represented by children of color, with 36% Latino and 32% Asian American.²¹ The county is mostly urban in the north near Palo Alto and Mountain View, and rural in the south, extending beyond the garlic farms of Gilroy.

A key theme to Santa Clara County's approach is *Starting with Services*—the systems work of this county started with building out its capacity with regard to service coordination and intervention. The experiences of Santa Clara County speak to the role of each county's unique context—the priorities, energy, and relationships that exist in each county set the stage for this work.

An Early Identification and Intervention Call to Action in Santa Clara

Santa Clara County's early identification and intervention system changed dramatically in 2004, when the new [Mental Health Services Act](#) (MHSA) allocated tax revenue to improve the behavioral health system across California. In Santa Clara County, the MHSA spurred the county's [Behavioral Health Services Department](#) to work with [First 5 Santa Clara County](#) (First 5) to convene a series of discussions on the mental health needs of families and young children. The conversations yielded a shared awareness that young children and their social-emotional development needed attention, particularly in the areas of early identification and intervention. Nancy Pena, a behavioral health consultant and former Director of Mental Health Services at Santa Clara County, shared, "Whether in childcare, healthcare, or behavioral health, we wanted to build on the competencies of the [existing] system, and that led to [a desire to] build out a continuum of service."

In response to the call to action, First 5 partnered with the Behavioral Health Services Department (BHSD) in 2006 to launch the [KidConnections Network \(KCN\)](#) to establish an assessment and early intervention system of care for children ages 0-5. The aim was to implement screening, assessment, and early intervention services for young children within a network of community-based mental health organizations. Providing another boost to early identification and intervention as a public priority, the Santa Clara County Board of Supervisors approved a [Universal Developmental Screening Initiative](#) pilot project in 2013 to implement periodic developmental screenings during well-child visits at community health clinics. Furthermore, in 2015, First 5 received formal designation as a [Help Me Grow California County Affiliate](#) in large part due to KCN and its related call center function. This formal designation identified Santa Clara County's

Santa Clara Key Informants

- Alum Rock Counseling Center (Patricia Chiapellone)
- Behavioral Health Consulting (Nancy Pena)
- First 5 Santa Clara County (Jolene Smith, Crystal Nava)
- Kidango (Scott Moore)
- Santa Clara County Behavioral Health Services (Sherri Terao)

²¹ California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; U.S. Census Bureau, Current Population Estimates, Vintage 2015 (Jun. 2016) via kidsdata.org.

approach as one that adheres to the national model focused on healthy child development.

Still active today, KCN conducts developmental screenings, behavioral health assessments, home visitations, and therapeutic intervention services for young children. Depending on the family’s needs, KCN also refers families to a range of services and supports such as family resource centers, social services, early childhood education, and other community resources.²² In fiscal year 2015-2016, these efforts resulted in 17,981 developmental and behavioral health screenings as well as 1,561 referrals to community resources and services, such as family resource centers, school districts, [Early Start](#), and the [San Andreas Regional Center](#).²³

Why Focus on Services?

Based on priorities identified by community stakeholders, Santa Clara County placed its initial focus on building capacity within existing services that would bolster treatment and support services for families with children under the age of six. Pena explained that, at the start of this work, “We discovered as we went into pediatricians’ offices...this real hesitancy to [conduct more] assessments, because they had nowhere to send the families.” They determined that health providers would be more amenable to administering screenings and assessments if they could trust that ameliorative services were available for children and their families. Parents and caregivers, too, were more likely to be engaged in the developmental screening process if treatment supports were within reach.

Lessons from Santa Clara County’s Experience

Strengthening existing Medi-Cal providers to serve young children enables access to Medi-Cal-funded services.

Santa Clara County stakeholders recognized early on that if early intervention services were to be accessible to low-income families and communities, they would need to leverage the resources available through their health benefits, which in most cases were their Medi-Cal benefits. The existing network of Medi-Cal eligible community-based mental health providers was an untapped resource for early intervention services for children ages 0-5, yet many did not have the capacity to serve this age group. First 5 and BHSD partnered with De Anza Community College and San Jose State University to develop a set of clinical competencies that would be the basis for this work.

By building the capacity of existing Medi-Cal eligible providers to serve children ages 0-5, Santa Clara County was able to leverage Medi-Cal resources in service of early intervention and treatment. First 5 invested over \$2 million, and working with BHSD, was able to use those funds to leverage an additional \$12 million in Medi-Cal reimbursement.

Building and sustaining early identification and intervention capacity requires long term investment in training.

First 5 Santa Clara County has continually focused on ongoing professional development and capacity building for KCN partners. The trainings are designed to emphasize evidence-based, parent-child therapeutic intervention models for infants, toddlers, and young children; parent-focused intervention and education

Exhibit 3. KidConnections Capacity



²² www.first5kids.org/health/behavioral-health#kidconnections

²³ KidConnections Year-End Evaluation Findings, Fiscal Year 2015/2016, accessed from: <https://drive.google.com/file/d/0B-9kThePSDz7eWYzRkQ3bWRuRnM/view>

programs; and trauma-informed approaches. BHSD, which was administratively responsible for contracting with the KCN providers, conducted trainings as well, creating its Early Childhood Mental Health Training Academy for practitioners who serve children ages 0-5. The 10-month long program provides workforce development and training on mental health competencies for treating young children. Furthermore, First 5 and the BHSD worked closely with KCN providers to develop standards of practice, including the establishment of staffing requirements, practice models, assessment tools, and an outcome evaluation framework. The two agencies support the KCN provider network on an ongoing basis through regular meetings and convenings of executive and program level staff. As Patricia Chiapellone of [Alum Rock Counseling Center](#) commented, "My First 5 teams were among the best trained teams in the agency. [First 5 Santa Clara County] provides excellent training."

In addition to supporting the KCN providers, First 5 led an initiative to train a broader range of community providers through their [Family Resource Centers](#) (FRCs), early education providers, and social service providers in evidence-based programs to support young children's development. They offered training on a number of topics, including Brazelton Touch Points, Triple P Positive Parenting Program, Early Literacy, and Abriendo Puertas/Opening Doors, and many others.

Coordinating care is critical, and an ongoing challenge.

Early identification and intervention advocates in Santa Clara County understand that supporting child development involves more than a one-time exchange between a provider and a family. In many cases, families engage with multiple organizations in support of their child's development, and coordination among these organizations improves the likelihood that children are gaining access to the services they need. As Sherri Terao, Division Director at BHSD, described it:

Often times families that come into our behavioral health system may also be interacting with other agencies—sometimes housing agencies, sometimes social services agencies, sometimes our First 5 family resource centers. They often have many people involved in their life and at times it's confusing for the families to understand for what function is someone coming in to the home or working with their child.

Santa Clara County saw a need for greater coordination and communication in support of children and families. Scott Moore, executive director of the early childhood education provider [Kidango](#), commented, "The whole goal is to break down the historic silos and barriers between the different systems that touch the lives of young children." KCN plays an important role in linkage and coordination, and is a resource for health and social service providers, early educators, and families. Its providers offer an integrated suite of services including targeted developmental assessments, developmental home visitation services, home-based therapeutic services, and behavioral home visitation services. KCN also supports referrals and care coordination for children with identified developmental needs, connecting them with FRCs, Early Start, school districts, preschools, and other resources as needed.

Though KCN is an important success, care coordination remained, as Terao noted, "one of the biggest challenges for us." KCN has helped to coordinate referrals in this complex system, but the task of following up with each service referral, let alone coordinating between services, is formidable. "Referrals are happening, but whether or not there are follow ups from that and actual services being provided is the critical question," remarked Moore. The issue will likely require broader

Face Time Matters

Intending to make developmental screening more user-friendly for families, First 5 Santa Clara and Behavioral Health Services jointly piloted electronic screenings for parents to conduct a screening themselves using a phone, computer, or kiosk. The pilot did not turn out as hoped, however. Sherri Terao of Behavioral Health Services explained:

We learned [that] having a person present in the clinic who can participate with the parent, help explain the process to them, even walk them through parts of the screening...cannot necessarily be replaced by technology...The relational aspect of the developmental screening is really critical.

With a new appreciation of the value of face-to-face interaction with parents, the early intervention team decided to make nurses available in the pediatric clinics to assist parents with screenings.

solutions at the agency level, with coordinated planning and service alignment across agencies. As Nancy Pena suggested, “A lot of [needed] improvements have to do with systems talking to each other and aligning services and trying to find ways to have more cohesive services available to the public so they’re recognizable and not so confusing for everybody who uses them.” She pointed to the need for a dedicated local advocacy group to work across agencies on care coordination.

Looking Ahead: Three Wishes for Santa Clara County’s Early Identification and Intervention System

While improving care coordination is an ongoing project, key informants in Santa Clara County spoke of several additional hopes they have for strengthening their early identification and intervention system over the next few years.

Increase screenings by medical providers. Although developmental screening is not yet universal in Santa Clara County, the ultimate goal is to periodically screen every child countywide, and to provide early identification and intervention for identified needs. Terao explained:

It's important for every parent, regardless of income or eligibility, to be able to have access to developmental screenings so that we can identify ways in which we could support children and their parents at the earliest point when there is some developmental or behavioral concern.

Stakeholders in the county share similar perspectives on how key stakeholders in the system could work together: preschools would support parents as advocates for their children, medical providers would administer most developmental screenings during well-child visits, and KCN would provide most follow-up services. To bring this dream closer to reality, the focus is now on increasing screenings by health care providers during well visits. Santa Clara County’s key players see pediatric practices as the best avenue for achieving universal developmental screening. Because virtually all children visit the doctor, medical providers have access to more children than other types of providers. Crystal Nava of First 5 Santa Clara County reasoned, “When we look at universal [screening], they have to go to the doctor for a well-child visit or physical prior to entering into school [and] prior to entering daycare.” A pilot screening project is currently in place at multiple pediatric sites across the county.

Urge private health plans to cover costs of early identification and intervention. Establishing behavioral health early intervention services through new partnerships with Medi-Cal community-based mental health providers has been a principal achievement to help finance Santa Clara County’s early identification and intervention system; including the ability to transition and bill the home visitation model to Medi-Cal. From Santa Clara County stakeholders’ perspective, private insurers can also play a role in financing screenings and services. Families with private health plans face costs for early identification and intervention services not covered by their insurance plans. Countywide, nearly three quarters of children (73 percent) are covered by private insurance, while the rest have public coverage.²⁴ Thus, private insurers could potentially make a major difference in access to screening and services for children in Santa Clara County—and statewide—by covering early identification and intervention services. Pena argued that covering the services would be in the health plans’ own long-term interest as well, commenting, “All health plans should be spending more time and money investing in early childhood health, because healthy, resilient children will

“The whole goal is to break down the barriers between the different systems that touch the lives of young children.”

–Scott Moore, Executive Director, Kidango

²⁴ Kidsdata.org, 2011-2015.

more likely become healthy, resilient adults, which is good for the health of the community, and the financial health of health plans and the healthcare industry in general.”

Recognize other pressures on children’s health. Affluence in Silicon Valley often translates into well-resourced community efforts that incorporate the latest tech innovations. But for low-income families, cost of living can be a struggle, and nearly 93,000 families with a child under age five live below the poverty line in Santa Clara County.²⁵ In recognition of the disparities experienced by lower-income families, Santa Clara County is seeking to better understand how families experience cumulative risk factors, such as housing instability and poor academic achievement, can have increased access to a coordinated, comprehensive system of care. These efforts would have relevance across the state. Terao noted that care coordinators strive to connect with housing or social service agencies to ensure that all systems interacting with a family are aware of the child’s situation and services. Focused family engagement and outreach efforts continue to be implemented to ensure that the County’s most vulnerable children and families, such as those impacted by housing instability and/or incarceration, have access to a comprehensive system of early identification and intervention services. Attention to families’ language and cultural needs will also continue to be imperative in this diverse county to promote healthy child development and strong families. 🏠

²⁵ U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates.

What Have We Learned?

The successes of these three counties are compelling. They have developed close partnerships across sectors, they have bolstered their capacity and reach to families, and they have changed the culture of how this work is done. Yet, it is important to recognize that none of these approaches can be copied and pasted into other localities. That simply is not the nature of how systems work—the strengths, challenges, and relationships that exist in each system are unique. These case studies are not meant to prescribe solutions; rather, they are offered as examples to spark new ideas on what could be possible.

This chapter describes cross-cutting themes from our efforts to understand this work across the three counties. The themes are organized into two categories: (1) approaches to bolstering the early identification and intervention system, and (2) reflections on financing early identification and intervention.

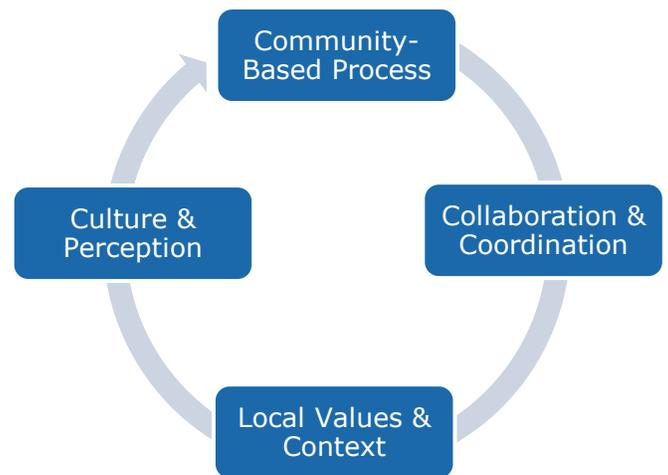
Bolstering Early Identification and Intervention Systems

The early identification and intervention system of each county is unique to its local context, yet there are commonalities in what county stakeholders identified as key ingredients to success: community-based process, collaboration and coordination, and the local values and culture that guide this work.

Transformational change is rooted in community voice and responsive to community need. Across all three counties, stakeholders underscored the value and importance of community—each effort was grounded in community voice and responsive to community need. By grounding system development priorities in community input, these counties were able to build cross-sector buy-in and collaboration, and ultimately transform the culture and practice around early identification and intervention. In Alameda County, the input, perspective, and involvement of families are central to their approach. In San Diego and Santa Clara Counties, the role of community voice in setting priorities was a key ingredient to (i) the willingness of systems stakeholders to work together in new ways, and (ii) the willingness of providers to set aside old practices and adopt new ones.

Cross-sector collaboration is critical due to the breadth of skills and expertise needed in each part of the system. Many have highlighted the need for cross-sector collaboration because of the diversity of developmental concerns a child may have, related to a wide range of issues including physical health, social-emotional and behavioral health, and special education. The experiences of the three counties suggest that no one organization or sector can do it all. A diversity of disciplines and competencies is needed, yet stakeholders acknowledged that service siloes continue to challenge cross-sector collaboration. San Diego County's experience in particular speaks to the level of ongoing communication and coordination necessary to ensure that key partners across the different systems are aligned in their support of young children. Continued and long-term funding built the relationships that now sustain the well-coordinated [Healthy Development](#)

Exhibit 4. Key Ingredients to Strengthening Systems



[Services](#) (HDS) system in San Diego County, which now leverages joint professional development and joint use of facilities to save on costs and ensure that the many partners are aligned into a cohesive system. It takes active work, however, to maintain strong relationships and coordination. Across the counties, respondents also reported that a strong coordinating organization is important to both envision the system that is needed and coordinate with partners to ensure that it is sustained. Across the three counties, First 5 agencies have had a central role in envisioning and supporting the cross-sector collaboration needed. They have also supported shared training and standard practices so that the diverse partners develop common approaches and language to ensure alignment.

Data systems that speak across sectors are critical to facilitating coordination and collaboration. Stakeholders in all three counties noted that data tracking and sharing is limited at present, leading to scattered and inconsistent records for children and potentially disjointed follow-up for families. At the individual program level, data systems are often strong, but they do not often speak to one another. For instance, partners in San Diego County are proud of the sophisticated client data systems for both Healthy Development Services (HDS) and the [Quality Preschool Initiative](#) (QPI). Unfortunately, the systems are not seamlessly integrated. Stakeholders across all three counties spoke of a clear need for cross-sector data systems that would enable them to better serve children and families.

The windows of opportunity regarding where to start are dictated by local values, context, and dynamics. The impetus of where to start or where to focus systems development efforts looks different in each county. In the three case studies, each had an identified need that set the stage for their approach. Alameda County sought to meet the needs of a highly diverse (multi-lingual, multi-cultural) population, San Diego County sought to bolster their support of children with mild-to moderate needs who were most likely to be missed by system, and Santa Clara sought to build greater capacity to serve the social-emotional and mental health needs of young children. Each of these successes responded to a locally-defined problem statement, and that problem statement was defined by the values, context, and public will of that county.

Systems change must go hand-in-hand with culture change. Across the three counties, normalizing early identification as standard practice is a common goal. Stakeholders noted that this goal extends beyond regular implementation of developmental screening—it involves recalibrating how providers talk about early identification and engage families, and it involves reframing how our communities perceive this work. In health care, developmental screening could be a routine part of childhood health visits, similar to immunizations. In early care and education, health promotion and screening could be more deeply embedded as part of standard practice in classrooms and ongoing professional development for providers. In San Diego County, stakeholders have even modified their language—referring not to “screenings” but to developmental “check-ups”—to help frame this as something every child should have as part of their childhood routine.

Financing Early Identification and Intervention

For the most part, state and federal funding for early identification and intervention efforts in California is limited. As such, counties rely largely on local funding sources to support services and connections within their early intervention systems, with First 5 agencies as a significant support across California. Even at its peak, First 5 funds were never enough to address the developmental needs of all children. To make matters worse, First 5 revenues have been decreasing since

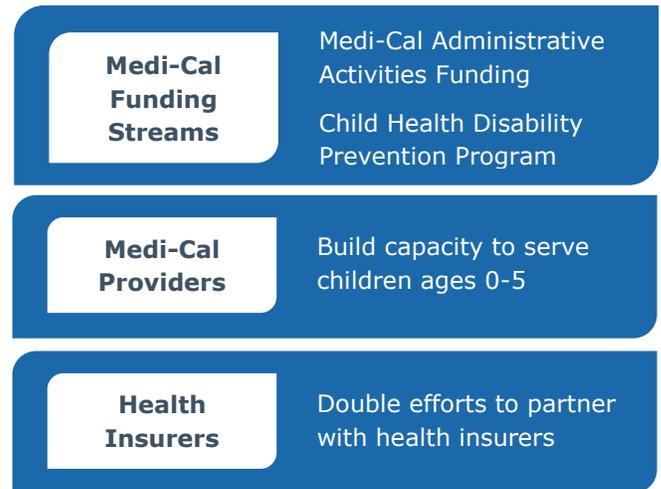
2000 and are expected to decline by nearly 40% by 2020.²⁶

In this context, First 5 agencies know that they alone cannot sustainably fund the programs they have historically supported. Instead, many have increasingly turned to supporting the infrastructure and partnerships needed to build robust systems that can outlive their own funding contributions. Through this work, they have doubled their efforts to build partnerships with pediatricians and the health sector, which can access external funds through Medicaid/Medi-Cal and the Affordable Care Act. They are also beginning to engage Health Plans as valuable funding partners with a shared interest in prevention and early identification and intervention. Though these steps are both strategic and important, stakeholders note that they will not be enough absent action at the state and federal levels. Unfortunately, there’s currently no way to know how much it would take to fund robust systems in each county, because there’s no uniform data system to track the number of children at-risk of developmental or behavioral delay. In San Diego County, for instance, the level of need for services grew as the number of developmental screenings increased over time.

The experiences of the three counties highlight a number of potential strategic levers for consideration:

- **Medicaid Administrative Activities (MAA) Funding.** Medicaid administrative funding could offset administrative costs related to early identification and intervention. [Medicaid Administrative Activities \(MAA\)](#) can partially pay for the costs to provide a child development call center or other related early identification and intervention supports. [First 5 Alameda County](#) shared that they work with the county [Public Health Department](#) to bring in about \$400,000 per year in MAA funds in support of their child development care coordination supports and phone line services. From their experience, however, extra effort and time is needed to put the infrastructure in place.
- **Child Health and Disability Prevention (CHDP) Program.** The [Child Health and Disability Prevention Program](#)²⁷ also holds potential as a resource to offset county expenses for early identification and intervention. If approved by the state, counties can apply CHDP funds to their early identification and intervention systems. The Alameda County Public Health Department claims about \$500,000 in CHDP funds each year to bolster its child development phone line services.
- **Medi-Cal providers.** Counties may be able to leverage their network of existing Medi-Cal providers to tap into funding for early intervention services for children ages 0-5. Investment in (i) the developmental core competencies for this age group and (ii) trainings for Medi-Cal providers has the potential to open access to a broader set of providers and resources to fund early intervention services. By building the capacity of Medi-Cal eligible community-based mental health providers, Santa Clara County was able to leverage over \$12 million in Medi-Cal reimbursement for early intervention direct services through a \$2 million local investment.

Exhibit 5. Financing: Strategic Levers



²⁶ <http://first5association.org/policy-areas/>

²⁷ CHDP is a Medi-Cal program that funds health assessments for the early detection and prevention of disease and disabilities for children and youth.

- **Health insurance plans.** Although they are vital partners with a shared interest, health insurance plans have not yet played a major role in funding early identification and intervention. Often, the case is made that an ounce of prevention is worth a pound of treatment. Medi-Cal Managed Care Organizations and private health insurers are critical stakeholders and strategic allies in this work. Across the three case study counties, stakeholders spoke of the need to develop strong partnerships (and buy-in) with health insurers, and make the case that robust systems of early identification pay off in the long run. Health plans set expectations for the doctors in their networks, and stakeholders feel that they should find some way—such as through new incentives or education—to ensure that developmental screening is a routine part of their well-child check-ups.

Where Do We Go from Here?

The challenge that communities face in identifying young children with developmental concerns and intervening early is formidable, and the barrier of navigating complex systems and paying for these services is even more so. Conversations with stakeholders across Alameda, San Diego, and Santa Clara Counties speak resoundingly to this. Though important successes have been made, there is much more to do in the road ahead. We hope that this report may create new insights or inspiration for those who—across California and the country—are working to strengthen the systems of early identification and intervention for their communities. 🏠

Appendix: Methods

Methodological Notes from the Authors

In our experience evaluating and supporting systems-building efforts across the country, we have found that systems are unique—an approach that works in one community may not work in another—and it is not possible to determine one approach as being superior to another. The purpose of this study therefore was to illustrate and not evaluate, to spur conversation and not judge or assess. In turn, this intention informed our methodological approach. To surface authentic stories, we aimed to tell the stories of three counties in a way that respects community stakeholders as the experts of their own work and owners of their stories. They were partners, not research subjects, and they shared the development of these case studies. For the purposes of this study, the lead partner in each county was the local First 5 agency, as it was their perspective and story that our study aimed to tell.

This shared balance of power had subtle but important implications. A critical concern of this new balance was, “How do we know the story we are reflecting a shared truth?” Our research team sought to balance rigor (a systematic, structured, and objective approach to studying an issue) with the subjective assessment and lived experience of our county-level guides—the First 5 agencies.

To achieve this balance, the research team designed a methodology that (i) incorporated principles of investigative journalism, and (ii) engaged the First 5 agencies throughout the process for their insight and feedback on the case studies. Our approach was inspired by Mark Lee Hunter’s manuscript titled, *Story-Based Inquiry: A manual for investigative journalists*.²⁸

Hallmarks of this study’s journalism-inspired approach

We infused Mark Lee Hunter’s thinking in five key ways:

- **The central role of hypothesis-setting in developing the storyline of the case study.** By treating the storyline as a hypothesis, we continually collected new data to disprove and/or revise the evolving storylines as we interviewed more partners.
- **Use of diverse data sources to place your storyline in the broader context.** We actively pursued secondary data and reviewed publicly available information.
- **Ongoing analysis and assessment of information gathered, as well as gaps that need data.** On a weekly or biweekly basis, we assessed the prevailing hypothesis against any new information gathered, identified whether additional perspectives are needed to verify or disprove the hypothesis, and recalibrated the hypothesis and interview sample as needed.
- **Explicit engagement of community stakeholders in verifying and refining the hypothesis.** We explicitly asked community stakeholders about the prevailing hypothesis, and sought their honest assessment as to what was most exciting about their local work. This supported ongoing refinement of each storyline.
- **Consensus-driven process for framing and finalizing the case studies.** The First 5 agencies were heavily involved in the review and finalization of the case studies. In our partnership with them, we aimed for shared consensus rather than the more typical consultation approach (in which decision-making is held primarily by the research team).

²⁸ <http://www.saladeprensa.org/art956.pdf>

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