



California's Early Identification and Intervention System and the Role of Help Me Grow

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FIRST 5 CENTER FOR
CHILDREN'S POLICY

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Christina Altmayer, Vice President of Programs, First 5 LA
Lisa Burke, Vice President of Learning and Integration, First 5 Orange
Piera Causley, Administrative Services Manager, First 5 Riverside
Gina Daleiden, Executive Director, First 5 Yolo
Heather Davidson, Program Manager, First 5 Ventura
Wendy Dickens, Executive Director, First 5 Shasta
Sharon Elmensdorp, Program Manager, First 5 Ventura
Loren Farrar, Interim Senior Program Administrator, First 5 Alameda
Tara Ficek, Director, Health Systems, First 5 LA
Julie Gallelo, Executive Director, First 5 Sacramento
Kim Goll, Executive Director, First 5 Orange
Fabiola Gonzalez, Interim Executive Director, First 5 Fresno
Rebecca Hernandez, Program Manager, Help Me Grow Orange County
Megan Johnson, Program Coordinator, First 5 Shasta
Carla Keener, Director of Programs, First 5 Alameda
Anda Kuo, Professor, Department of Pediatrics, University of California San Francisco
Erin Maurie, Communications and Policy Director, First 5 Sacramento
Hannah Norman, Project Director, First 5 Fresno
Karina Perez, Project Manager, First 5 Fresno
Jennie Pettet, Director of Child, Youth, & Families Branch, County of Yolo Health and Human Services Agency
Elizabeth Poole, Deputy Director, First 5 Shasta
Petra Puls, Executive Director, First 5 Ventura
Emilia Reyes, Former Executive Director, First 5 Fresno
Emily Roberts, Health and Development Specialist, First 5 San Mateo
Francine Rodd, Executive Director, First 5 Monterey
Ilia Rolon, Former Vice President of Programs, First 5 Orange
Christine Smith, Director of Early Learning, Sacramento County Office of Education
Kristin Spanos, Chief Executive Officer, First 5 Alameda
Ronald Stewart, Manager, Help Me Grow Inland Empire, Loma Linda University Children's Hospital
Nadia Thind, Help Me Grow Program Director, First 5 San Francisco
Deb Turner, Former Help Me Grow Senior Program Administrator, First 5 Alameda
Charna Widby, Senior Policy Strategist, First 5 LA
Theresa Zighera, Executive Director, First 5 San Francisco

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Executive Summary

California's early identification and intervention (EII) system, which seeks to identify young children with developmental delays or behavioral concerns and route them to appropriate services, has longstanding, systemic flaws. These are critical services that have the ability to dramatically affect the trajectory of a child's life. The COVID-19 pandemic has laid bare the need for innovative, coordinated health systems that are able to reach families in need, and the inequities in access to services for children and families. This paper proposes a number of possible improvements to the EII system by leveraging Help Me Grow (HMG), which has been a vital component of county EII systems for 15 years.

California has one of the lowest developmental screening and early intervention rates in the country. While 18% of the state's children have a developmental delay or disability, only 3% of children receive early intervention by age three. Screening rates are a key sticking point: just 26% of children are screened three times before age three, as recommended by the American Academy of Pediatrics. Children of color and those living in low-income households are less likely to be screened than white children and those living in higher-income households.

Multiple factors prohibit children from being screened or connected to services in a timely way: providers have resource and time constraints; families are hesitant about screening and referral; and coordination among services providers is limited. HMG has led the charge to close the resulting developmental screening and service gaps, and to improve the functioning of the EII system in the 30 counties where it operates.

Help Me Grows operate call centers; provide screening, referral, and care coordination; educate and provide outreach to parents and providers; train pediatricians and other providers; collect data and build data systems; and convene partners so they can collaborate effectively. Although they provide great value to their local communities, HMGs in California lack a designated funding source and have largely been supported by county First 5s, whose Proposition 10 revenues continue to decline.

Drawing on comprehensive interviews, this paper compiles lessons from HMG leaders from eight counties across California on how to ensure a robust statewide EII system. These leaders advise that screening for developmental delays and behavioral concerns be encouraged both inside and outside the health care sector, and that care coordination be prioritized so children receive preventive services. In addition, the state's system capacity should be enhanced to ensure universal screening and links to services when needed, as well as a universally linked data system for EII. Outreach and education should be conducted at both state and county levels, and every county should have a locally informed point of access for parents and families.

Now is a critical time to evaluate and improve EII in California. With state leadership that recognizes the importance of early childhood, California has an opportunity to leverage existing HMG infrastructure so the state can reach its early childhood systems improvement goals. *California's Early Identification and Intervention System and the Role of Help Me Grow* provides examples of innovative local implementation efforts, as well as ideas for how to build equitable and sustainable developmental supports for all California children.

Introduction

California leaders have been out front, taking decisive preventive action to respond to the COVID-19 pandemic, and these efforts are paying off. Californians also are innovating in response to the crisis, using tele-health technologies to connect patients to health care professionals, and to connect families to care that promotes early childhood development. As our leaders continue to meet this moment, and to plan for and respond to the economic downturn, we look to them to take similar bold actions and embrace innovations that support families and prioritize the learning and well-being of our young children.

This crisis has made us more acutely aware of the services that keep families strong, and has also exposed deep inequities that already existed, and made them worse. While some families have the stability and resources in place to manage and cope with the impact of sheltering in place, there are millions of families with small children that are suffering greatly due to the isolation. They will likely feel the resulting economic fallout much more, as well.

California has been leading on many fronts, including our leaders' commitment to young children, yet too many of our families entered this pandemic already facing serious challenges. During his campaign and soon after he took office, California Governor Gavin Newsom made clear his intention to prioritize the learning and well-being of young children. He appointed early childhood experts across multiple parts of state government and in his first proposed budget, laid out his vision to improve access to health care services, developmental screening, and referrals.^{1,2,3} The need for these improvements remains urgent: California has some of the lowest developmental screening and early intervention rates in the country. Failure to identify developmental delays and behavioral concerns puts children at a higher risk for lifelong problems that can affect their health and development throughout their lives, and their chances for successful independence.

Families in California have long reported difficulty and delay in getting connected to appropriate supports when their children are identified with concerns. In response, county First 5 Commissions have been investing in Help Me Grow over the last 15 years. Based on a national model, Help Me Grow (HMG) California has led the charge to close developmental screening and service gaps, and improve the functioning of the early identification and intervention system in the counties where it operates. With the pandemic impeding access to screening and services for months at least, the need for these services now and in the future is greater than ever.

HMG is now a valuable component of local early identification and intervention (EII) systems in California, and one the state should consider leveraging or scaling, as well as learning from, as we respond to this crisis and prepare for what is ahead. Since 2005, nearly half of all California counties have adapted and adopted the HMG model. The experiences of county HMG implementation can vitally inform how the state proceeds with plans to improve the EII system so that every California child receives timely developmental screening, and children with a concern are paired with appropriate interventions.



Drawing on experiences with HMG, this paper offers key lessons and considerations for the state as it takes a broader and deeper look into and across early childhood systems and prioritizes what will best help families and their young children weather this crisis and lay a strong foundation for the future. With the urgency of what families are facing, now is the time to embrace innovations and ensure children receive timely developmental screenings and appropriate intervention services.

Part 1 of this paper describes the current state of developmental screenings and services in California; provides an overview of HMG implementation; and offers lessons from those efforts for the state to consider in working towards sustainable and equitable developmental supports for all California children.

Part 2 provides more detail about local implementation efforts of the HMG model in California, including many examples of innovation that may be instructive to stakeholders who want to better understand the complexity of administering this model.

The findings in this paper are primarily based on interviews with HMG leaders from eight counties across California: Alameda, Fresno, Orange, Sacramento, San Francisco, Shasta, Ventura, and Yolo. Examples of innovative practices from HMG Inland Empire, HMG Los Angeles, and HMG Santa Clara are also described.

Part 1

THE CURRENT SITUATION:

Many children in California are not screened or linked to services for developmental and behavioral concerns before they enter kindergarten, and shelter-in-place rules are only exacerbating barriers to screening and services.

Nearly one-fifth (18%) of children have a developmental delay or disability, but often these are not detected as early as they could be, causing delays in treatment.⁴ **In California, just 3% of all children receive early intervention** by age three.⁵ A likely contributor to this problem is a failure to screen for delays in a timely fashion. The American Academy of Pediatrics recommends all children be screened three times before age three with a validated screening tool⁶, yet **only 26% of children in California receive such screenings.**⁷ Significant economic and racial disparities exist: Children living in low-income households are more likely to experience a developmental delay or behavioral concern but are less likely to receive developmental screening than their higher income peers.^{8, 9} Children of color are also less likely to receive developmental screening, and racial disparities exist in receipt of early intervention services.^{10, 11, 12, 13}

Even before the barriers to access multiplied due to COVID-19, children did not receive adequate early identification and intervention (EII) referrals and services for numerous reasons. These include:

- » **Time and resource constraints.** Well-child visits involve multiple requirements and recommendations, and activities tied to health plan performance measures (like vaccinations) can take priority over developmental screenings and referrals, according to pediatricians and health plans. To successfully incorporate screenings and referrals often requires a staff champion, as well as resources to shepherd practice workflow changes, such as adding a screening tool to the electronic medical record, or ensuring screenings are scored before a family meets with their provider.
- » **Insufficient knowledge among providers about validated screening tools, appropriate referrals, and available local resources.** Research indicates that, too often, providers rely only on clinical surveillance and forgo validated screening tools.¹⁴ Developmental *surveillance* is a flexible and ongoing process where health care professionals ask about a child's developmental progress and make informed clinical judgments based on their education and experience. Developmental *screening* is a more formal early identification method in which professionals use validated tools to help identify developmental and behavioral concerns.¹⁵ The American Academy of Pediatrics recommends providers administer developmental screening with evidence-based tools at 9, 18, and 30 months, as well as conduct developmental surveillance at every well-child visit.¹⁶ Surveillance

supports an ongoing conversation between the provider and the parent about the child's development. However, surveillance methods such as checklists and clinical observation are not sensitive enough to pick up all developmental and behavioral concerns, and miss up to 45 percent of children eligible for early intervention.¹⁷

When providers do screen and identify delays, some face challenges in making an appropriate referral to community-based and formal supports, either because they are not sure where to refer, or because there are insufficient supports in the community. Some providers report they are hesitant to screen at all if they feel the community lacks resources for referrals, even though they are aware of the importance of using a validated tool.

- » **Family hesitation about screening and referral.** Families may experience a range of emotions when their children are identified as having a delay or condition, including relief, fear, and sadness. Parents also may hesitate to seek services due to historic distrust in systems that have not always been experienced as helpful. Providers must practice sensitive communication with parents, taking into account the emotional weight of the situation, and empower parents with information on developmental milestones to help them monitor their child's progress.
- » **Limited coordination among different service providers who interface regularly with the same child and family.** Multiple entities provide developmental and behavioral support and interventions for young children once a concern has been identified. These include mental health, regional centers, early care and education, school districts, and community-based providers. When there is not a centralized access point, the complexity of the service landscape can make it challenging for families and providers to identify the appropriate intervention.

OVERVIEW OF HMGs IN CALIFORNIA:

HMGs were built at the local level to improve developmental screening rates; educate parents about developmental milestones; and link children to services as quickly and efficiently as possible.

California is implementing the national HMG model as a comprehensive, county-based system for early identification, referral, and care coordination for children at risk for developmental delays and behavioral concerns. The approach is systemic, and is changing the way counties respond to the needs of young children and their families.

First 5s and their county partners have used the HMG framework to design new approaches to address parent and provider needs, and innovate ways to strengthen connections between systems. Currently 30 counties in California are implementing HMG at various stages of development (see Figure 1 on p.8). Some counties are in the beginning stages of building out the four components, while others have been actively serving their communities for many years.

What is the Early Identification and Intervention System?

For the purposes of this paper, the early identification and intervention (EII) system consists of entities that serve children ages 0 to 5 and that:

1. Conduct surveillance, screening, and/or formal assessments for developmental delays, behavioral concerns, and disabilities.
2. Provide care coordination or navigation support for families with children who have, or are at risk for, developmental delays, behavioral concerns, and disabilities.
3. Deliver intervention services for children with or at risk for developmental delays, behavioral concerns, and disabilities.

Typically, developmental surveillance and screening should happen within the health care setting. In addition, parents, early care and education providers, home visitors, and other organizations that support families may monitor a child’s development (sometimes using a validated screening tool) and identify a concern.

When a concern is detected, the appropriate intervention depends on the type of delay, the severity of the delay, and the child’s age. Some services are delivered through the child’s health insurance. Other developmental or behavioral interventions may be provided through the local regional center (Early Start for children under age 3), or the school district (for children ages 3 and older).^{18, 19, 20}

Young children with slight delays may not always be eligible for formal supports. However, these children may still benefit from programs and services, such as playgroups or guided activities that a caregiver can do with children to support their development.^{21, 22, 23} Many of these supports are funded exclusively by county First 5 investments.

A note about terminology: This paper discusses both local Help Me Grow (HMG) model implementation and the EII system at large. When describing county-specific implementation of the four components of the HMG model in California, “HMG” is used. When describing the larger cross-sector system of care described above, “EII system” is used.



California has adopted four core components to organize HMG implementation. These components are based on the components used nationally by others implementing the HMG model. The HMG core components in California are: *a centralized access point; identification of delays and linkage to appropriate resources; outreach and education; and data collection and analysis.* (See **PART 2** for more detail about the four components and examples of local innovation related to each.)

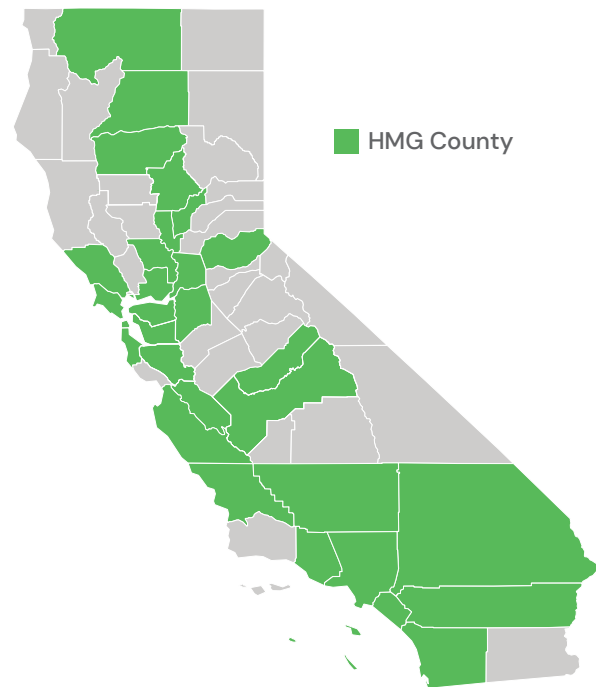
The **centralized access point** is a “go-to” point of access for all families, child health care providers, and other professionals seeking information, support, and referrals regarding child development. The centralized access point is often a call center, sometimes enhanced with texting, apps, email, and websites.

HMGs promote **identification of delays** by supporting periodic screenings with validated tools in accordance with the American Academy of Pediatrics Bright Futures recommendations.²⁴ HMGs train child-serving providers on how to conduct developmental screenings. In addition, in many counties HMG staff provide developmental screenings to children, most often through the centralized access point on the telephone or web. HMGs also provide **linkage to appropriate resources** and maintain resource directories with information about local supports. Centralized access point care coordinators can answer questions about development and connect families to appropriate services and programs.

HMG staff promote early identification and inform families and other agencies about the resources HMG provides through **outreach and education**. They also conduct training on child development, screening, and referral with various child-serving providers including health care providers, home visitors, early care and education providers through Quality Rating and Improvement System (QRIS), and family resource center staff. These outreach and education efforts help HMGs collaborate with the community and continuously develop their resource referral network by gathering information on services that other organizations provide.

Data collection and analysis allows HMGs to understand their reach and improve services. Many HMG centralized access points collect data from initial contact to subsequent follow-up on referrals made. This helps HMGs understand whether families are connected to the right services in an appropriate and timely manner, who calls and why, what happens to families seeking help, how well the overall system is working, and what may need to be changed to improve the system.

FIGURE 1



Help Me Grow History

The HMG model was developed by Dr. Paul Dworkin and pilot tested in Hartford, Connecticut. It was expanded statewide in 2002 as a way to strengthen Connecticut's ELL system. HMG, in partnership with others, seeks to coordinate the ELL landscape and address gaps and barriers with the goal of creating a more comprehensive system for early identification, referral, and care coordination. Its appeal has grown widely over the last 10 years both within California and nationally. HMG is now operating in 31 states across the country.

Although the HMG model was originally developed for state implementation, some larger states like California have opted for regional or county-based implementation because of population size or system complexity. The system was initially introduced to California in 2005 when First 5 Orange (then called the Children and Families Commission of Orange County) implemented the model. There are differences in how HMGs view themselves locally in California. In some counties HMG leadership view HMG as one component of the broader ELL system. In other counties, HMG leadership view HMG as a larger effort, encompassing and coordinating the ELL system.

In 2014, the First 5 Association launched HMG California as a statewide hub for county-based HMG model implementation in California, offering technical assistance to counties as they initiated their HMGs. With the expansion of HMG into more counties over the years, HMG California now serves as a backbone entity that regularly convenes counties to brainstorm through implementation barriers, develop and test innovative responses to reach more children and families, and share best practices and resources. HMG California is also a central contact for the counties and supports the needs of affiliates, regardless of where they are in implementation. It offers a common understanding and vision, ensuring fidelity to the HMG model while allowing for flexibility based on local circumstances. In addition, First 5 Association leverages its HMG California role to advocate for state policies on behalf of the counties.

Ideally, the ELL system would effectively support families and ensure all children receive the services they need to reach their optimal development. California counties have adopted the HMG model to help reach this goal, and to improve upon the very low screening and service utilization rates in California. Even with ongoing state efforts to improve screening and intervention, progress will be incremental and take time. There will continue to be a role for screening, outreach to families, and navigation to services outside managed care for several years to come. The state must plan for the future while supporting the system that exists today. Furthermore, counties must find ways to meet the needs of children and families currently seeking services while adjusting to the changing ELL landscape.

INFORMING THE FUTURE OF EII WITH LESSONS FROM HMG COUNTIES:

As we work towards sustainable and equitable supports for all California children, the state can learn from counties' experiences with implementing HMG.

Interviews conducted with leaders in eight HMG counties suggest that the implementation of HMG in California over the past 15 years has strengthened local systems of care in participating counties. For example, in San Francisco County, HMG is bringing together partners across service sectors, encouraging collaboration and information sharing, and supporting the implementation of consistent strategies in home, school, and community settings. The approach has been particularly successful in early care and education settings where multi-disciplinary teams, in partnership with parents, implement child support plans using developmental screens as a starting point for identifying effective child-focused responses at home and in the classroom.

The care coordination and systems integration that HMGs offer are not universal across the state and depend on local resources and relationships, however. Counties are at different levels of implementation of the model, and the nature of partnerships among relevant county organizations varies, as well. Some exciting partnerships with health plans, behavioral health, public health, and other important local players have been forged. For example, HMG Inland Empire (HMGIE) (a partnership between First 5 Riverside, First 5 San Bernardino, and Loma Linda University Children's Hospital) is working with Epic, the electronic medical record developer, to design a data platform accessible to the many types of providers who serve young children. See **PART 2** of this paper for additional examples.

Other counties have been unable to engage key partners, resulting in weakened coordination and compromised service delivery for families. Moreover, available funding for HMG is generally not proportionate to the size or need of the community. Some counties have successfully leveraged state or federal funding to support local EII efforts; this funding includes Medicaid Administrative Activities (MAA), Targeted Case Management (TCM), and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). However, each local system struggles to figure out funding mechanisms on its own.

The state can play a role in reducing variation across county EII systems. Its approach to do so should be informed by local HMG efforts. HMG leaders have a wealth of expertise about the ways families navigate systems in their counties, how the pathways have changed and improved as their HMGs have matured, and the barriers to referrals and services that persist.

The health sector holds significant responsibility for the EII system. Medicaid's EPSDT benefit for children with Medi-Cal insurance requires Medi-Cal to provide screening in accordance with the American Academy of Pediatrics guidelines, and to provide medically necessary intervention services.²⁵ Medi-Cal Managed Care Organizations (MCOs) are also required to ensure the coordination of care for all medically necessary EPSDT services. This requirement holds for services within and outside the MCO's provider network.²⁶

Recent Policy Changes Affecting the EII System

In 2019, Governor Newsom supported new investments and legislation to improve developmental screening rates for California children enrolled in Medi-Cal in two important ways:

- » By including \$54 million in the 2019–20 budget to improve developmental screenings, the governor paved the way for the state Department of Health Care Services (DHCS) to implement, effective January 1, 2020, a \$59.90 incentive payment for providers who administer developmental screenings for children up to 30 months of age. This incentive payment will be available through the end of 2021 and will continue if there is sufficient General Fund revenue.^{29, 30}
- » Governor Newsom signed Assembly Bill 1004 (McCarty), which stipulates that Medi-Cal providers adhere to the Bright Futures timeline for developmental screenings, as well as use a validated screening tool. AB 1004 also improves state oversight of developmental screening by requiring an external quality review organization (EQRO) to review and report annually on Medi-Cal managed care plan metrics for developmental screenings. Finally, it also requires DHCS to monitor Medi-Cal managed care plans' compliance with providing enrollees access to developmental screenings.³¹

Although HMG seeks to improve systems for all children, children who receive insurance through Medi-Cal represent an important population for HMG. Fifty-seven percent of California children ages 0–5 are enrolled in Medi-Cal.³²

In California, there are minimal oversight and accountability measures for both screening and care coordination. In March 2019, the California State Auditor released a report that found that over two million children enrolled in Medi-Cal are not receiving the preventive health services they are entitled to. A key finding of the report was that the Department of Health Care Services (DHCS) had not provided sufficient oversight or enforcement to ensure that Medi-Cal managed care plans and providers were providing the full range of services required under the EPSDT benefit.²⁷

The Newsom Administration has begun to make changes to improve screening rates. For example, the Department of Health Care Services (DHCS) published an All Plan Letter that clarified EPSDT requirements for Medi-Cal managed care plans, including their responsibility for care coordination for all medically necessary EPSDT services.²⁸ MCOs and their contracts must reflect a clear understanding and effective execution of EPSDT, and upcoming contract renewals present an opportunity to further clarify this responsibility. **Although these are positive steps, additional oversight of MCOs is critical to ensure health providers are meeting the needs of families as well as federal requirements.**

In addition to increased oversight, California's continually low EPSDT screening and service rates suggest that many pediatric primary health care providers in the safety net need to modernize infrastructure, workforce, and workflow to provide timely access to high-quality, integrated care to young children. This might include supporting care for Medi-Cal children outside of clinical settings in order to strengthen adherences to EPSDT and best meet the needs of children.

Beyond improved oversight of MCOs, the counties interviewed for this report emphasized the following six key lessons that the state should consider as it seeks to improve early identification and intervention efforts.

1. Screening for developmental delays and behavioral concerns outside the health care sector is necessary, even as California takes steps to ensure more health care providers screen according to recommended guidelines.

Universal developmental screening is an important starting place for early identification and intervention. HMGs train child-serving providers, like child care centers, on how to conduct developmental screenings. In addition, in many counties, HMG staff provide developmental screenings to children, most often through the centralized access point on the telephone or web, using the Ages and Stages Questionnaire (ASQ) developmental screening tool. This extra layer of screening throughout the community has increased the number of children receiving screening and referral in HMG counties.

HMG's role in screening faces a new context given California's recent investment in developmental screening reimbursement, and its new law requiring additional oversight of developmental screening in the Medi-Cal program. Although these changes are likely to lead to improvements, barriers such as providers' limited time will remain. Given the state's historically low rates of screening and referral, HMG leaders expressed a strong preference for ensuring resources are available to support screening for developmental delays and behavioral concerns outside the health care sector, and for training to ensure screening results are communicated to pediatricians or health clinics.

2. Care coordination is essential to ensuring children receive necessary preventive services.

Managed care plans in California are required to ensure care is coordinated for all medically necessary EPSDT services, but this often doesn't happen. In response, many HMGs provide care coordination through their centralized access point. Effective care coordinators need to understand the capabilities, roles, responsibilities, and relationships between organizations, agencies, and providers in their area to best ensure families are served in a timely and appropriate manner. HMG care coordinators are familiar with eligibility criteria, and help families access the local resources they need to meet their child's unique situation.

Even as the state seeks to clarify and strengthen care coordination within the health care setting, several HMG county leaders believe there will still be a role for referrals and care coordination outside the health care sector. Counties would like to build stronger relationships with health plans as they put more attention towards care coordination. There may be opportunities to work in partnership with MCOs and build upon the care coordination strengths of HMG systems to ensure families have the best access to navigation support.

3. Every county can benefit from having a locally-informed point of access for parents and families.

County HMG leaders overwhelmingly expressed the need to maintain a local centralized access point for families and providers. The centralized access point resource directories contain up-to-date information about developmental supports and are often carefully maintained by HMG staff. Successful centralized access points have strong connections to local agencies, so families and providers have a reliable, one-stop location to get their questions answered.

A centralized access point provides the greatest value to the community when the staff reflect and understand the cultures of the local community, and when there is follow-up with the family or provider after initial contact to ensure needs were met. A robust centralized access point also tracks and provides data back to providers from other systems that the family uses (health, education, child welfare, etc.).

Jair's story

Shortly after Gabriela took her son Jair home from the hospital, she continued meeting with the home visitor who supported her during pregnancy. The home visitor noticed Jair had low muscle tone in his legs, feeding issues, and was a little slow to walk and talk. The home visitor encouraged Gabriela to ask Jair's pediatrician about it, but he dismissed her concerns. She called the regional center and told them how Jair would bite or bang his head when mad, but their analysis was that it was "bad behavior."

Gabriela still knew something was wrong, so she called Orange County's Help Me Grow's resource line. They listened to Gabriela's concerns and helped her get an evaluation. At 18 months, Gabriela learned Jair was "globally delayed" in speech and fine motor and gross motor skills.

Jair started getting speech, occupational, and physical therapy through early intervention, but the HMG coordinator, who continued to work with the family, was concerned that Jair had additional needs. At 25 months, the HMG coordinator encouraged Gabriela to take Jair to UC Irvine's Center for Autism and Neurodevelopmental Disorders for evaluation. There, he was diagnosed with autism and fast-tracked to behavior therapy. He showed improvements quickly.

Despite delays and frustration, Gabriela's persistence and the support of HMG and the home visitor helped Jair eventually get connected to the supports that could best support his development.

4. Enhanced system capacity is critical as the state strives to universally screen children for developmental delays and behavioral concerns, and link to services as needed.

In order to support children in reaching their optimal physical, mental, and social health, EII systems need a sufficient supply of pediatric providers who meet the geographic, cultural, and linguistic needs of children with developmental and behavioral delays. HMG leaders report and research confirms that professionals in the following fields are in low supply: hospital dentistry, developmental pediatrics, specialty pediatrics, occupational therapy, and speech and language pathology. This limited pediatric workforce supply prevents local systems from adequately meeting the needs of children and families.^{33, 34, 35, 36}

Moreover, there is a low supply of mental health providers to support young children with trauma exposure or social-emotional concerns.^{37, 38, 39} The 2019–20 California state budget included funds to reimburse for screening for adverse childhood experiences (ACEs), and training for Medi-Cal providers on how to do ACEs screening.⁴⁰ The inclusion of ACEs screenings during pediatric visits will strengthen the EII system. However, it may also further increase the need for mental health providers, add additional pressure to the health care system, and test the ability of local HMGs to respond to newly identified needs.

Workforce shortages for young children is a statewide problem that will require a number of policy solutions to address. The state can consider how to address this significant barrier, including additional financial incentives for providers in areas with particular scarcity and the use of tele-health and other new technologies.*

5. A universally linked data system for EII is essential for California to improve service coordination, identify system gaps, and ensure children are receiving necessary preventive services.

Comprehensive data collection is a challenge for many HMGs. HMG data are often not linked to health data or other systems. Many centralized access points must manually connect back with the family or referral entity to see if a connection was made. All local systems would benefit from robust and coordinated data collection systems regarding children's health. Not having a data connection between the many entities relevant to EII limits local systems' ability to assess gaps in access and determine impact of services on developmental outcomes, and limits the state's ability to understand statewide need and communicate progress. Although the creation of a universally-linked EII data system is a long-term goal, in the short term improved data quality and data oversight would improve outcomes. Some counties have made progress in this area (see p.26 in **PART 2** for examples), and the state should look to them for insights about what could be available in every county.

* Related to this point are the well-documented capacity shortfalls among school districts and regional centers to serve children who qualify for their services. These shortfalls put additional pressure on the health sector and community-based services. A full discussion of the improvements needed within and between these systems are beyond the scope of this brief. See the California Assembly's Blue Ribbon Commission report and Getting Down to Facts (2018) report for more discussion of these issues.

The California Assembly Blue Ribbon Commission on Early Childhood Education. (2019). Final Report April 2019. <https://speaker.asmdc.org/sites/speaker.asmdc.org/files/pdf/BRC-Final-Report.pdf>

Stipek and colleagues. (2018). Early Childhood Education in California. Getting Down to Facts II. https://www.gettingdowntofacts.com/sites/default/files/2018-09/GDTFII_Report_Stipek.pdf

6. Outreach and education should be a shared responsibility between state and counties.

While outreach to families may require locally customized content, HMG county leadership report that there would be a benefit to statewide universal messaging and promotional materials about developmental milestones and the importance of screening. HMG leaders emphasize that any messaging to families should represent California's racial, ethnic, and cultural diversity. Messaging should be sensitive to families' hesitation about having their children screened and potentially "labeled," and communities' reluctance to engage in large medical or government systems.

HMG leaders suggest that a clearinghouse or library of resources at the state level be curated and made available to all counties, so they can maximize their collective reach and impact. Common messaging and materials for TV, radio, social media, and publications, as well as visuals, should allow for county customization, they said.

CONCLUSION

HMGs provide tremendous value to the local communities where they operate. They operate call centers; provide screening, referral, and care coordination; educate and provide outreach to parents and providers; train pediatricians and other providers; collect data and build data systems; and convene partners so they can collaborate effectively. During the COVID-19 crisis, many have embraced new innovations and continue to connect with families through calls, video chats and text check-ins. All of these activities lack a designated funding source. First 5's Proposition 10 revenue continues to decline, and cannot be relied upon as a scalable or sustainable funding source for HMG activities.

With new state leadership and an unprecedented need to support our families, California is poised to consider children's holistic needs at a state level in ways it has not in the past. In continuing to meet this moment, we must take stock of our successes, along with the inherent complexity and limitations of operating HMGs at a local level. The lessons in this paper underscore that many aspects of children's health, including developmental and behavioral concerns, cannot be addressed solely in clinical settings and require a wraparound set of services and supports at home and in the community. As our state leaders take bold and decisive action to support families in the wake of COVID-19 and the economic downturn, they should prioritize opportunities to leverage or scale existing HMG infrastructure.

Part 2

Counties operating HMGs have found innovative ways to implement the four core components through creative partnerships and financing models. This section describes bright spots from county systems, as well as several areas that HMGs are struggling with, including sustainability, expanding their partnerships, and meeting the needs of families.

HIGHLIGHTS FROM COUNTY IMPLEMENTATION OF HMG'S FOUR CORE COMPONENTS

Component 1: The Centralized Access Point

The centralized access point has been a focal point for most counties' HMG. County leaders note that an effective centralized access point is not just an information and referral line; it works best when there is follow-up to confirm if a referral was successful. Many take the form of phone lines with 1-800 numbers or other community numbers, including 211. Some counties like Yolo have also increased the use of text messaging as a tool for communicating with families.

HMG county leadership say that a locally maintained, centralized access point ensures staff have knowledge of community resources and populations. However, smaller counties may benefit from a regional call center composed of a few small counties. For example, Butte and Tehama Counties are leveraging HMG Shasta's database. This regional approach is effective because it reduces the per-partner cost for the database, and efficient because it allows partners to view regional data and determine strengths, gaps, and potential opportunities to create improved systems for children and families in rural northern California.

Although almost every HMG has implemented a centralized access point, the primary audiences differ. In some counties, pediatricians and providers primarily use the centralized access point, while in other counties it is more family focused. For example, in Ventura County many children are screened by a provider in the community and referred to the HMG phone line. HMG Ventura also conducts screening over the phone for children who have not been screened. This arrangement requires that parents place the call, and requires pediatricians and other parent-facing providers to robustly refer to the phone line.

Alternatively, when providers are the primary users of the system, families can receive a direct contact from HMG at the request of the provider. For example, in Alameda County, the majority of calls to the centralized access point are from physicians who have flagged that a family has a need. Physicians relay the family's information to the call center staff, who then contact the family. Once connected, HMG reports back to the health care provider (and other providers with the family's consent) to let them know what happened with the family.



The best centralized access point approach for a county may depend on its size, population, and local relationships. For example, Los Angeles County is planning a centralized access point that it hopes will efficiently and sustainably support its large population of young children, diversity, geographic size, and complex service delivery system. Local resources cannot sustain a centralized access point in L.A. that provides universally accessible screening and care coordination. Therefore, HMG LA is focusing investments and coordination support on local entities and systems already screening and conducting care coordination.

Component 2: Identification of Delays and Linkage to Appropriate Resources

Given the low rates of developmental screening in California, HMGs have emphasized screening through centralized access points and training providers. In many counties with an operating centralized access point, families are able to receive a developmental screening, either over the phone or online, when they contact HMG.

Online screening is often completed through Brookes Ages and Stages Questionnaire (ASQ) Online. In Sacramento County any local family can access the ASQ/ASQ: Social Emotional (SE) online through the HMG Sacramento website. Online screening is not only a resource for families, but also can be a resource for local providers. For example, Alameda is starting to make its ASQ Online account available to a broader array of partners who are conducting screenings, including Head Start programs, other early care and education programs, and home visiting programs.

In addition to developmental screening, HMGs work with partners to support broader screening efforts for young children and families. In Yolo County, HMG is connected to a robust maternal infant health program to screen families for substance abuse and mental health risks, and to connect families to the EII system. For all families served by HMG Yolo, screenings are offered through an online system which includes the ASQ, ASQ:SE, Safe Environment for Every Kid (SEEK), Environmental Scan, the Modified Checklist for Autism in Toddlers (MCHAT), and PHQ9 for maternal depression. Results upload to the YES YOLO data system where trained Help Me Grow staff members evaluate the screening results using protocols established by professionals including a developmental pediatrician.

HMG supports identification not only by conducting screening, but by hosting trainings for local providers on screening. In Shasta County, HMG staff train teachers how to conduct the ASQ upon preschool enrollment and then refer families to HMG staff. In Ventura County, HMG partners with Ventura County Public Health Department to train health providers and early care and education providers on the ASQ, ASQ:SE, Parents' Evaluation of Developmental Status (PEDS), and Modified Checklist for Autism in Toddlers Revised with Follow-Up (MCHAT-R/F).

Whether or not an HMG centralized access point conducts screening, all centralized access points provide information for families and providers on child development and local resources. In San Francisco County, early childhood educators and health clinics with high pediatric volume universally screen children with the ASQ and connect families directly to HMG staff with a warm referral. HMG staff provide family support and advocacy for all referred children.

In addition to information, many HMGs also provide a level of care coordination or care navigation to support the family in connecting with an appropriate resource. In Sacramento County, care coordinators follow up with families via the call center 30 days after the initial connection, and then with follow-up calls as needed at 60 and 90 days. Family advocates follow up with families in subsequent home visits or phone check-ins until the family is connected to services. If families have indicated that they have not been contacted by the agency they were referred to, HMG staff follow up with the agency to investigate the barriers to connection.

HMG care coordination activities have been successful in connecting families to the supports their children need. For example, in San Francisco County, 18 months of service linkage tracking data show that 90% of families receiving HMG care coordination are successfully linked to formal early intervention services (Part B/Part C) and/or needed family and child support services (e.g. mental health supports, family resource centers).

Component 3: Outreach and Education About Available Resources

Counties have found many creative ways to inform parents and providers about EII. For example, Shasta County attends community outreach events run by organizations like public health, local non-profits, and public libraries and provides education on child development. In Yolo County, HMG runs a Facebook group called Parenting Chat to give local families a place to ask questions, solicit advice, suggest meet-ups and events, and share parenting experience. This group is moderated by HMG child development experts.

Many HMGs also devote time to bringing together community entities involved in EII. Many counties host networking events called Connection Cafes, where community-based organizations and providers can network and learn about the services each other offers. HMGs also bring community partners together to create resource directories for EII. For example, Yolo County uses Livebinder, an online tool to organize materials that can be shared via an online link with families. In Fresno County, 211 provides an online, community-accessible resource directory where community partners are able to self-update their information.

In addition to general EII information, HMGs also conduct outreach to parents regarding HMG. Sacramento County invested in a digital outreach campaign targeting families. This campaign included web banner ads on websites that local parents visited, video, and local radio ads targeted to parents with young children. The digital ads resulted in a 27% increase to the HMG call center and a 700% increase to the HMG website.

HMGs also conduct outreach to providers about the services HMG and the local community has to offer. In Ventura County, HMG staff have held town halls for pediatricians and community-based organizations. At these events the HMG staff and community-based organizations educate physician office staff about the resources for children and families in the community.

Component 4: Data Collection and Analysis to Improve Systems

Data collection by HMGs is often limited to centralized access point activities; however, some counties have found ways to connect to the larger systems of data in their county to better support children. For example, HMG Inland Empire (HMGIE) (partnership between First 5 Riverside, First 5 San Bernardino, and Loma Linda University Children's Hospital) is designing a data platform accessible to the many types of providers who serve young children. In the first phase of this work, HMGIE piloted the integration of an electronic ASQ, electronic social determinants of health screen, and Wellness Map into Epic, the electronic medical record (EMR) platform used by Loma Linda, Riverside University Health System, and a local Federally Qualified Health Center. Using zip code-specific data, the Wellness Map feature populates with community-based resources for children and families identified as at-risk with one or more social determinants.

With the success of phase one, HMGIE is working with Loma Linda and Epic developers to create a platform to connect other early childhood providers (external physicians, ECE, behavioral health) with these electronic screeners and resources. As envisioned, separate portals will allow those without Epic to access relevant data. HMGIE plans to connect its forthcoming centralized access point to the integrated data platform.



Orange County has also supported cross-system data collection by spearheading a screening registry for the county to communicate screening results between organizations and providers that conduct developmental screening. The registry accommodates the ASQ-3, ASQ:SE, PEDS, and the M-CHAT R/F. Building the registry required agreements between Cerner (the EMR used by Children’s Hospital Orange County Primary Care Network) and HMG. OC Children’s Screening Registry is live and aggregates data on demographics, developmental screening results, and referrals. In Fresno County, HMG is part of a county Cradle to Career initiative project to create a countywide integrated data system. This system will link service and outcome data across providers to better understand the needs of children and families.

HMGs need to connect with larger systems data not only to better serve children, but to fully understand impact. An example of this is Alameda County which worked with their local Medi-Cal MCO to analyze data on its members who were also served by HMG. Results indicate that being served by HMG is positively correlated with children’s improved access to and usage of health care services. The data indicate that HMG children have earlier interventions for mild to moderate mental health services and Applied Behavior Analysis (ABA). HMG children were also found to have, on average, higher percentages of compliance in select Health Care Effectiveness Data and Information Set (HEDIS) measures.

HMG LA Implementation Plan:

First 5 LA is partnering with the Los Angeles County Department of Public Health (LAC DPH) to adopt the HMG model for L.A. County. The two agencies are mapping out a system that is based on the experience of other large counties, and planning a system that accommodates the county's size and complexity. As a result, HMG LA will include innovative features to support system sustainability and leverage existing EII efforts in the county.

- » **HMG LA's vision is informed by cross-sector stakeholders:** The design and planning for HMG LA started with a convening of over 60 cross-sector agencies, organizations, and programs in 2016. Recommendations from these stakeholders were captured in a report, and continue to inform implementation planning for HMG LA.⁴¹ This process fostered stronger relationships among stakeholders and cultivated a sense of collective buy in for strengthening EII systems across L.A. County. First 5 LA and LAC DPH continue to prioritize stakeholder engagement throughout implementation planning.
- » **HMG LA's design includes centralized and decentralized components:** Early planning members recommended a "centralized-decentralized" approach for HMG LA. The centralized access point, anticipated to launch in 2021, will be accessible for families and providers countywide who seek information and care navigation support. EII services—including screenings, care coordination, and intervention services—will be decentralized and delivered at the local level. Because of the focus on local intervention, HMG LA will support and be highly coordinated with local entities already screening and conducting care coordination.

First 5 LA recently launched the HMG LA Pathways community collaboratives investment, which will strengthen local cross-sector referral pathways between EII-involved organizations. Up to seven collaboratives across the county will test and refine approaches related to referral pathways within a given geographic region based on the community's need. HMG LA Pathways collaboratives will be important referral partners for the HMG LA centralized access point.

- » **HMG LA coordinates closely with local MCOs:** HMG LA is working to build relationships and coordinate EII efforts with its two local MCOs and their plan partners. For example, L.A. Care Health Plan and First 5 LA are partnering to jointly invest in improving EII practices at the plan, provider, clinic, and member levels. This initiative will engage providers and practices in integrating early developmental screening and referral protocols into practice workflow and increase community and family awareness of the importance of EII.
- » **HMG LA's approach is family centered:** HMG LA is striving to keep family needs and preferences at the center of its planning decisions. For example, HMG LA is exploring web-forward approaches to the centralized access point that take into consideration the shifting ways young parents prefer to receive information and ask for help. In addition, HMG LA is launching a Community and Family Advisory Council to ensure family voices are elevated in HMG LA design and to support parent advocates.

AREAS FOR GROWTH TO STRENGTHEN EII

Identifying Alternative Revenue and Sustainability

Because of declining First 5 Prop. 10 funds, HMGs need to identify alternative funding sources and partner with others to sustain the functions of the HMG four components. Some counties have been able to successfully leverage various funding streams for parts of the system. However, most counties could use support from the state in identifying and committing resources to support HMGs taking into consideration the role they fill locally. A few examples of county success in leveraging funds include:

- » In Alameda County, First 5 has a partnership with the Alameda County Health Care Services Agency. First 5 dollars are used to leverage **Medi-Cal Administrative Activities (MAA)** claims for state and federal funding.
- » In Orange County, HMG has worked with their Medi-Cal MCO, CalOptima, to ensure that a portion of Medi-Cal funding drawn down through an **Intergovernmental Transfer** (a transfer of public funds between government entities used to draw down matching federal funds for Medi-Cal beneficiaries) goes to medical providers working on the developmental needs of children.
- » In Yolo County, First 5 partners with Yolo Health and Human Services Agency to receive and leverage **Mental Health Services Act (MHSA) funds**. With this investment, First 5 Yolo enhances HMG efforts and offers universal mental health screening to parents and their children ages 0–5. HMG staff works with the local Medi-Cal MCO (Partnership Health) and Medi-Cal behavioral health provider (Beacon Health Options) to steer the influx of children who need services into these pathways.
- » In Santa Clara County, First 5 and the County Behavioral Health Services Department (BHSD) partner to provide screening, assessment, and early intervention services to young children. First 5 Santa Clara uses their investment in this system to leverage Medi-Cal **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) dollars**. In Fiscal Year 18/19 First 5 invested \$2.3 million and was able to leverage \$14.9 million from EPSDT.

Expanding Partnerships

HMG alone cannot deliver all of the pieces of the EII system. Therefore, First 5s must build partnerships with a wide range of agencies and organizations from multiple sectors that support the whole child and family. According to county leaders, EII systems work best when the disparate sectors are brought together to create a collaborative plan. Additionally, an early shared vision for EII and HMG among sector leaders is essential for collaboration success. Given that many organizations and systems are used to doing siloed work, this type of integration is both challenging and necessary.

One specific area that counties identified for improved partnership is data sharing. Organizations need data sharing agreements, common consent methods, and protocols to efficiently serve shared families in the community. In order to truly coordinate care for children, memorandums of understanding (MOUs) or other agreements must be in place between entities.

In addition to better data agreements, HMGs interviewed for this report would like stronger partnerships with the health care sector. Many HMGs have pediatrician champions who support change at the clinic level, but counties need MCO leadership support to create larger system change in EII. HMGs are increasingly starting to broker partnerships and relationships with MCOs. In order to be successful in this partnership building, it is helpful to have HMG staff who are knowledgeable about health care and Medi-Cal, and can serve as bridges to managed care.

Undergirding all of this work are the relationships between leaders, which are at the heart of a functioning, locally-driven EII system. Many First 5s have worked to bring local partners to the table to build a cross-sector EII system. However, this process is slow and deliberate, and requires careful maintenance.

Meeting the Unique Needs of Families

In order to better meet the needs of families, HMGs acknowledge the importance of meaningfully engaging parents to talk about their experiences. However, there is no standardized way HMGs solicit feedback from families. Some HMGs involve families on Advisory Committees or conduct family satisfaction surveys. Many ask parents a general satisfaction question, such as “have your needs been met?”, at the end of an engagement, though some HMG leaders feel this kind of question is not nuanced enough to function as more than a customer service satisfaction question.

Given California’s vast diversity, it is essential to ensure that community-representative parent voices are included in efforts to improve and build HMG systems. It is also important that norms are not promoted through a single culture. Some counties deepen their cultural awareness and sensitivity by forming relationships with partner agencies that work with specific populations and ensuring HMG staff are representative of the communities they serve. However, this is an area where HMGs acknowledge they need to increase their attention and investment in order to better meet the needs of all families.

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**APPENDIX:
DETAILS ON COUNTY IMPLEMENTATION OF HMG’S FOUR CORE COMPONENTS**

Alameda County

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>The majority of calls/ referrals come from physicians who refer patients directly to HMG. HMG staff engage in a regular feedback loop to health care (and other providers with consent) on referral receipt, case status, outcome with HMG, and referrals made.</p> <p>In collaboration with mental health agency partners, developed a universal referral form for HMG centralized access point staff referrals to 13 mental health agencies.</p> <p>Collaboration and coordination with Regional Center Intake Unit. HMG centralized access point verifies and ensures that referrals are received and will be addressed.</p> <p>In addition to centralized access point care coordination, First 5 Alameda contracts with a peer parent organization to provide in-person navigation for a sub-set of families.</p> <p>Centralized access point staff ask questions about food needs, EITC (seasonal), WIC, and other family needs and make referrals to relevant services as necessary.</p> <p>Partnership with FQHC network to directly refer callers to an under-used legal resource for immigrant families.</p>	<p>ASQ online portal for developmental screening.</p> <p>HMG offers ASQ developmental screening direct to families online or through the mail in English, Spanish, and Chinese. Automatic referrals to the centralized access point as needed. ASQ online account is now open to a broader array of partners.</p> <p>First 5 Alameda contracts with the Public Health Department and Lucile Packard Children’s Hospital as part of the Alameda County Medical Home Project. The Public Health Department and Lucile Packard Children’s Hospital provide training and technical assistance to 60 pediatric sites, supporting them to universally screen and refer children at AAP recommended intervals with the ASQ and MCHAT. First 5 and the Medical Home Project are planning to support sites in implementing maternal depression and ACEs screening as well.</p> <p>Actively working with Behavioral Health to address historically low connection rates to Medi-Cal-funded specialty mental health services.</p>	<p>Digital content on multiple platforms focusing on child development messaging, resource sharing, and community-based opportunities for early learning and parent education.</p> <p>Provides site-based technical assistance to health care, ECE, and other community-based providers on implementing an early identification system.</p> <p>Partners with a domestic violence crisis line and developed a crisis line volunteer training module on HMG and addressing parent concerns regarding child development.</p> <p>Neighborhoods Ready for School Initiative: developing customized plans in specific neighborhoods (screenings, developmental info, parent group presentations, etc.) to create early-childhood programming by First 5 Alameda.</p> <p>Designing mini-presentations on basic child development topics for parents and providers. Train the trainer model. Goal is to train community partners to be able to deliver relevant trainings to their community.</p> <p>Family Advisory Committee guides all HMG efforts, material designs, and programming.</p> <p>Parent Champions funded to utilize parent advocates to provide direct-parent outreach.</p> <p>Conducts outreach to parent groups.</p> <p>Hosts Connection Cafes for 1) general direct service providers and 2) early care and education providers.</p> <p>Trained county home visiting initiative staff on developmental screening.</p> <p>Partnership with QRIS efforts through First 5 Alameda to provide training on developmental screening, referral, and linkage.</p>	<p>Collects data on success rates for referrals with different agencies. Tracks how many referrals were sent and how many children received services.</p> <p>Uses centralized access point data to assess if HMG is reaching targeted communities and if there are differences in outcomes by community.</p> <p>Data sharing agreement with local Medicaid Managed Care Plan. Conducted analysis of MCO children served by HMG and not served by HMG.</p> <p>Designing ASQ-3 build-out in Epic for pediatric community clinics in the county which will allow for more comprehensive screening data from high-volume clinics.</p> <p>Partnering with place-based initiative (Oakland Starting Smart and Strong) to conduct a developmental screening mapping and research project for the City of Oakland utilizing screening data from ASQ Online and pediatric screening data collected annually.</p>

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>County Office of Education (also home to QRIS) leads the HMG call line in partnership with United Way 211.</p> <p>HMG call line staff provide families with referral and connection to appropriate services including school districts, the regional center, behavioral health providers and community benefit organizations.</p> <p>Offers in-person, online, ASQ / ASQ:SE screenings.</p> <p>Through the partnership with United Way 211 the call line takes calls over the weekend and evening hours during the week and holidays to improve access for families.</p> <p>211 provides an online, community-accessible resource directory. Community partners are able to self-update their information. A 211 community liaison supports community outreach and makes sure the resource directory is updated.</p>	<p>Offers ASQ and ASQ:SE online on the website.</p> <p>Multiple agencies/partners throughout the county conduct ASQ and ASQ:SE screenings with children and families. This includes, but is not limited to: school districts, early care and education settings engaged in QRIS, First 5 Fresno funded community-based organizations, and the Department of Public Health.</p> <p>The County Office of Education and the largest local school district implement Mid-Level Developmental Assessment (MLDA) clinics. The brief but comprehensive MLDA addresses the needs of children with mild and moderate levels of developmental and behavior concerns and ensures that children identified through developmental surveillance and screening receive timely assessment. MLDA promotes earlier intervention for these children by allowing a majority of them to bypass full diagnostic tertiary level evaluations and begin appropriate supportive or therapeutic services right away.</p>	<p>Distributes HMG flyers to medical offices and school districts.</p> <p>Embarking on a media marketing campaign in 2020 to promote the HMG centralized access point toll free number.</p> <p>Agencies participating in HMG Leadership Team will support the promotion of HMG toll free phone number on their social media platforms.</p>	<p>Adopted the STAR (System for Tracking Access and Referrals) database. Originally developed by HMG Orange County to track referrals and follow-up care coordination.</p> <p>County Cradle to Career initiative includes a project to create a countywide integrated data system. This will link service and outcome data across providers to better understand the needs of children and families. Help Me Grow staff have been involved in this effort to ensure data collected are aligned.</p> <p>Looking for ways to integrate data with other sectors utilizing unique IDs for children and families (streamline entry of data in/out).</p> <p>Uses developmental screening data to identify children with mild-moderate concerns who are eligible for an MLDA.</p>

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>211-based call center with a comprehensive inventory of programs and services used for referrals. Child development care coordinators dedicated solely to HMG answer this toll-free line.</p> <p>CBOs and pediatricians refer to the centralized access point by having the parent call or by entering the child's information into the HMG website online portal.</p> <p>When the care coordinators speak with the family, consent to share info/referral with the health care provider is requested. Referral letters are sent to parents and outcome letters are e-faxed to the child's health care provider. This process is now streamlined for the medical practices utilizing the OC Children's Screening Registry.</p>	<p>Parents and caregivers are provided with information and connection to developmental screening opportunities in the community through the centralized access point.</p> <p>Developmental screening is offered to all families with children under age 5 who call the toll-free line if a screening was not recently completed. Preference is to send the family an HMG ASQ Online link.</p> <p>HMG conducts care coordination through phone calls, emails, and letters to ensure the families are connected to services.</p>	<p>Hosts Ready, Set, Play events in the community for family engagement.</p> <p>Hosts Connection Cafes, which are provider networking events for CBOs in the county.</p> <p>Educates professionals (including home visitors) about the importance of developmental surveillance and screening and trains on how to use the ASQ-3, ASQ:SE, PEDS, M-CHAT R/F, while promoting access to developmental services through HMG.</p> <p>Partners with CHOC Children's Population Health Department and their Quality Improvement Advisors (QIAs). HMG Community Liaisons and the QIAs work in tandem to conduct outreach to primary health care providers related to HMG as well as the countywide OC Children's Screening Registry.</p> <p>The QIAs train medical practices on the screening tools (ASQ-3, ASQ:SE-2, MCAT-R/F, PEDS, PEARLS) and provide technical assistance during their implementation of the screening registry into their work flow.</p>	<p>Created and uses STAR: System for Tracking Access to Referrals, a cloud-based data system. STAR is used at the HMG call center for referrals and care coordination and by Community Liaisons for tracking outreach.</p> <p>Application Programming Interface exists between STAR and ASQ Online (Brookes Publishing) for online links to developmental screening and connection to services through HMG.</p> <p>Spearheaded the development of the OC Children's Screening Registry - an online database to enable primary health care providers and community-based providers to view and/or enter developmental screening data and share information on referrals and outcomes. Users can refer to HMG electronically, linking data to STAR for connection to services.</p> <p>Application Programming Interface exists between the OC Children's Screening Registry and Cerner, the EHR used by Children's Hospital of Orange County's Primary Care Network. Screening results entered in Cerner are uploaded daily into the Registry and can include an electronic referral to HMG.</p>

Sacramento County

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>Warmline Family Resource Center hosts the call center component of the centralized access point. Centralized access point also has a fully functioning website and phone line.</p> <p>Family advocates provide in-person screenings, family action plan development, and connections to services for at-risk families, especially those in transitional housing and shelters.</p> <p>Spanish speaking staff are available both in-person and through the call center.</p> <p>Medical groups refer patients to HMG for an ASQ or providers do the ASQ and then refer. As part of their contracts, First 5 funded partners are required to do the ASQ, then refer to HMG.</p> <p>Working on a system for universal parental consent to improve information sharing with physicians.</p>	<p>Families can access developmental information and the ASQ/ASQ:SE online through the website.</p> <p>HMG staff have an initial connection with families to discuss screening results. Call center care coordinators follow up with families via a phone call 30 days after the initial connection and then as needed at 60 and 90 days. Family advocates follow up with families in subsequent home visits or phone check ins until the family is connected to services. At home visits, family action plans are developed and families are given resources and activities to support the child's development, such as the ASQ Learning Activities.</p> <p>If families indicate that they have not been contacted by the agency that they were referred to, HMG care coordinators follow up with the agency to investigate barriers to connection.</p>	<p>Outreaches to community agencies including women's shelters.</p> <p>Provides ASQ training to agencies including the home visiting Maternal Infant Health branch of the Public Health Department.</p> <p>Looking to develop connections with home visiting and Nurse Family Partnership to further enhance comprehensive supports and systems.</p> <p>Hosts a Leadership and Collaboration group that identifies new agencies/ organizations that provide services. This builds out referral capacity.</p> <p>Connects with early care and education providers that participate in Sacramento County's QRIS. Provides information about HMG at annual orientations, ASQ trainings, and ASQ resources and technical support to encourage providers to implement universal screening and referrals to HMG. Providers include state funded centers, family child care homes, and private centers.</p> <p>Successful digital marketing campaign increased website traffic and calls.</p>	<p>Tracks number of calls, referrals, and ASQs.</p> <p>Uses Persimmony and excel sheets to collect and track data. Uses data to paint a county-wide picture of where the highest needs are located and what those needs are. This has opened up conversations with Health and Human Services and Mental Health to explore potential partnerships. Long term goal is to integrate data to follow child outcomes, but there is no unique ID which is a barrier.</p>

San Francisco County

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>Promotes centralized access through community-based inclusion specialists and a care coordination team that receive First 5 San Francisco funding. Puts emphasis on early care and education sites as they are a primary referral point into HMG services.</p>	<p>Early childhood educators and health clinics with high pediatric volume universally screen children with the ASQ and connect families directly to HMG staff with a warm referral. HMG staff provide family support and advocacy for all referred children. HMG provides care coordination and additional, more intensive supports for high-risk children.</p> <p>Parents are involved in the creation of a support plan.</p> <p>18 months of tracking service linkage data show that 90% of families receiving HMG care coordination are successfully linked to formal early intervention services (Part B/Part C) and/or needed family and child support services (e.g. mental health supports, family resource centers).</p>	<p>Direct physician outreach into primary pediatric settings to promote awareness, provide trainings particularly on developmental surveillance and screening.</p> <p>Targeted outreach into early care and education sites to help providers and parents understand developmental screenings.</p> <p>Have an active group of pediatric champions promoting developmental screening and HMG referrals.</p> <p>Started meetings with the two San Francisco health plans to scale developmental screenings and care coordination for families and providers.</p>	<p>Reports on common indicators on a quarterly or monthly basis and results are analyzed/discussed internally to identify patterns and trends.</p> <p>Using information from the Family Empowerment Scale (FES) to determine impact. The FES is a pre/post retrospective survey measuring the extent to which families feel empowered after accessing services. The survey is administered to participants in HMG as well as other support services available through the HMG lead agency, Support for Families of Children with Disabilities (SFCD). Survey results have shown that HMG/SFCD empowers families, helping parents feel better about their own family's strengths and interactions and improving the quality of the interactions with professionals providing services for their child. Ideally, this contributes to positive outcomes for the family and for the child.</p> <p>Uses early care and education sites' QRIS rating in Developmental and Health element to determine services by HMG staff. HMG services to early care and education sites include: city-wide trainings for administration of ASQ; on-site coaching supports to enhance developmental screening systems and parent engagement with screening results; on-site coaching to build sites' capacity to respond to developmental risk levels; on-site supports to establish specific child-focused support plans; and care coordination to help early care and education families navigate early intervention referrals and services. Using data to figure out how to reach lower income children at pediatric sites.</p>

Shasta County

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>Call center is a United Way 211. Uses a series of questions to identify an HMG call and provides a warm hand off to HMG coordinator.</p> <p>Initial contact with family is through email, with a phone call follow-up.</p> <p>Shasta County is building towards being a resource for several counties in the area. In this regional approach, Butte and Tehama Counties are leveraging HMG Shasta's STAR database.</p>	<p>HMG Shasta worked with Shasta County Office of Ed-Early Childhood Service (SCOEE-ECE) to transition over to HMG Shasta's ASQ online system. SCOEE-ECS has historically been screening children with a paper screening tool upon enrollment, but has since transitioned to the more streamlined version of HMG Shasta's ASQ online.</p> <p>HMG care coordinator works with families in need and then reconnects to families after access to services.</p>	<p>A variety of organizations host community outreach events. Some examples include county departments like Public Health, WIC, local non-profits, the public library system, etc. These provide HMG Shasta large public reach in fun environments to engage with parents and children.</p> <p>Program coordinator outreaches to health care providers to inform them about the support that HMG and other community resources provide.</p> <p>HMG staff train teachers how to conduct the ASQ upon preschool enrollment and then refer families to HMG staff.</p>	<p>Adopted the STAR (System for Tracking Access and Referrals) database. Originally developed by HMG Orange County to track referrals and follow-up care coordination.</p> <p>Engaging in gaps discussion to identify opportunities for systems improvement at community partner meetings. Topics include access to specialized services despite geographic location and rural areas away from large cities, and discussions about how to build capacity for developmental pediatrics and hospital dentistry.</p>

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>Embedded within Ventura County Public Health MCAH call line. Staffed by health educators from Children’s Health Promotion team.</p> <p>Resources are maintained by Ventura County Public Health utilizing outside resources such as 211. Updated annually or as needed (when staff identify changes during their daily practice or when a change is identified at partner meetings).</p>	<p>If families have not received an ASQ, ASQ–SE, PEDS, or MCHAT they can get one through HMG centralized access point. Many families also come through the centralized access point after receiving a screening in the community (for example: through a pediatrician, the QRIS for Preschool, First 5 Neighborhoods for Learning, and Public Health Nurses).</p> <p>Care coordinators follow up with families via phone/in home visits, and meeting at Neighborhoods for Learning.</p> <p>Ventura County Public Health hosted child development promotional booths/tables and implemented child development events at county and city libraries. Parents were given the opportunity to complete developmental screenings at the events or later through the ASQ Online.</p>	<p>Led and coordinated events to promote awareness of child development, developmental screenings and HMG services among families with young children. Developed fine motor workshops/parent–child dyad groups/workshops.</p> <p>Ventura County Public Health established collaborations with hospitals, breastfeeding support groups, and Neighborhoods for Learning to offer child development related sessions to families.</p> <p>HMGVC trained 100 non–medical professionals on child development, screening, and referral resources including preschool staff and teachers, family childcare providers, Neighborhoods for Learning staff, home visitation program staff, and CBO staff.</p> <p>Staff conduct physician outreach directly to providers in pediatric primary care settings to provide HMG awareness and trainings specific to developmental surveillance and screening.</p> <p>HMG staff have held town halls for pediatricians and community–based organizations. At these events the HMG staff and CBOs educate physician office staff about resources for children and families in the community.</p>	<p>HMGVC utilizes First 5 Ventura County’s database to capture client data related to HMG indicators. In addition to specific HMG indicators, an effort has been made to collect data on children with social–emotional/behavioral needs in order to analyze family and provider support needs.</p> <p>HMGVC was part of a large county effort (Ventura County Prevention Plan) to develop a county–wide plan across agencies to collect data for children prenatal to age 5 as a shared strategy to address early childhood concerns and service gaps. HMGVC continues to be involved in this effort, now called the Early Childhood Coalition, to determine how best to move forward with data sharing and agreements.</p>

Centralized Access Point	Identification & Linkage	Outreach & Education	Data Collection & Analysis
<p>First 5 Yolo is the lead agency for HMG, contracting and collaborating with lead direct service provider, Northern California Children's Therapy Center to implement. Three additional community-based organizations (Yolo County Children's Alliance, RISE, Inc., and Yolo Crisis Nursery) provide targeted outreach and support.</p> <p>Parents and providers call the centralized access point.</p> <p>Increased the use of text messaging as a tool for communicating with families.</p> <p>Use Livebinder, an on-line tool that allows staff to organize materials that can be shared via an online link with families. As new resources are identified they are incorporated into the appropriate digital directory.</p>	<p>A comprehensive suite of screens is offered to families through an online system. Screenings include the ASQ, ASQ:SE, SEEK, Environmental Scan, MCHAT, and PHQ9. Results upload to the YES YOLO data system where trained Help Me Grow staff members evaluate the screening results, using protocols established by professionals including a developmental pediatrician.</p> <p>Care coordinators follow up with the family in a timely manner with additional resources, checking on status of referrals, and providing encouragement/support.</p> <p>Implemented childcare program visits to do screening events on-site for providers and families.</p> <p>HMG offers linkage to, and provision of, in-home maternal mental health services for women connected to HMG who are identified as in need of treatment. This is funded by MHSA as a function of whole family services from the centralized access point. It directly links to accessible supports that address maternal wellness, which has a direct impact on healthy child outcomes.</p>	<p>Targeted outreach for all foster parents.</p> <p>Runs Facebook group called Parenting Chat to give local families a place to ask questions, solicit advice, suggest meet-ups and events, and share parenting experience. This group is moderated by HMG child development experts.</p> <p>Provides play groups, run by licensed therapists, to help parents support their child's development.</p> <p>Currently working on a partnership with an FQHC to provide direct referrals for mental health services for families identified via the developmental and mental health screenings.</p> <p>HMG staff provide outreach and training on screenings and the online tools to local agencies, childcare providers, and medical providers across the county.</p>	<p>Help Me Grow Yolo County has a database called yesyolo.org where screens are uploaded into and referrals, rescreens, and screening data can be tracked.</p> <p>Gaps are documented and presented to First 5 Yolo and Yolo County Health and Human Services for analysis, as well as shared broadly at stakeholder meetings. Gap data are also brought to the Regional Advisory Committee of the State Council on Developmental Disabilities when they are specific to children with special needs.</p>