Early Identification and Intervention Systems in California

Executive Summary

Bright Spots and Lessons Learned from Alameda, San Diego, and Santa Clara Counties

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. With the support and coordination of a robust system, families successfully guide their young children to whatever supports and services 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.

Experts in the field, including the [Centers for Disease Control and Prevention](#) and the [American Academy of Pediatrics](#), have published studies making the case for early identification and intervention. However, 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 growing conversation around early identification and intervention in California. While counties throughout California are doing this important work, 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 three county case studies were developed in close partnership with local First 5 agencies,[1] and 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

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[1] 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.

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be taken as replicable templates. Rather, they provide insights and inspiration for those seeking to strengthen systems in their own communities.

Case Study Highlights

Alameda County: Families Front and Center | Alameda County's case study highlights the principal role of meaningful family engagement in building a culture of early identification and intervention. In particular, Alameda County has found that:

- **Developmental screening serves as a tool to educate and engage parents on child development.** 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 Alameda County staff described, [developmental screening should feel] "as normal as getting your child's height and weight checked."

- **Embedding parents as experts strengthens the system of support.** Alameda County leaders recognize the value and expertise parents offer through their lived experiences, and thus have advanced a set of strategies that include: (i) staffing parents in Early Childhood Mental Health clinics and programs, (ii) recruiting parent champions as ambassadors in hard to reach communities, and (iii) reserving a seat at the table for parents through Help Me Grow Alameda County's Family Advisory Committee.

- **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. This willingness to work together stems from a collective focus on children and families, as well as a shared vision.

San Diego: Coordination from the Ground Up | San Diego County's case study describes a long-standing cross-sector collaborative system, called Healthy Development Services (HDS), that was built through a decade of relationship-building and partnership. San Diego County's experience speaks to:

- **The importance of also addressing mild-to-moderate delays.** 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 are in a better position to enter kindergarten ready to achieve long-lasting academic and social success.

- **The potential to expand and sustain developmental screening efforts through active and ongoing coordination across health and early education.** 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 concerns—including for developmental 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).

- **The role of cross-agency coordination in connecting families to the right services and the right stream of funding.** 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

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.

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.

Santa Clara: Starting with Services | Santa Clara County's case study reports on successful efforts to build the capacity and close service gaps within their network of early intervention service providers, called the KidConnections Network (KCN). Santa Clara County's experience highlights lessons learned in bolstering early intervention services, particularly:

- **The value of leveraging existing Medi-Cal eligible providers to serve young children.** 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. Last year, First 5 Santa Clara County invested over $2 million, and working with Behavioral Health Services Department, was able to use those funds to leverage an additional $12 million in Medi-Cal reimbursement.

- **The long term investment needed to build and sustain early identification and intervention capacity.** 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 programs; and trauma-informed approaches.

- **The critical role of coordinating care, and an ongoing challenge inherent to this work.** Santa Clara County saw a need for greater coordination and communication in support of children and families. KCN plays an important role in linkage and coordination, and is a resource for health and social service providers, early educators, and families. It also supports referrals and care coordination for children with identified developmental needs, connecting them with Family Resource Centers, Early Start, school districts, preschools, and other resources as needed. Though KCN has helped to coordinate referrals in this complex system, Santa Clara County has found that the task of following up with each service referral, let alone coordinating between services, is formidable.

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 none of these approaches can simply be copied and pasted into other communities. These case studies are not meant to prescribe solutions; rather, they are offered to spark new ideas on what is possible.

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. The key ingredients they identified speak to the importance of a community-based process, collaboration and coordination, and the local values and culture that guide this work.

Exhibit ES1. Key Ingredients to Strengthening Systems

Community-Based Process

Collaboration & Coordination

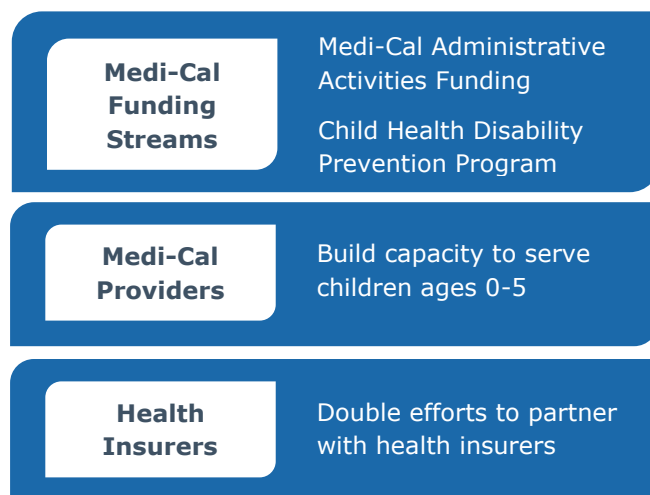Culture & Perception

Local Values & Context
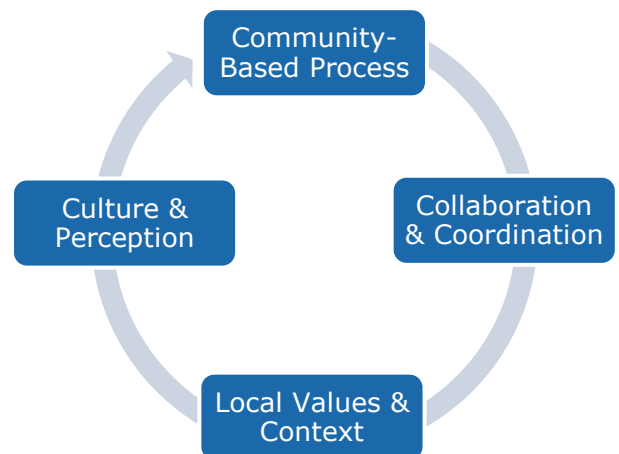
- **Transformational change is rooted in community voice and responsive to community need.** By grounding system development priorities in community input, these counties were able to build cross-sector buy-in and collaboration, and ultimately transform the culture and practice around early identification and intervention.

- **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. No one organization or sector can do it all. 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.** Many spoke of a clear need for cross-sector data systems to better serve children and families at the provider level, and also support internal accountability and learning at the system level.

- **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. The successes highlighted for each county responded to a locally-defined problem statement, which 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 a recalibration of how providers talk about early identification and engage families, and it involves reframing how communities perceive this work (for example, how the conversation contrasts with that of immunizations).

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.[2] The experiences of the three counties highlight a number of potential strategic levers for consideration:

- **Medicaid Administrative Activities (MAA) Funding.** Medicaid Administrative Activities funding could offset administrative costs related to early identification and intervention. MAA can partially pay for the costs to provide a child development call center or other related early

Exhibit ES2. Financing: Strategic Levers

Medi-Cal Funding Streams	Medi-Cal Administrative Activities Funding
	Child Health Disability Prevention Program
Medi-Cal Providers	Build capacity to serve children ages 0-5
Health Insurers	Double efforts to partner with health insurers

identification and intervention supports.

- **Child Health and Disability Prevention (CHDP) Program.** The [Child Health and Disability Prevention Program](#) is a Medi-Cal program that funds health assessments for the early detection and prevention of disease and disabilities for children and youth. By creating or modifying a Local Plan Amendment, counties can apply CHDP funds to their early identification and intervention systems.

- **Medi-Cal providers.** Counties may be able to leverage their network of existing Medi-Cal providers to tap into funding for early intervention services. Investment in (i) the development of 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.

- **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. 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.

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. ✛