211 Developmental Screening and Care Coordination Project
Descriptive Study

First 5 LA Developmental Screening Environmental Scan

Submitted in fulfillment of Task 6B, Contract 08580

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211 Developmental Screening and Care Coordination Project: Descriptive Study

Executive Summary

The 211 Developmental Screening and Care Coordination project offers developmental screening and service systems linkage to Los Angeles County residents using an innovative approach. Through 211 Los Angeles County, a large and diverse group of families is able to receive developmental screening for their young children and be connected to services that can address risks identified by the screening.

This Executive Summary accompanies a report of a descriptive study of the 211 Developmental Screening and Care Coordination project that was conducted as part of a broader environmental scan of developmental screening offerings among programs supported by First 5 LA. As such, this report is intended to describe the program and highlight its strengths and challenges based on data from interviews with selected stakeholders and reviews of a sample of recorded calls in which screening was offered and performed. It also includes a summary of selected quantitative data\(^2\) that describes the characteristics of the families served, the screenings that were provided, and the referrals and service system linkages that resulted.

The purpose of this descriptive study as originally conceptualized was to illustrate the key features of the 211 Developmental Screening and Care Coordination project as documented through semi-structured interviews with a small sample of stakeholders, qualitative analysis of a small sample of recorded calls in which screening was offered and/or performed, and a selected set of quantitative indicators. This descriptive study was in no means designed to be comprehensive; rather, it was intended to identify in relatively broad terms the major strengths and challenges of the 211 Developmental Screening and Care Coordination model and its implementation.

Each of the data collection methodologies used in the descriptive study was designed to elicit certain kinds of information. For example, the qualitative interviews with selected 211 staff, managers, and referral partners were intended to document strengths and weaknesses of the screening tools and protocols used by the 211 Developmental Screening and Care Coordination project. These interviews also served to identify systems-level issues that, while outside the control of 211 LA County, could affect the program’s ability to provide care coordination to families of young children for whom developmental screening suggested a need for further assessment and possible linkage to additional resources. On the other hand, the qualitative interviews with selected families who participate in developmental screening from 211 LA, as

\(^2\) Quantitative data were provided by the 211 Developmental Screening and Care Coordination project.
well as the review of selected calls in which screening was offered, were designed to document
the qualitative experience of participation in screening and care coordination provided by 211
LA; that is, to illustrate ways in which the experience met (or did not meet) the family’s stated
and unstated needs.

About 211 LA County

211 LA County, a private, nonprofit 501(c)(3) organization, is the largest information and
referral (I&R) service in the nation. 211 LA County is part of a national network of 2-1-1 call
centers and serves approximately 500,000 individuals and families in Los Angeles County
annually. Since 1981, 211 LA County has provided free, confidential services 24 hours a day, 7
days a week in English, Spanish and more than 140 other languages via a tele-interpreting
service. Services are also provided for individuals with hearing impairments. 211 LA County
maintains a community resource database with information on more than 49,000 programs and
services and is continuously being updated to provide the most current and accurate
information possible.3

About the 211 Developmental Screening and Care Coordination Project

The 211 Developmental Screening and Care Coordination project takes a novel approach to the
early identification of risk for developmental delays and/or autism spectrum disorder in
children 5 years of age and younger by providing these services within the context of the 211 LA
County I&R service.

Developmental screening is offered by 211 LA County using one of two mechanisms. First, if a
caller has a stated developmental concern about a child age 0-5, she or he is transferred
directly to a Care Coordinator with the 211 Developmental Screening and Care Coordination
project. Second, a sampling4 of callers with at least one child 0-5 years of age who contact 211
LA County for other reasons are asked if they would be interested in participating in a
“Parent Questionnaire” to help them learn about how their child is learning and growing for
their age. Regardless of the initial reason for the call, once the caller is connected to the 211
Developmental Screening and Care Coordination project, one of three 211 Care Coordinators
describes the purpose of the screening, determines the family’s eligibility for the screening,
and explains and obtains consent to proceed with the screening. Depending on the screening
results, families are provided information, support, and/or linkages to community resources
that address areas of risk that may be identified. 211 LA County has developed detailed
protocols that specify how calls are routed to the care coordination staff for eligibility
determination, screening, and service linkage.

3 http://www.211la.org/about-us/

4 The 211 Developmental Screening Transfer Protocol (June 2012 revision) shows that in addition to offering
screening to a caller with a child 5 years of age or younger with a stated developmental concern, 211 “must
transfer a minimum of 2 inquirers per week with child(ren) 18 months to 5 years who have not identified or
expressed developmental concerns.”
Screening is accomplished using the PEDS Online\(^5\) which includes three computer-assisted developmental screening tools: the *Parents' Evaluation of Developmental Status* (PEDS)\(^6\), the *PEDS: Developmental Milestones* (PEDS:DM)\(^7\), and the *Modified Checklist for Autism in Toddlers* (M-CHAT)\(^8\). If the child is present with the caller, the PEDS:DM is administered after the PEDS is completed, with the specific PEDS:DM questions asked depending on the child’s age. In addition, the M-CHAT is administered for children age 16-48 months. Screenings are offered in English and Spanish. The PEDS Online features automated computerized scoring. If the screening results suggest the child is at risk for possible developmental delays or autism spectrum disorder, the Care Coordinator facilitates linkages to additional assessment and/or early intervention services through the caller’s local school district or Regional Center (depending on the child’s age and issues identified by the screening).\(^9\) For children at lower risk\(^10\), resources and connections are provided for early childhood education services, such as Early Head Start, Head Start, or other local agencies providing similar services. Regardless of the screening results, 211 Care Coordinators work with each caller using a range of strategies to provide active connections to services that address their stated and unstated needs.

The 211 Developmental Screening and Care Coordination project’s involvement with families can continue well after the call in which screening is provided. In 2013, 50% of the 3,380 children who were screened received care coordination. The 211 Care Coordinators follow up as much as possible to ensure that the family is connected to the resources to which they were referred. Obtaining consent to share information is important to the process of documenting service uptake.

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\(^5\) Glascoe, Camp, & Robertshaw (2011).
\(^6\) Glascoe (2010).
\(^7\) Glascoe & Robertshaw (2008).
\(^8\) Robins, Fein, & Barton (1999).
\(^9\) According to the 211 LA County Developmental Screening Protocol for Care Coordinators (February 2012 revision), children whose PEDS screening results are on Path A (High Risk) are referred for a specialized assessment. Children with PEDS screening results on Path B (Moderate Risk) are referred to Early Head Start/Head Start/secondary screening. Children with PEDS screening results on Path C1 (Elevated Risk for Mental Health) are referred for mental health screening. Children with PEDS screening results on Path C2 (Parent/Child Relationship Issues) are given parental guidance resources, such as referrals to parenting classes and/or Parent Tip Sheets. The screening protocol states, “If the M-CHAT was conducted with a child 16-48 month(s), emphasize the social-emotional concerns that need further specialized assessment by a Regional Center and/or a local school district if the child is over 3 years of age.”

\(^10\) Lower risk is defined as a PEDS screening result on Path E (Low Risk).
Strengths of the 211 Developmental Screening and Care Coordination Project

Many strengths of the 211 LA County developmental screening and care coordination model were identified. Noteworthy benefits included the following:

- The 211 Developmental Screening and Care Coordination project provides access to effective, evidence-based developmental screening tools and care coordination to families with concerns about their child’s development or behavior, as well as families with young children who did not identify such concerns as the reason for their call to 211 LA County. As supported by a number of data sources, the majority of parents who were offered developmental screening for a child 0-5 years of age called 211 LA County for a reason other than a developmental or behavioral concern. Findings from qualitative interviews with a sample of parents whose children were screened indicated that those parents had not previously had the opportunity to take advantage of such services, and in some cases, were not aware that such services existed before their experience with the 211 Developmental Screening and Care Coordination project.

- The staff members (Care Coordinators) who conduct developmental screening at 211 LA County provide professional, empathic, and parent-friendly services to families. The 211 Care Coordinators make referrals for families based on the results of the developmental screening and remain involved in helping them connect with these resources as long as needed.

- The 211 Developmental Screening and Care Coordination project has developed effective partnerships with a range of relevant referral agencies to link at-risk children to appropriate resources. These partnerships are supported by official Memoranda of Understanding (MOUs) and reflect meaningful collaborations, not just “on-paper” relationships.

- Parents interviewed for this descriptive study who received screening and care coordination from the 211 Developmental Screening and Care Coordination project expressed satisfaction with the support they received from the Care Coordinators.

Service Provider Perspectives

The following table summarizes a number of the strengths of the 211 Developmental Screening and Care Coordination project that were identified during interviews with stakeholders who were service providers: senior professionals and staff from the 211 Developmental Screening and Care Coordination project and representatives of agencies in their linked referral network. Although this summary does not attempt to weight or prioritize the strengths identified by these stakeholders, it does show areas where there was relative consensus about the major strengths of this program among selected 211 staff, professionals, and referral partners. Unless
As shown in Table I, 211 staff and professionals, as well as the referral partners who were interviewed, mentioned the use of evidence-based screening tools by the 211 Developmental Screening and Care Coordination project as one of the program’s strengths. There was consensus that the developmental screening protocols used by 211 LA County are convenient and accessible to families. In addition, stakeholders from 211 and their referral partners agreed that strengths related to care coordination for young children at risk for developmental delay include interagency relationships and 211’s ongoing involvement and efforts to follow up with families through the referral process. They also agreed that the referral guidance built into the protocols helped to ensure that families receive referrals appropriate for their needs.

211 staff and professionals cited a number of additional strengths of the screening tools and protocols that the referral partners did not mention. 211 staff found the developmental screening tools easy to use and helpful in providing real time results. They mentioned that the screening protocols help them provide quality services and promote parent empowerment.
They also identified benefits associated with the PEDS Online screening system, the ability of the protocols to help prevent duplication of services, and to help maintain communication with parents. On the other hand, the referral partners interviewed identified 211’s understanding of the needs of families and children as a strength that was not mentioned by staff or senior professionals from the 211 Developmental Screening and Care Coordination project.

**Perspectives Related to the Caller’s Experience**

Table II summarizes the available data that speaks to the caller’s experience with the 211 Developmental Screening and Care Coordination project. This summary looks at broad themes that emerged from interviews with a sample of 5 parents whose children received developmental screening and were given referral resources by 211 and from reviews of 10 recorded calls in which developmental screening was offered and provided (as well 10 calls in which screening was offered but not provided). Again, although this table does not attempt to weight or prioritize the strengths identified by these stakeholders, it does show areas where there was relative consensus about these strengths among the parents interviewed and those observed by the environmental scan consultant team in reviewing selected recorded calls.

**Table II.**

| 211 Developmental Screening and Care Coordination Project: Perspectives on Strengths Related to the Caller’s Experience |
|---|---|---|
| **Themes** | **Data Sources Mentioned** | |
| | **Parents** | **Call Review** |
| Supportive | ✓ | ✓ |
| Addressed stated and unstated concerns | ✓ | ✓ |
| Effective use of protocol | ✓ | |
| Promoted caller engagement | ✓ | |
| Timely and appropriate referrals | ✓ | ✓ |
| Non-duplication of services | ✓ | |
| Empowering | ✓ | ✓ |
| Quality services | ✓ | |
| Caller satisfaction | ✓ | ✓ |

* ^n = 5 parents interviewed. ^b n = 20 calls reviewed, including 10 in which screening was offered and provided and 10 in which screening was offered but not provided.*

**Areas for Improvement**

Some areas for improvement were identified through interviews with senior and line staff of the 211 Developmental Screening and Care Coordination project, as well as interviews with selected 211 referral partners. These issues included the following:

- Because the developmental screening is done by 211 via telephone, consent forms for information sharing between 211 and any programs to which families are subsequently connected must be sent to the family, signed, and returned to 211. Getting signed
consent forms returned to 211 can be especially challenging for the hardest-to-reach populations, including families who are homeless, in an unstable living situation, or who move from one service area to another.

To address these challenges, the 211 Developmental Screening and Care Coordination project is trying some different approaches to distributing and collecting consent forms through community organizations. Another approach is illustrated by the blanket confidentiality and consent agreement that was under development by the Department of Child and Family Services (DCFS) and the 211 Developmental Screening and Care Coordination project to facilitate sharing of information between DCFS staff and 211 Care Coordinators at the time of this descriptive study.

- Staffing and resource constraints can limit the number of families to whom screening and care coordination can be offered by 211 LA County. Sometimes all Care Coordinators are helping other callers when the 211 I&R staff has a parent on the line who is interested in screening; this can necessitate a call-back to the parent interested in doing the screening for their child. With thousands of callers to 211 LA County annually with children age 0-5, only a fraction of those children can be screened given current program capacity.

Table III summarizes areas for improvement that were identified during interviews with stakeholders who were service providers: professionals and care coordination staff from the 211 Developmental Screening and Care Coordination project and representatives of agencies in their linked referral network. As above, although this table does not attempt to weight or prioritize the issues identified by these stakeholders, it does show areas where there was relative consensus among the selected 211 staff, senior professionals, and referral partners who were interviewed. Table III shows those issues that were mentioned as an area for improvement by at least 2 respondents within each data source.

As shown in Table III, 211 staff and professionals as well as the referral partners interviewed all mentioned issues related to obtaining written consent to share information as an area that has room for improvement. A related concern was information sharing as it relates to the referral and care coordination process when written consent is not obtained. The 211 and referral partner stakeholders interviewed also identified issues with respect to reaching some families and shifts in the broader service network as challenges to linking families with a child at risk for developmental delay to needed resources.

211 staff mentioned parts of the online scoring feature that would be helpful to be available in Spanish as well as in English, as well as some general limitations of screening measures (that are true of all screening instruments, and are not specific to the PEDS Online screening tools).

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A Spanish-language scoring analyzer is currently under development for the PEDS Online, which would address this challenge.
None of the themes mentioned as areas for improvement were identified only by the referral partners interviewed.

### Table III.

**211 Developmental Screening and Care Coordination Project: Service Provider Perspectives on Areas for Improvement**

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<tr>
<td><strong>Related to the Screening Tools</strong></td>
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</tr>
<tr>
<td>Language capability in scoring module</td>
<td>✓</td>
</tr>
<tr>
<td>General measurement limitations of</td>
<td>✓</td>
</tr>
<tr>
<td>screening tools *</td>
<td></td>
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<tr>
<td><strong>Related to the Screening Protocol</strong></td>
<td></td>
</tr>
<tr>
<td>Consent to share information</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Some cumbersome aspects</td>
<td>✓ ✓</td>
</tr>
<tr>
<td><strong>Related to Referrals and Care Coordination</strong></td>
<td></td>
</tr>
<tr>
<td>Information sharing/written consent</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Trouble reaching some families</td>
<td>✓ ✓</td>
</tr>
<tr>
<td>Shifts in service network/capacity</td>
<td>✓ ✓</td>
</tr>
</tbody>
</table>

\(^a\)\(n = 5\); includes the Program Manager, Evaluator, and 3 staff members of the 211 Developmental Screening and Care Coordination project. \(^b\)\(n = 6\) referral partner organizations. *Limitations of screening measures in general; not specific to PEDS Online tools.

### Systems-level Challenges to Service Uptake

A number of challenges were identified to service uptake among families with a child at risk. While these issues are beyond the domain of what the 211 Developmental Screening and Care Coordination project can directly affect, they do impact the landscape of community resources to which families are referred. The referral partners who were interviewed described systems-level challenges, including restrictions in eligibility requirements for developmental services, which have resulted in children with relatively mild risk not being able to qualify for early intervention services when they are young with comparatively milder symptoms. As eligibility requirements for certain kinds of interventions have become more restrictive, children are not able to access services until they are more severely delayed. Program and budget cuts have also affected the availability of services for children at risk.

### Discussion

In 2013, developmental screenings conducted by the 211 Developmental Screening and Care Coordination project yielded rates of children who screened at high risk that were slightly greater than national rates based on standardization data for the PEDS and M-CHAT screening tools. By design, the approach used by the 211 Developmental Screening and Care Coordination project is broad based. This approach is a component of an overall strategy to increase access to developmental screening and community resources to address needs suggested by the
screening results. As one referral partner described, this model may be a useful way to respond to Child Find mandates to identify children with disabilities so that they can be linked with needed services.\textsuperscript{12-13}

The 211 Developmental Screening and Care Coordination project identifies children who may be at risk for developmental delay and/or behavioral concerns among families, including those who may be particularly vulnerable and might otherwise fall through the cracks. Even though 89% of the children screened by the 211 Developmental Screening and Care Coordination project in 2013 had Medi-Cal coverage, this does not necessarily guarantee access and utilization of developmental screening in a pediatric setting, given that healthcare providers may encounter challenges in implementing recommended screening guidelines.\textsuperscript{14}

Furthermore, it has been suggested that unless both the parent(s) and child(ren) have health insurance, low income families tend to access fewer well child visits than more affluent families.\textsuperscript{15}

More often than not, callers whose children are screened by the 211 Developmental Screening and Care Coordination project contact 211 LA County because of a reason other than a specific developmental or behavioral concern (in 2013, only 13\% of the callers who had one or more children screened called 211 LA County because of a stated developmental concern). The majority (87\%) of callers to 211 LA County who were connected to the 211 Developmental Screening and Care Coordination project identify the reason for their call to 211 as something other than a developmental concern, such as assistance with early childhood education (18\%), child care (10\%), or emergency shelter (7\%), to name a few. This does not necessarily mean that these callers do not have a concern about their child’s development or behavior; it only means that it was not the stated reason for their call to 211 LA County at that time.

The care coordination component of the 211 Developmental Screening and Care Coordination project has aspects that represent both strengths and challenges. The 211 Developmental Screening and Care Coordination project has a strong emphasis on working to follow up on referrals made based on developmental screening results. In 2013, the project successfully provided care coordination to 1,691 children age 0-5 years who screened at high to moderate risk for a developmental delay/disability (50\% of all children screened). 211 Care Coordinators are prepared to advocate on behalf of families and get independent documentation that they connected with resources that were facilitated by 211. In fact, the 211 Developmental Screening and Care Coordination project’s ability to have continuous involvement with and follow-up of families who received screening was mentioned as an important strength of the program by 211 staff and senior professionals as well as by their referral partners. 211 is able to remain involved throughout the care coordination process in directly assisting families who participated in developmental screening; however, when 211 is unable to get signed written

\textsuperscript{12} Wright & Wright (2007); \url{http://www.wrightlaw.com/info/child.find.mandate.htm}.
\textsuperscript{13} Bricker, Macy, Squires, & Marks (2013).
\textsuperscript{14} e.g., Morelli, Pati, Butler, Blum, Gerdes, Pinto-Martin, & Guevara (2014).
\textsuperscript{15} Gifford, Weech-Maldonado, & Farley Short (2005).
consent from a family, it can limit the ability of 211 staff to share information on the family’s behalf. As it tends to be more difficult to get forms returned by families who are homeless, precariously housed, or frequently moving, finding a way to get consent forms delivered, signed, and returned in those cases can sometimes be challenging.

The 211 Developmental Screening and Care Coordination project takes a unique approach to identifying possible areas of risk in the development and/or behavior in young children age 0-5, connecting families to resources, and providing support for families in need. With 211 call centers in communities throughout the US, there may be lessons learned by the 211 Developmental Screening and Care Coordination project in Los Angeles County that could be applicable to other 211s or similar call centers. While examination of the potential costs of replication and the many components of screening infrastructure are outside the scope of this descriptive study, this model or aspects of it may be useful to consider as a way to increase access to developmental screening and care coordination. As telephonic screening is a relatively new method for developmental screening of young children, additional studies would be needed to develop an evidence base for this model.

**Limitations**

It is important to note that this report summarizes the findings of data collected within the context of a broader environmental scan of all of First 5 LA’s current developmental screening investments. By design, this study was designed to be descriptive and was intended to illustrate the strengths and challenges of the developmental screening and care coordination provided by 211 LA County. It was not designed to be population-level research and samples were intentionally very small; as such, findings may not necessarily represent more general trends and should be interpreted with caution. In addition, the time and scope of the data collection all occurred within a short window of a few months. It should also be noted that the data were provided to the study team by the 211 Developmental Screening and Care Coordination project. The qualitative data are summarized as themes that emerged from responses to open-ended questions; the similarities and differences in the extent to which aspects of the 211 Developmental Screening and Care Coordination project were seen as strengths and challenges might differ if the stakeholders were presented with a list of specific issues and asked to somehow describe, rate, or rank each one as a strength or weakness. Quantitative data from the 211 Developmental Screening and Care Coordination project were provided to the study team in summary format. Additional data may be available from the 211 Developmental Screening and Care Coordination project. Within the context of these caveats, however, the findings of this descriptive study suggest that 211 Developmental Screening and Care Coordination project provides a model for screening young children for developmental delays and behavior problems for families who might not otherwise have access to or knowledge of these services.
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211 Developmental Screening and Care Coordination Project: Descriptive Study

Introduction

The 211 LA County Developmental Screening and Care Coordination project takes an innovative approach to the early identification of developmental delays and/or autism spectrum disorder in children 5 years of age and younger. A search of the literature on developmental screening services for families with young children shows 211 LA County’s program as the only one that uses a community information and referral (I & R) service such as 211 as a vehicle for developmental screening and care coordination.

211 LA County

211 LA County, a private, nonprofit 501(c)(3) organization, is the largest I&R service in the nation. 211 LA County is part of a national network of 2-1-1 call centers and serves approximately 500,000 individuals and families in Los Angeles County annually. Since 1981, 211 LA County has provided free, confidential services 24 hours a day, 7 days a week in English, Spanish and more than 140 other languages via a tele-interpreting service. Services are also provided for individuals with hearing impairments. 211 LA County maintains and continuously updates a community resource database with information on more than 49,000 programs and services.16

The 211 LA County Developmental Screening and Care Coordination Project

The 211 LA County Developmental Screening and Care Coordination project is a dedicated service within 211 LA County that offers telephone-based developmental screening and service system linkages for families with one or more children age 0-5 years. It originated from the work of the Early Identification and Intervention (EII) Collaborative for Los Angeles County that began in 2003. The idea emerged from that group’s recommendations to “do high-quality parental-report developmental screening in nontraditional settings;”17 in 2006, the EII Collaborative asked 211 LA County to leverage its First 5-funded parent warm line to screen children over the phone for autism and developmental delays using evidence-based tools. In 2009, the project received grants to launch a pilot from the W.M. Keck Foundation, the Weingart Foundation, and support from 211 LA County General Funds. In 2010, the project was awarded a grant from the Robert Wood Johnson Foundation, and in 2012, continued support from the Robert Wood Johnson Foundation and a new grant from the S. Mark Taper

16 http://www.211la.org/about-us/.
17 Memo from Margaret Dunkle, The EII Collaborative’s December Meetings on Best Ideas, Child Find, and Homelessness, February 2013.
Foundation. In 2012, First 5 LA awarded the project a matching grant. When private foundation funding ended, the project was supported in full by First 5 LA. As context, 211 LA County is part of a national network of 211 call centers that provide information and referral services. According to the national 211 website, “2-1-1 centers have various funding sources – local United Ways, community foundations, Federal, state and local government funds.”

Developmental screening at 211 LA County is offered through the following mechanisms. If a caller to 211 states she or he has a developmental concern about a child age 0-5, she or he is transferred directly to a 211 Care Coordinator with the 211 Developmental Screening and Care Coordination project. Second, a sampling of callers who contact 211 LA County for other reasons who have a child age 0-5 years of age are asked if they would they be interested in participating in a “Parent Questionnaire” to help them learn about how their child is learning and growing for their age. Regardless of the initial reason for the call to 211, once the caller is connected to the 211 Developmental Screening and Care Coordination project, a 211 Care Coordinator describes the purpose of the screening, determines the family’s eligibility to conduct the screening, and explains and obtains verbal consent to proceed with the screening. Once the screening is conducted, referrals are made based on the screening results that address the areas of risk that may be identified. 211 has developed detailed protocols to specify how calls are routed to the care coordination staff for eligibility determination, screening, and referral.

Developmental screening and care coordination at 211 LA County is performed by a staff of three Care Coordinators and a Care Coordinator Assistant. If all available care coordination staff members are busy when a screening call comes in, the caller’s information is collected and the program calls them back by the next business day.

Screening is accomplished using the Peds Online which includes three computer-assisted developmental screening tools: the Parents' Evaluation of Developmental Status (PEDS), the PEDS: Developmental Milestones (PEDS:DM), and the Modified Checklist for Autism in Toddlers (M-CHAT). If the child is with the caller, the PEDS:DM questions are asked after the

18 http://www.211us.org/faq.htm#funded
19 The 211 Developmental Screening Transfer Protocol (June 2012 revision) states that in addition to offering screening to a caller with a child 5 years of age or younger with a stated developmental concern, 211 “must transfer a minimum of 2 inquirers per week with child(ren) 18 months to 5 years who have not identified or expressed developmental concerns.”
21 Glascoe (2010).
23 Robins, Fein, & Barton (1999). It should be noted that the recent revision of the M-CHAT (M-CHAT R/F; Robins, Fein, & Barton, 2009) includes a 2-stage screening with a follow-up that can improve the prediction of risk for autism spectrum disorder (ASD). However, the M-CHAT-R is not yet available within Peds Online, although validation studies of a web-based M-CHAT R/F are currently in progress. Thus, the 211 Developmental Screening and Care Coordination project currently administers the M-CHAT as a single screening (that is, they do not conduct the 2-stage screening with follow-up).
PEDS is completed; the specific PEDS:DM questions asked depend on the child’s age. The M-CHAT is administered following the PEDS and PEDS:DM for children age 16-48 months. Screenings are offered in English and Spanish. If the screening results suggest the child is at risk for possible developmental delays or autism spectrum disorder, referrals are provided for additional assessment and/or early intervention services through the caller’s local school district or Regional Center (depending on the child’s age and issues identified by the screening)\textsuperscript{24}. For children at lower risk, information is provided for early childhood education services, such as Early Head Start, Head Start, or other local agencies providing similar services\textsuperscript{25}. Regardless of the screening results, the 211 Care Coordinators work with each caller to provide referrals to services that address their stated and unstated needs.

The 211 Developmental Screening and Care Coordination project’s involvement with families can continue well after the call in which screening is provided. In 2013, 50% of the 3,380 children who were screened received care coordination. It should be noted that eligibility for care coordination depends on the screening results, and not all children screened are eligible for care coordination. For those who are eligible, the 211 Care Coordinators work to follow-up and ensure that the family is connected to the services and community resources to which they were referred. Obtaining consent to share information is important to the process of documenting service uptake.

About this Report

In November 2013, The Measurement Group (TMG) was awarded a contract from First 5 LA to conduct an environmental scan of developmental screening activities among all its programs. This report focuses on the 211 Developmental Screening and Care Coordination project within the context of this environmental scan. The purpose of this report is to describe developmental screening and care coordination offered and provided by 211 LA County through the 211 Developmental Screening and Care Coordination project. This report includes a quantitative overview of developmental screening processes and results; interviews with 211 care coordination staff, senior professionals, referral partners, and parents whose children received developmental screening from 211; and a qualitative review of 211’s screening methods.

\textsuperscript{24} According to the 211 LA County Developmental Screening Protocol for Care Coordinators (February 2012 revision), children whose PEDS screening results are on Path A (High Risk) are referred for a specialized assessment. Children with PEDS screening results on Path B (Moderate Risk) are referred to Early Head Start/Head Start/secondary screening. Children with PEDS screening results on Path C1 (Elevated Risk for Mental Health) are referred for mental health screening. Children with PEDS screening results on Path C2 (Parent/Child Relationship Issues) are given parental guidance resources, such as referrals to parenting classes and/or Parent Tip Sheets. The screening protocol states, “If the M-CHAT was conducted with a child 16-48 month(s), emphasize the social-emotional concerns that need further specialized assessment by a Regional Center and/or a local school district if the child is over 3 years of age.”

\textsuperscript{25} Lower risk is defined as a PEDS screening result on Path E (Low Risk).
separate report provides an overview of current developmental screening activities among First 5 LA-supported programs.

Data Sources

Data from three major sources specific to the 211 Developmental Screening and Care Coordination project were collected as part of the broader environmental scan. First, Quantitative Data from the program were studied. Stakeholder Interviews were conducted with 211 staff, the Project Director and Evaluator, representatives of agencies who collaborate with the 211 Developmental Screening and Care Coordination project, and parents whose children received developmental screening from 211. Finally, a Call Review was conducted of recorded calls in which screenings were offered and/or provided by the 211 Developmental Screening and Care Coordination project. The overall study design was outlined by First 5 LA in the scope of work for the environmental scan. For the Parent Interview, Call Review, and Quantitative Data components, data collection protocols were drafted by the study team, reviewed by First 5 LA and 211, and submitted for Institutional Review Board (IRB) review. The IRB determined that these data collection activities were exempt from review. Additional detail about each of the data sources appears below.

It should be noted that by design, the samples used in this environmental scan were very small. In addition, data were provided either directly by staff of the 211 Developmental Screening and Care Coordination project or through sources which the project had an active role in facilitating access for the study team. Findings should be interpreted within the context of these small convenience samples and the way they were selected.

Quantitative Data

Method

As part of a request that was made to all four programs receiving funding from First 5 LA to support developmental screening activities, the 211 Developmental Screening and Care Coordination project was asked to provide quantitative data that described the characteristics of the calls in which screening was offered and provided, information about the results of the developmental screening, and information about referrals made and their outcomes.

In initial meetings to learn about the 211 Developmental Screening and Care Coordination project, the Project Director (Patricia Herrera, M.S.) and Evaluator (Cheryl Wold, M.P.H.) shared information that illustrated the project’s capacity for quantitative data collection and reporting. In that initial meeting, Ms. Wold provided a set of slides that presented quantitative data from September 2009 through October 2013. In response to the study team’s request for current data, the numbers in this presentation were updated when they became available to show

screening and referral activities for calendar year 2013. Quantitative data presented in this report derive from that presentation, unless otherwise noted. The source presentation with these data provided by the 211 Developmental Screening and Care Coordination project is included as Appendix A.

Findings

Data Capacity

The 211 Developmental Screening and Care Coordination project has fairly strong quantitative data capacity. Quantitative data are available that describe the calls made to 211, the characteristics of the callers, and responses (and scores) from the developmental screening performed. Data come from several sources. Information that comes from the caller’s initial contact with 211 (before she or he is forwarded to the Care Coordinator) is currently maintained in a system called 211LinQ that was originally developed for care coordination, but was adapted and enhanced to permit data use. Data from the screening tools themselves (such as results from the PEDS, PEDS:DM, and M-CHAT screenings) are available through Forepath (the PEDS online system). In both cases, data entered from the online databases is automatically available for electronic access by the 211 Developmental Screening and Care Coordination project without the need for duplicate data entry. In addition, the program maintains a database to document and track referrals and their outcomes; these data are available for merging with the other data sources to illustrate the path from the caller’s initial contact with 211 LA County, his or her experience with developmental screening offered by the 211 Developmental Screening and Care Coordination project, and any referrals and outcomes that are documented on the family’s behalf. Data analyses are conducted by the Evaluator using dedicated statistical software. Queries have been programmed for the purposes of data management, analysis, and reporting.

The 211 Developmental Screening and Care Coordination project has a commitment to using quantitative data for quality assurance, quality improvement, and disseminating its model to the field. The program has presented its work, with supporting quantitative data, to various professional audiences.

Selected Quantitative Results

The data reported in the following section are abstracted from materials provided by the 211 Developmental Screening and Care Coordination project.

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27 Calendar year 2013 was selected as a guideline for data submission presented to all programs included in the broader First 5 LA Developmental Screening Environmental Scan.
28 We understand that a new data system for the general 211 information is coming soon.
30 Herrera & Glascoe (2013).
31 Roux, Herrera, Wold, Dunkle, Glascoe, & Shattuck (2012).
32 http://www.211la.org/211-developmental-screening-project-fact-sheet/.
**Target Population**

The following figure summarizes the flow of callers from November 2012 through November 2013, starting with the total population of caller to 211 LA County with at least one child age 0-5 years, and of those callers, how many children of those callers met eligibility criteria and received developmental screening.\(^{33}\)

<table>
<thead>
<tr>
<th>Population</th>
<th>N</th>
<th>% of Stage</th>
<th>Cumulative %</th>
<th>Number Represents</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Calls with Children 0-5</td>
<td>71,787</td>
<td>---</td>
<td>---</td>
<td>Unique callers</td>
<td>Includes parents with a concern and 400 callers/ month with no stated concern [specific numbers not available]</td>
</tr>
<tr>
<td>Screening Offered</td>
<td>11,752</td>
<td>16%</td>
<td>16%</td>
<td>Unique callers</td>
<td>Includes 2,032 with stated concern and 5,495 with no stated concern</td>
</tr>
<tr>
<td>Screening Offer Accepted</td>
<td>7,837</td>
<td>67%</td>
<td>11%</td>
<td>Unique callers</td>
<td>Met criteria and were warm transferred to a Care Coordinator</td>
</tr>
<tr>
<td>Received Screening</td>
<td>3,708</td>
<td>47%*</td>
<td>5%*</td>
<td>Unique children screened</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1. Summary of Developmental Screening Offered and Provided by 211 LA County: November 2012-November 2013.**

In Figure 1, it should be noted that the “Received Screening” numbers and percentages at the bottom of the figure are at a different level of analysis than the others in the figure. As indicated by the asterisks, it is not comparable to show the number of unique children who received screening as a percentage of the population of unique callers who were offered screening (a unique caller may have had more than one child screened).\(^{34}\)

**Characteristics of Screening Participants (Callers)\(^{35}\)**

In the most recent 12-month period for which data were provided (January 1, 2013 through December 31, 2013), the 211 Developmental Screening and Care Coordination project reached a total of 2,691 unique screening participants (that is, callers who had at least one child age 0-5 years who received developmental screening). The callers were mostly female (95%), about half

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\(^{33}\) Data summary provided by 211 Developmental Screening and Care Coordination project. Note that the time frame for Figure 1 is November 2012 – November 2013, whereas the time frame for the remaining data in this section is January 2013 – December 2013. The November to November period is how this set of indicators was tracked and reported by the 211 Developmental Screening and Care Coordination project.

\(^{34}\) The number of children who were offered screening (as opposed to the number of callers, who may have had more than one child age 0-5) was not provided. It is possible that the 211 Developmental Screening and Care Coordination project can generate this number but it was not provided for the descriptive study.

\(^{35}\) Data summary provided by the 211 Developmental Screening and Care Coordination project.
(50%) were single parents, and 93% had children with health insurance (89% with Medi-Cal coverage). The racial/ethnic distribution of the screening participants is shown in Figure 2.

![Figure 2. Race/ethnicity of callers with children screened by the 211 Developmental Screening and Care Coordination project: January 2013 – December 2013.](image)

As shown below in Figure 3, slightly more than half (58%) of the callers who participated in screening indicated their primary language was English; 42% were Spanish-speaking.

![Figure 3. Language of callers with children screened by the 211 Developmental Screening and Care Coordination Project: January 2013 – December 2013.](image)

Figure 4 shows the educational background of the 2,691 unique callers who received screening from the 211 Developmental Screening and Care Coordination project in calendar year 2013.
### Level of Education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td>314</td>
<td>12%</td>
</tr>
<tr>
<td>Some High School</td>
<td>743</td>
<td>28%</td>
</tr>
<tr>
<td>Graduated High School</td>
<td>598</td>
<td>22%</td>
</tr>
<tr>
<td>Some College</td>
<td>639</td>
<td>24%</td>
</tr>
<tr>
<td>College Grad</td>
<td>139</td>
<td>5%</td>
</tr>
<tr>
<td>Professional Degree</td>
<td>127</td>
<td>5%</td>
</tr>
<tr>
<td>Masters</td>
<td>12</td>
<td>0.4%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>117</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,691</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **Figure 4.** Level of education of callers with children screened by the 211 Developmental Screening and Care Coordination Project: January 2013 – December 2013.

The 2,691 unique callers who participated in developmental screening in 2013 had a total of **3,380 unique children screened**. Figure 5 shows the age distribution of the 3,380 unique children screened by the 211 Developmental Screening and Care Coordination project in 2013.

- **Figure 5.** Age distribution of children screened by the 211 Developmental Screening and Care Coordination Project: January 2013 – December 2013.

n = 3,380 unique children. No missing data reported
Results of the Peds and Peds:DM screenings are presented as the number and percent of children screened whose scores fall on various paths associated with High, Moderate, and Low Risk. The following table summarizes the number and percent of children with Peds screening results on each of the possible paths, along with national comparison data as reported by the 211 Developmental Screening and Care Coordination project from the most recent (2012) standardization data for the Peds.

### Table 1.
**Screening Results from the 211 Developmental Screening and Care Coordination Project:**
**January 2013 through December 2013**

<table>
<thead>
<tr>
<th>Developmental Screening Results (Peds &amp; Peds:DM)</th>
<th>Number</th>
<th>Percent</th>
<th>National Comparison*</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk (Path A)</td>
<td>516</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Moderate Risk (Path B)</td>
<td>864</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Elevated Risk for Behavioral Emotional Problems / Low Risk for Delay / Disability (Path C)</td>
<td>862</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Low Risk (Path E)</td>
<td>1,138</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td>Total</td>
<td>3,380</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

* n = 47,531 children screened via Peds on-line whose demographics conform to the US Census Bureau population parameters, as reported by the 211 Developmental Screening and Care Coordination project and described at [www.pedtest.com/Research/PEDSStandardization.aspx](http://www.pedtest.com/Research/PEDSStandardization.aspx).

How do these findings compare to normative data for the Peds?

- The 211 LA County screening sample shows a 4% greater rate of children who screen as High Risk (Path A) than those in the national normative sample.
- The percentage of children who screen at Moderate Risk (Path B) is identical to that found in the normative data.
- In the past year, 211 LA County screened 6% more children as having Elevated Risk for Behavioral Emotional Programs and Low Risk for Delay/Disability (Path C) than the normative sample.
- The percentage of children screened by 211 LA County who landed on Path E (Low Risk), was 9% lower than the rate in the normative data.

As a reference point, the US Census\(^{36}\) estimates that 2.0% (+ 0.5%) of children under 3 years of age and 3.1% (+ 0.5%) of children 3-5 years of age have an identified, diagnosable developmental delay. The National Center for Children and Poverty\(^{37}\) reports that between 9.5% and 14.2% of children age 0-5 years “experience social-emotional problems that

\(^{36}\) Brault (2012).

negatively impact their functioning, development and school-readiness.” However, reported prevalence rates do vary depending the methods used in these studies. It is important to note that the rates of screening for risk of a developmental delay or social-emotional problem will most likely be greater than rates of the actual delay or social-emotional problem. If anything, screening is intended to err on the side of over-identifying those at risk to minimize the likelihood of false negatives (that is, children who appear to be at low risk based on screening but who actually do have a diagnosable delay or social-emotional problem).

Another issue that could potentially affect the screening results obtained by the 211 Developmental Screening and Care Coordination project compared to those obtained in other settings is the method of conducting the screening by telephone. The PEDS Manual\(^{38}\) reports that parent concerns did not vary when the screening was administered as an interview compared to having the parent complete a questionnaire. Daniels and colleagues (2014) stated that “there is a need for additional research on the comparative effectiveness of using different modesCONTEXTS of screening administration, such as home versus office based, Web versus mail, parent-report versus clinician-administered,”\(^{39}\) although this comment was made regarding developmental screening in general, and not specifically with respect to the PEDS.

**Developmental Screening Results: M-CHAT**

During the most recent 12-month period with data available (January 2013 – December 2013), a total of 2,261 children were eligible and screened for risk of autism using the M-CHAT. The following table summarizes the findings from the M-CHAT screenings performed by the 211 Developmental Screening and Care Coordination project during this period.

<table>
<thead>
<tr>
<th>Autism Screening: Modified Checklist for Autism in Toddlers (M-CHAT)</th>
<th>Number</th>
<th>Percent</th>
<th>National Comparison(^{40})</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Screen (Fail)</td>
<td>237</td>
<td>10.5%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Negative Screen (Pass)</td>
<td>2,026</td>
<td>89.5%</td>
<td>---</td>
</tr>
<tr>
<td>Total children eligible and administered the M-CHAT screen</td>
<td>2,263</td>
<td>100.0%</td>
<td>---</td>
</tr>
</tbody>
</table>

- A total of 10.5% of the children screened by 211 LA County in the last year who were eligible and administered the M-CHAT were identified as at risk for possible ASD; this compares to 9.7% in the general population according to data provided by the 211 Developmental Screening and Care Coordination project.

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\(^{38}\) Glascoe (2013).

\(^{39}\) Daniels, Halladay, Shih, Elder, & Dawson (2014).

\(^{40}\) Reported by 211 Developmental Screening and Care Coordination project.
Again, it should be noted that failing the M-CHAT indicates a risk of a possible autism diagnosis but not necessarily an actual diagnosis of ASD. According to the *Peds Online Guide* \(^{41}\), “a failed M-CHAT will result in a recommendation for further assessment by an autism specialist...A passed M-CHAT indicates limited risk for ASD but does not rule out any of the more common disabilities: speech-language impairment, mental retardation, or learning disabilities.”

Various rates of failure on the M-CHAT have been reported in other studies, ranging from 5.7% in a sample of children screened during routine well-child care visits between 16 and 30 months of age \(^{42}\) to 21.2% among children screened as reported in an earlier study of the 211 Developmental Screening and Care Coordination project \(^{43}\). These differences may be due to variations in factors such as (but not limited to) the level of pre-existing risk in the screening population, screening method or setting (e.g., telephone interview vs. in doctor’s office).

As context, the Centers for Disease Control and Prevention (CDC) report ASD surveillance data from 11 sites across the US. For 2010, these data show the overall prevalence of ASD was 14.7 per 1,000 (one in 68) in children 8 years of age. Although comparable prevalence data are not available for children age 0-5 years, the CDC study reports the median age for any type of ASD diagnosis as 53 months. \(^{44}\) Again, these numbers reflect diagnosed cases of ASD, in contrast to the number of children who are identified by screening as at risk for ASD pending a more detailed and comprehensive diagnostic assessment and evaluation.

**Reasons for Calling 211 LA County**

Having a stated developmental concern was only mentioned by 13% of those callers who received developmental screening from the 211 Developmental Screening and Care Coordination project in 2013. Other frequent reasons for calling 211 LA County included seeking information about early childhood education, child care, various support services and help with basic needs, as well as other reasons.

**Referrals and Service Uptake**

A range of referrals were made by the 211 Developmental Screening and Care Coordination project, depending on the screening results and the family’s concerns. Of the 3,380 children who received screened in 2013, half (50%; \( n = 1,688 \)) screened at high to moderate risk for a developmental delay/disability and received care coordination. The other half (50%; \( n = 1,692 \)) screened at low risk for a developmental delay/disability and were connected to an early childhood program.

\(^{41}\) Glascoe (2010).  
\(^{43}\) Roux, Herrera, Wold, Dunkle, Glascoe, & Shattuck (2012).  
Children were often given more than one type of referral. Out of 3,016 referrals documented between January 1, 2013 and December 31, 2013, frequent types of referrals were to Head Start programs (31%), Early Head Start Preschool programs (25%), services through the local school district (19%), and Regional Center services for children over 3 years of age (15%). The 211 developmental screening protocols specify that Head Start and Early Head Start referrals are made for children who are at low risk for developmental delay.\textsuperscript{45} Figure 6 summarizes the referrals documented for screening participants in calendar year 2013.

One of the strengths of the 211 Developmental Screening and Care Coordination project is the extent to which referrals are followed up by the program and connection to services is confirmed for the families who agree to care coordination. Of the 3,380 children screened in 2013, half (50%) received care coordination (note that not all children screened are eligible for care coordination). Figure 7 shows selected outcomes for the 1,691 children documented as having received care coordination in 2013.

\textsuperscript{45} Quantitative data showing a breakdown of referrals by level of screened risk are available from 211. These data were not requested for this descriptive study.
It should be noted that many programs may not take the time or resources to follow up on referrals to the extent that the 211 Developmental Screening and Care Coordination project does. In many cases, programs simply stop at the point where they made the referral and that is as far as they track the case. Or, other programs might rely on parent self-report at follow-up to see if they received a service to which they were referred (rather than seeking to independently verify that from the program to which the family was referred). To facilitate the documentation of these outcomes on a consistent basis, the 211 Developmental Screening and Care Coordination project has Memoranda of Understanding (MOUs) with numerous referral organizations.

**Discussion**

The 211 Developmental Screening and Care Coordination project collects quantitative data to describe the characteristics of the families who participate in screening, the developmental screening results, and the outcomes of the screenings that were performed. The program uses these data for program monitoring, quality assurance, reporting, and evaluation. The program has successfully adapted data systems that were not originally designed for this purpose. Using this system, the 211 Developmental Screening and Care Coordination project can quantitatively describe aspects of developmental screening provided to 3,380 children in 2013.

In terms of the data collected to document completion of referrals made for families who had one or more children screened, 211 has a very ambitious goal of independently confirming service uptake for all referrals. While this is certainly the “gold standard” for verification of

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46 Information not available for children who were screened but did not receive care coordination.
connection to the referral resource, there are a number of challenges in documenting the completion of these referrals in this way (as described in other sections of this report).

**Qualitative Stakeholder Interviews: Selected 211 Staff, Senior Professionals, and Referral Partners**

**Method**

The specifications for the First 5 LA Developmental Screening Environmental Scan called for stakeholder interviews to be conducted with a sample of 211’s screening staff, senior professionals, and referral agency partners (Regional Center, Early Head Start, etc.). Semi-structured interview protocols were developed with the purpose of clarifying the use of screening tools, their administration and follow-up procedures, as well as documenting perspectives on the strengths and weaknesses of the screening and care coordination procedures. Drafts of these data collection protocols were provided to First 5 LA and 211 and were revised to incorporate feedback. Final interview protocols were vetted by 211 to interview a sample of 211’s screening staff and referral partners. Copies of the interview protocols are included in Appendix B.

All stakeholder interviews were conducted by phone, using a dial-in number from the Free Conference Call service. Calls were recorded with the permission of those interviewed for assistance in ensuring the accuracy of notes taken during the call. All interviews were conducted by either Dr. Melchior and/or Ms. Brink. A list of stakeholders who participated in these interviews is included as Appendix C.

Following the data collection, all data were entered in project databases (in SPSS for quantitative data and in NVivo 10 for qualitative data). Qualitative data were coded for major themes within each data source.

**211 Staff and Senior Professional Interviews**

As part of the First 5 LA Developmental Screening Environmental Scan, two separate interview protocols were developed to gather data from program staff and senior professionals. This report presents the combined findings from three interviews conducted with 211 staff, and two senior professional interviews representing the 211 Developmental Screening and Care Coordination project.

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47 The “Senior Professional” interview includes interviews with the 211 Developmental Screening and Care Coordination Project Director and Evaluator. In the broader developmental screening environmental scan conducted for First 5 LA, this data collection protocol is called the "Program Manager Interview." However, in this report, we refer to it as the Senior Professional Interview since both a manager and an evaluator were interviewed using this tool.
The purpose of the **211 Staff Interview** was to identify and understand the strengths and weaknesses of the developmental screening and linkage activities conducted by 211 screening staff. Developmental screening and care coordination is performed at 211 LA County by three Care Coordinators and a Care Coordinator Assistant. Interviews were conducted with a total of 3 211 screening staff. The 211 Developmental Screening and Care Coordination Project Director assisted with the identification of the three (out of four) staff members to include in these interviews. The 211 staff interviews were scheduled in collaboration with the Project Director. All three 211 staff interviews occurred on January 16, 2014. Data were collected from two of the three project Care Coordinators and the Care Coordinator Assistant. Experience in their current role ranged from 2 to 4 years. The staff members interviewed were experienced in child/family services or a related field, with employment in these fields ranging from 4 to 14 years. In terms of professional training, staff came from the fields of business, sociology, and child development. All three staff interviewed had bachelor degrees.

The purpose of the **Program Manager/Senior Professional Interview** was to document major features of the organization’s developmental screening and referral procedures, as well as to learn about any data the program collects and how those data are used. As these interviews were part of a larger effort to gather data about all of First 5 LA-funded programs that provide developmental screening, this report only summarizes the data from two interviews with senior professionals involved with the 211 Developmental Screening and Care Coordination project. Telephone interviews were scheduled by email. Interviews with the Project Director (Patricia Herrera, M.S.) and Project Evaluator (Cheryl Wold, M.P.H.) occurred January 15-16, 2014. Both professionals interviewed were highly experienced, having worked with the 211 Developmental Screening and Care Coordination project either from its inception or for a good part of its 5-year history, with extensive experience in child/family services prior to that. Both of the individuals interviewed hold master’s degrees in their respective fields (counseling and public health).

**Referral Partner Agency Interviews**

The purpose of the **Referral Partner Agency Interview** was to understand how collaborating organizations work with the 211 Developmental Screening and Care Coordination project, as well as to learn about successes and challenges related to linking referrals and sharing data. The Referral Partner Agency Interview was designed to collect data from selected 211 referral partners. Interviews were conducted with 6 211 partners. Since the 211 Developmental Screening and Care Coordination project had 47 MOUs at the time of this study, TMG asked the

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48 In addition to the screening staff, the 211 Developmental Screening and Care Coordination project is managed by the Project Director, who is assisted by a Senior Administrative Services Assistant. The Project Director reports to the Executive Director of 211 LA County.

49 The full set of information from all five Program Manager Interviews is included in a more detailed analysis in a (separate) Overview Report describing First 5 LA’s developmental screening efforts.

50 The study’s understanding of the 211 Developmental Screening and Care Coordination project is also informed by an initial introduction to the project via telephone (November 4, 2013) and a subsequent visit and tour of 211’s offices (November 25, 2013), as well as various email and phone conversations throughout this project.
211 Developmental Screening and Care Coordination Project Director to provide contacts for some representative partner agencies to participate in the Referral Partner Agency Interviews. The First 5 LA Project Officer also provided guidance as to the types of referral agencies to invite to participate in the interview.

Following an email introduction from the 211 Developmental Screening and Care Coordination Project Director, TMG contacted each referral partner by email, explaining the purpose of the study. The First 5 LA Project Officer and the 211 Developmental Screening and Care Coordination Project Director were copied on these invitations. TMG then followed up (by email and/or phone) to schedule a telephone interview. The Referral Partner Agency Interview was designed to take about 30 minutes and was voluntary. Of the six potential Referral Partners in the original study sample, one was not available to participate within the data collection time frame, so an additional partner was added to yield six completed Referral Partner Agency Interviews.

Selected demographic indicators were collected to permit a summary of the professional characteristics of the individuals interviewed. Referral Partner Agency Interviews were conducted January 14-29, 2014. Data were provided by nine individuals representing six organizations, as shown in the following table. The stakeholders interviewed from these organizations were well-educated, highly experienced and senior professionals. Respondents held their current role in their organization anywhere from one to 20 years and reported working in their field of expertise anywhere from 7 to 40 years. The referral partners represented a range of educational backgrounds, with the stakeholders holding at least a bachelor’s degree, and most holding a higher degree, such as a doctoral or master’s degree.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County Office of Education</td>
<td>1</td>
</tr>
<tr>
<td>Los Angeles County Department of Children and Family Services</td>
<td>1</td>
</tr>
<tr>
<td>Child Development Institute</td>
<td>3</td>
</tr>
<tr>
<td>South Los Angeles Child Welfare Initiative</td>
<td>1</td>
</tr>
<tr>
<td>Head Start</td>
<td>1</td>
</tr>
<tr>
<td>San Gabriel and Pomona Regional Center</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

Overall, for the 211 Staff Interviews, Senior Professional Interviews, and Referral Partner Agency Interviews, verbal consent was obtained from each stakeholder to participate in the interview, as well as to make an audio recording of the interview to assist with note-taking. The recordings were accessed only by TMG staff and will be destroyed at the end of this project.
Findings

Developmental Screening Tools

The 211 staff and senior professionals interviewed were asked to reflect on the strengths and weaknesses of the developmental screening tools used by their program.

Strengths

With respect to the developmental screening tools used by 211 LA County, the staff and senior professionals interviewed identified a number of strengths. A number of references were made to the fact that the PEDS and M-CHAT tools are evidence-based. For example, a stakeholder from 211 mentioned that, “the tools themselves are very reliable and do a fairly good job of predicting [risk for developmental delay].” Another theme that emerged was the expediency of the screening tools. One of the 211 staff interviewed explained, “It makes it easy, makes it quick, and you can really focus on the needs of the parents.” The screening tools were also seen by 211 staff and senior professionals as parent-friendly. As one staff member explained, “the questions that we use are very parent-friendly, not big words, very simple for parents to understand.”

In identifying strengths of the developmental screening tools, there also were a number of references to strengths related to the online PEDS screening tool. Because this is part of the overall 211 developmental screening and referral protocol, those findings are presented as part of the section addressing those protocols.

Areas for Improvement

The 211 staff members and senior professionals interviewed acknowledged a couple of relatively minor limitations with the screening tools used by their program. One had to do with language capability in the scoring module of the PEDS Online system. As a 211 Care Coordinator explained, “the (scoring part of the) tool is in English only. The questions are in Spanish, but we cannot score Spanish comments from parents. So, if we have a Spanish speaking parent we have to translate their comments from Spanish to English for the tool to score them.” The 211 Care Coordinators are fluent bilingual (English/Spanish) and they are adept at working around this issue, though they noted that the implementation of a Spanish-language scoring system could be helpful. In addition, a Spanish-language scoring analyzer is currently under development for the PEDS Online, which would address this challenge. Another drawback mentioned had to do with measurement limitations of screening tools in general. As one 211 senior professional stated, “no tool is 100% accurate, but that’s for any type of screening tool.”

The following table summarizes the number of references to each of the themes coded from the responses of 211 staff members and senior professionals interviewed. The table indicates how many different sources mentioned a given topic; however, an individual could have more
than one reference to a given theme. Unless otherwise noted, the themes shown were mentioned by more than one stakeholder interviewed.

**Table 4.**  
**Strengths and Areas for Improvement of Developmental Screening Tools:**  
**Summary of Responses from Interviews with 211 Staff and Senior Professionals**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Number of 211 Staff and Senior Professionals who Mentioned Theme (n = 5)²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based</td>
<td>4</td>
</tr>
<tr>
<td>Expediency</td>
<td>3</td>
</tr>
<tr>
<td>Parent-friendly</td>
<td>3</td>
</tr>
<tr>
<td>Area for Improvement</td>
<td></td>
</tr>
<tr>
<td>Language capability in scoring module</td>
<td>2</td>
</tr>
<tr>
<td>General measurement limitations of screening tools</td>
<td>2</td>
</tr>
</tbody>
</table>

²n = 5 includes 3 staff and 2 senior professionals from the 211 Developmental Screening and Care Coordination project.

**Themes Identified by 211 Referral Partners**

Although the Referral Partner Agency Interview did not specifically ask about 211’s developmental screening tools, a number of referral agency stakeholders interviewed commented on the tools as a strength of the 211 Developmental Screening and Care Coordination project. While this information was not specifically prompted by questions in the Referral Partner Agency Interview, mentions of any strengths or weaknesses of the screening tools used by the 211 Developmental Screening and Care Coordination project in any part of the Referral Partner Agency Interview responses were coded as well and are included in this summary.

In discussions with the referral partners regarding the overall strengths and weaknesses of working with the 211 Developmental Screening and Care Coordination project, two agencies mentioned that 211’s use of evidence-based screening tools is one of their major strengths. According to one of the referral partners interviewed, “when a 211 referral comes through, you don’t have to question the validity of the screen because they’re using standardized tools.” No specific weaknesses specific to the screening tools used by 211 were identified during the interviews with referral partners.

**Developmental Screening Protocols**

The 211 staff and senior professionals interviewed were asked to reflect on the strengths and weaknesses of the developmental screening tools used by their program.
**Strengths**

According to the 211 staff and senior professionals interviewed, the screening protocols followed by 211 LA County ensure that parents of young children who are offered developmental screening receive high quality, professional services in an easily accessible setting. In terms of **accessibility**, a 211 Care Coordinator mentioned that, “I really like that it’s over the phone, it’s free, when the parent has time to do it. It’s in the privacy of their own home.” **Benefits of the online screening system** were also frequently mentioned by the 211 staff and senior professionals interviewed: “You get parent summaries that are ready to go for the parents. You get immediate summaries of results. These are things that don’t happen when you’re doing the pencil and paper [version].” The 211 screening staff and senior professionals interviewed emphasized 211’s **organizational commitment to quality**, as illustrated by examples of ongoing process improvement, provision of professional and empathic care coordination, and using data for organizational learning. As one senior professional explained, “I think that 211 in general, [with] the infrastructure to support the training with the CRAs [Community Resource Advisors], that culture was really carried over into the developmental screening program.” These stakeholders found the protocol to be **empowering for parents**. As one 211 staff member said, “we’re not telling a parent what they need to do – we’re giving them options and letting them feel like they’re in control.” Finally, the protocol was seen by 211 staff and senior professionals as helping them to **avoid duplication of services**. As one 211 Care Coordinator explained, “We don’t want to get into a screening and start advocating or providing case management services for a child and they already have it, or the child already has a diagnosis or is already receiving some kind of early intervention service somewhere else. So our protocol is to make sure that we prescreen the child to make sure [the child is not already receiving] that.”

**Areas for Improvement**

Areas for improvement in the screening protocols identified by interviews with 211 screening staff and senior professionals included challenges in obtaining consent from the parents for 211 LA County to collect follow-up data from agencies to which they referred the family for services, as well as some limitations related to capacity. The most frequently reported limitation concerned obtaining **consent to share information**. As one senior professional stated, “obtaining consent forms can be challenging from parents. We need those to make sure that afterwards we can get outcomes.” Another relative weakness mentioned was **capacity limitations**, and that the program “…could use a couple more Care Coordinators to field those calls.” Finally, some 211 screening staff identified some **cumbersome aspects** of the screening protocols: “Having to repeat on every single call – the confidentiality statement, having to repeat information on every call (I know these are things that we have to say).”

The following table summarizes the number of references coded from the responses of 211 staff and senior professionals interviewed. The table indicates how many different sources mentioned a given topic; however, an individual could have more than one reference to a given theme.
Table 5.
Strengths and Areas for Improvement of Developmental Screening Protocols:
Summary of Responses from Interviews with 211 Staff and Senior Professionals

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Number of 211 Staff and Senior Professionals who Mentioned Theme (n = 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenient/accessible</td>
<td>3</td>
</tr>
<tr>
<td>Benefits of online screening system</td>
<td>3</td>
</tr>
<tr>
<td>Organizational commitment to quality</td>
<td>2</td>
</tr>
<tr>
<td>Empowering for parents</td>
<td>2</td>
</tr>
<tr>
<td>Avoids duplication of services</td>
<td>2</td>
</tr>
<tr>
<td>Areas for Improvement</td>
<td></td>
</tr>
<tr>
<td>Consent to share information</td>
<td>2</td>
</tr>
<tr>
<td>Some cumbersome aspects</td>
<td>2</td>
</tr>
<tr>
<td>Capacity limitations (of 211)</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>n = 5 includes 3 staff and 2 senior professionals from the 211 Developmental Screening and Care Coordination project.

<sup>b</sup>Two mentions were made by one source.

Themes Identified by 211 Referral Partners

In addition, although this information was not specifically prompted by questions in the Referral Partner Agency Interview, mentions of any strengths or weaknesses of the screening protocols used by the 211 Developmental Screening and Care Coordination project in any part of the Referral Partner Agency Interview responses were coded as well and are included in this summary.

When looking at the strengths of working with 211 and families coming from 211 referrals, the three referral partners identified a key strength as the accessibility of 211 screening protocols. One partner stated, “It’s quick, it’s efficient. And I think one of the strongest points is that it’s convenient. It’s handled via phone call, it’s painless.”

As far as areas for improvement, one referral partner mentioned 211’s current consent processes as a barrier to sharing information with 211 about specific cases, stating that, “Because of HIPAA and all the regulations, I would not be able to complete the outcome finding for 211 without consent from the family.”

Referral and Follow-Up Protocols

The 211 screening staff, senior professionals, and referral partners interviewed were all asked to think about the strengths and weaknesses of the way that referrals from the 211 Developmental Screening and Care Coordination project are handled. This section summarizes the major themes that emerged from these stakeholder interviews.
Strengths

According to the 211 staff, senior professionals, and collaborators interviewed, the most frequently mentioned strength was the relationships among agencies in the referral network. Referral partners described how, “211 has also helped our providers by connecting them to partner agencies. They have a huge referral list that they keep updated.” Another referral partner summed up the relationship by stating, “I complement them in terms of connections to services; they provide access to me by making parents aware that there are accessible services for their children.” A 211 staff member spoke about having “so many relationships with different agencies. Sometimes agencies, if they see a parent can benefit from our screening, they’ll call us.” 211 staff, senior professionals, and referral partners also frequently brought up how the screening protocols generate appropriate referrals. As stated by a collaborative partner, the screening is “almost always accurate when [they] get a client, the client does have a concern or the child does have an issue that needs to be addressed.” Another referral partner pointed out that, “211 screening is very helpful for triage for how I treat the children.” A number of 211 staff, senior professionals, and referral partners described 211’s continuing involvement in care coordination with the families as a major strength. For example, a referral partner explained that “the follow-up that they do and the way they prepare the family for the intake process is really one of their strengths.” 211 staff, senior professionals, and referral partners also agreed that a major strength is the built-in referral guidance embedded in the protocol. One referral partner indicated, “With a 211 referral, we know where we’re going. The parent has answered questions about [their] concerns. It’s clear cut.”

The three themes described in the preceding paragraph all had fairly good agreement between 211 staff, senior professionals, and referral partners. Some of the other strengths identified in the referral process were mentioned by either 211 staff/professionals or by referral partners, but not both. One such strength cited by referral partners was the extent to which the 211 Developmental Screening and Care Coordination project understands the needs of children and families. As described by one referral partner, a major strength is 211’s “understanding where parents are coming from, fears that parents face in the screening process, their commitment to understanding the barriers that parents individually face in getting services.” Maintaining parent communication was seen a strength of the referral process by 211 staff and senior professionals. For example, a 211 staff member mentioned that “along the way, we incorporated a protocol that has the Care Coordinator check in with the parent to make sure that they know what’s going on.” The ability to track outcomes was also mentioned by 211 senior professionals and staff as a strength of the referral process: “we track did they get the referral, did they contact the parent? When it comes to Regional Centers for instance, were they assessed, diagnosed? So we not only make sure they contact the parent but also that we get an outcome.”

Areas for Improvement

Areas for improvement in the referral and care coordination process included addressing challenges around information sharing and consent. This theme was mentioned by 211 staff,
senior professionals, and referral partners. For example, a 211 staff member stated that, “getting to a point where we can share information has also been a challenge.” A referral partner offered, “211 may have a difficult time getting data from [some] Regional Centers. I know the Regional Center system differs from center to center.” In addition, 211 staff and senior professionals identified challenges related to reaching some families for follow-up. As one 211 screening staff member explained, “things may sometimes fall through. When we do identify a child and we want to make a referral, the parent will be on board and say yes, but then we follow up with the agency and we found out that when the agency contacted the parent without us, the parent declined services.” In addition, 211 staff and senior professionals mentioned capacity limitations as a theme. As one 211 staff member pointed out, “screening takes the bulk of our day, so sometimes we don’t have enough time for follow-up.”

The following table summarizes the number of stakeholders interviewed who mentioned examples of strengths and weaknesses related to referrals and care coordination. The table indicates how many different respondents mentioned a given topic.

### Table 6.
Strengths and Areas for Improvement Related to Referrals: Summary of Responses from 211 Staff, Senior Professionals, and Referral Partner Interviews

<table>
<thead>
<tr>
<th>Number of Respondents who Mentioned Theme</th>
<th>211 Staff and Professionals (n = 5)</th>
<th>Referral Partners (n = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interagency relationships</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Generating appropriate referrals</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Continuous involvement/follow-up</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Understanding needs of children and families</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Provides built-in referral guidance</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Maintaining parent communication</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Outcomes tracking</td>
<td>1&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0</td>
</tr>
<tr>
<td>Area for Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information sharing/written consent</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Trouble reaching some families</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Shifts in service network/capacity</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

<sup>a</sup>4 references mentioned by one source.  
<sup>b</sup>3 references mentioned by one Referral Partner.  
<sup>c</sup>2 references mentioned by one source.

The Big Picture Part 1: Challenges in Ensuring Service Uptake among Young Children at Risk

As part of the stakeholder interviews, 211 staff, senior professionals, and referral partners were asked to discuss the challenges that programs face in ensuring that young children who screen positive for possible developmental delays and/or autism spectrum disorder are successfully
linked to services. The themes coded from the interview data are presented in terms of individual/family-level, program-level, and systems-level challenges.

**Individual/Family-Level Challenges**

Some of the challenges most frequently mentioned by 211 staff, senior professionals, and referral partners were at the individual client or family level. A major challenge discussed was **challenges in reaching some families**. One referral partner stated, “...homeless families, for example, trying to make sure that we stay connected in communicating with the agency and the family. Sometimes you run into disconnected numbers or an address that they’re no longer at.” Comments made by 211 staff agreed with those made by referral partners; one 211 staff member pointed out that sometimes “parents just kind of get lost and we’re trying to follow up with them.” Even when families can be reached, challenges with **parent follow-up** were noted. A 211 Care Coordinator indicated that this “happens a lot with Early Head Start. We explain the program and give them information, but when Early Head Start calls them back the parent will decline the service.” Referral partners made comments indicating they faced similar issues, with one stating, “The biggest barrier unfortunately is a lot of parents will set up an appointment and not show up, or they don’t make themselves available.” The specific reason for this happening is not known, and there could be a number of possibilities: the parent or caregiver may have changed her/his mind, a more pressing need could have come up, or possibly the referral may not have been responsive to the family’s wants or needs.

211 staff and senior professionals mentioned an additional barrier they faced at the individual/family level was **getting consent forms returned**, with one 211 professional noting, “When you have families with more resources, they can send the consent back easily. But when you have families with fewer resources, we have to rely entirely on snail mail, and that’s not great.”

**Program-Level Challenges**

211 referral partners did not mention any significant program-level barriers that existed to connecting families to services. 211 staff and senior professionals mentioned **resources** as a barrier they face, with some indicating the root of that barrier to be “funding,” or “more money for us to really have the data.” Another barrier was **capacity**, as 211 staff stated, “We could do more. Right now, we’re only screening 12%. We have 84,000 callers a year with children 0 – 5. We don’t have capacity.” Finally, 211 senior professionals and staff indicated that they feel **more data is needed** to really be able to show the strengths and weaknesses of their program. One 211 senior professional explained: “For example, a parent is given an appointment during business hours and they can’t leave work. If you have limited use of the phone, given how much we now rely on things like phone and internet, it puts you at a disadvantage. We want to be able to track and document these types of things. We’re hoping that this project can help policymakers/decision makers address that.” It should be noted that although this study utilizes data from 211 LA County, these comments suggest there is room for further study to more fully document these issues.
**Systems-Level Challenges**

While systems-level challenges are typically outside the scope of what 211 can control, a number of issues were identified by stakeholders as affecting the big picture of linkage to developmental services for families with young children. One such challenge mentioned by both 211 staff and partner referral agency representatives was **shifts in the service network**. When discussing this, one 211 professional talked about the “constant changing of Head Start boundaries and service areas; they are open or closed from one day to the next. We are constantly chasing them down week by week.” One of the referral partners interviewed also spoke to this issue, indicating, “we’re one of the last early intervention centers that’s multidisciplinary that’s still around. Most of the people we know have left the workforce. That’s a huge problem.”

Although they are also seen as a strength, 211 staff and senior professionals identified some ways in which **interagency relationships** could be improved. For example, one 211 staff member felt that, “some agencies don’t always want to take our screening as something that carries some weight.” **Consent requirements** were discussed as a barrier by both 211 senior professionals interviewed. One stated, “If we could have processes that would allow us to digitize that, that would be a major milestone for this project. The day that electronic and recorded consent forms are okayed by the whole referral organizations, we’re in business.”

For 211 referral partners, **eligibility changes** were also mentioned as being a barrier to ultimately connecting families to services. One of the referral partners stated, “Certainly there’s a need for systems change to go back to the previous eligibility requirements. Children who were showing signs of delays would be able to access services, but now [they are] looking for more significant delay before they can access services.”

The following table summarizes the number of references to each of the themes coded from the responses of 211 staff members, senior professionals, and referral partners interviewed. The table indicates how many different sources mentioned a given topic; however, an individual could have more than one reference to a given theme. Unless otherwise noted, the themes shown were mentioned by more than one stakeholder interviewed.
### Table 7.
#### Challenges and Barriers to Ensuring Service Uptake:
**Summary of Responses from 211 Staff, Senior Professional, and Referral Partner Interviews**

<table>
<thead>
<tr>
<th>Type of Challenge/Barrier</th>
<th>Number of Respondents who Mentioned Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>211 Staff and Professionals (n = 5)</td>
</tr>
<tr>
<td>Individual/family-level</td>
<td></td>
</tr>
<tr>
<td>Lack of parent follow-up</td>
<td>4</td>
</tr>
<tr>
<td>Trouble reaching some families</td>
<td>2</td>
</tr>
<tr>
<td>Getting consent forms returned</td>
<td>2</td>
</tr>
<tr>
<td>Program-level</td>
<td></td>
</tr>
<tr>
<td>Capacity</td>
<td>2</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>1(^a)</td>
</tr>
<tr>
<td>Additional data needed</td>
<td>1(^b)</td>
</tr>
<tr>
<td>Systems-level</td>
<td></td>
</tr>
<tr>
<td>Shifts in service network</td>
<td>3</td>
</tr>
<tr>
<td>Interagency relationships</td>
<td>2</td>
</tr>
<tr>
<td>Consent requirements</td>
<td>2</td>
</tr>
<tr>
<td>Eligibility changes</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^a\) 2 references mentioned by one source. \(^b\) 2 references made by one source.

### The Big Picture Part 2: Resources Needed to Improve Service Uptake

As part of the stakeholder interviews, 211 staff, senior professionals, and referral partners were asked to think about what resources would help their program better link families with needed developmental services.

In this case, the resources listed by 211 senior professionals and staff did not overlap with those listed by 211 referral partners. 211 professionals and staff listed *improved consent and information sharing processes* as a desired resource, with a 211 staff member stating, “If we could get a system where the electronic consent is approved – it would make it so much better for our families.” However, it should be noted that consent to share information is governed by federal law (HIPAA) and needs to be considered within that context. Another suggested resource was *increased program capacity*. Given that there are only three full-time Care Coordinators on staff at 211, several of the 211 staff members indicated that increasing the number of Care Coordinators would allow them to serve more families and spend more time on follow up. As one Care Coordinator said, “screening takes the bulk of our day, so sometimes we don’t have enough time for follow-up.” 211 staff also suggested resources that would increase the availability and accessibility of services. One 211 staff member mentioned that she would like to “have some agencies be available to families after hours – a lot of our families work full time and can’t be available during the day.”

211 referral partners suggested *educating families* as something that would help link families to needed developmental services. One referral partner stated, “For small percentage of families, there’s also that issue of denial and not wanting to believe a child has a delay in
Another frequent suggestion was **educating providers about existing resources**. As one referral partner admitted, “I think the first thing would just be awareness of all the services and resources that are out there. Every day I’m learning of new resources and support services that are available for our families.” Another idea was to engage in **agency partnerships and outreach** in order to reach more families. One referral partner suggested that by partnering with different agencies in the community for developmental screening, agencies could be “putting it in places where we know that families have the biggest need.” One referral partner made two mentions of the value of **engaging in professional dialog**, stating that “One thing I’d like to see is some type of developmental screening/early intervention advisory group. Build a group meeting once a month or quarterly to dialogue about how to expand, programming, outreach, etc. [211 senior professional] and I have been doing it by ourselves, so it would be great to have more people involved.”

The following table summarizes the number of references to each of the themes coded from the responses of 211 staff members, senior professionals, and referral partners interviewed. The table indicates how many different stakeholders mentioned a given topic; an individual could have more than one reference to a given theme. Unless otherwise noted, the themes shown were mentioned by more than one stakeholder interviewed. As a comment on the following table, the fact that there is no overlap between the themes coded in comments from 211 staff and their referral partners is likely to represent the different perspectives of these stakeholders. Also it should be noted that all the mentions of these themes by 211 came from 211 care coordination staff (not senior professionals).

**Table 8.**

**Resources to Better Link Families with Needed Developmental Services:**
**Summary of Responses from 211 Staff, Senior Professional, and Referral Partner Interviews**

<table>
<thead>
<tr>
<th>Number of Respondents who Mentioned Theme</th>
<th>211 Staff and Professionals (n = 5)</th>
<th>Referral Partners (n = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved consent and information sharing processes</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Increased program capacity</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Increased availability and accessibility of services</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Educating families</td>
<td>0</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Educating providers about existing resources</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Agency partnerships and outreach</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Engaging in professional dialog</td>
<td>0</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>3 references mentioned by one Referral Partner. <sup>b</sup>2 references mentioned by one Referral Partner.
Discussion

Screening staff and senior professionals of the 211 Developmental Screening and Care Coordination project identified a number of strengths associated with the protocols for determining caller eligibility, conducting developmental screening, and connecting families to appropriate community resources. The program is proud of its use of effective, evidence-based tools that give 211 staff, senior professionals, and referral partners confidence in the results of the developmental screenings that 211 provides. The data suggest that the online screening tools provide an efficient way to easily give callers real-time results. The screening tools are seen as parent-friendly and provide a structured format for callers to express their concerns about their child’s development and behavior. The system for providing developmental screening and service linkage through 211 is viewed as making these services accessible to a wide range of families who might not otherwise have access to these resources.

Some areas for improvement were identified through the interviews with 211 professionals and screening staff. In terms of the PEDS Online tool, a minor concern was raised in that although the screening questions are available in English and Spanish and the 211 Care Coordinators are fluently bilingual, the computer interface does not allow for scoring Spanish comments from parents. However, the 211 Care Coordinators have an effective workaround for this issue, and it is being addressed by the developers of the PEDS Online. A small practical consideration was mentioned in that economically disadvantaged families may not necessarily have all the items on hand that are needed to do the PEDS:DM screening. In addition, limitations were described related to relying on parent self-report data, which applies not only to the PEDS but of other major developmental screening tools that use parent report data such as the Ages and Stages Questionnaire (ASQ).

Service referral and linkage are important parts of the work that the 211 Developmental Screening and Care Coordination project does with the families it serves. Major keys to the success of the referral and follow-up process include building strong relationships with agencies in the referral network, being proactive and remaining available to families as they navigate the service system, having strong protocols that guide staff through the referral process, maintaining communication with parents, and having a system to collect data and document referral outcomes. Referral partners noted that the screenings performed by 211 lead to appropriate referrals, due to not only the validity of the screening tools being used, but the commitment that the 211 Developmental Screening and Care Coordination project has to “getting it right for families.”

With the strong emphasis on tracking referral outcomes, one of the bigger challenges mentioned by both 211 and referral partners was related to obtaining consent from parents to share information between the referral agencies and 211. The 211 Developmental Screening and Care Coordination project places a strong emphasis on attempting to follow up on referrals. Ideally, the care coordinators are prepared to advocate on behalf of a family and get independent documentation that the family connected with referrals made by 211. However, without a signed consent to share information, it may not be possible for 211 to fully track
outcomes throughout the referral and linkage process or to get that independent verification that the child did receive the additional services to which she or he was referred.

Several recommendations emerged from the interviews with 211 senior professionals and staff to improve linkages of families with needed resources. A consistent theme from interviews with 211 staff and professionals was the view that if agencies would accept electronic or telephonic consent to share information, it would greatly improve 211’s ability to share information in the care coordination process and to collect data regarding referral outcomes. With written consent, families don’t always complete the forms and return them; however, 211 has started to try some alternatives to mailing out consent forms, such as having the consent forms available at community resource centers. Another recommendation of 211 was to increase program capacity by bringing in more Care Coordinators. With thousands of callers and the time involved in care coordination, more families could be helped with additional staff resources. Finally, in light of cutbacks that have affected early childhood education and developmental services, a frequent wish among the senior professionals and staff interviewed was to have greater availability and accessibility of such services for young children and their families.

Some areas of consensus emerged across the qualitative interviews with 211 staff, senior professionals, and selected referral partners. Staff and senior professionals from the 211 Developmental Screening and Care Coordination project and their collaborators saw the evidence-based screening tools in use by 211 and the accessibility of the screening protocols as major strengths. 211 staff, senior professionals, and referral partners all mentioned strong interagency relationships, generating appropriate referrals, having a built-in protocol to guide referrals, and continuing involvement with the families through care coordination and follow-up as strengths related to referrals from the 211 Developmental Screening and Care Coordination project.

There were some areas in which themes differed between 211 and their referral partners. Maintaining parent communication and outcomes tracking were mentioned as strengths by 211 stakeholders but not by their referral partners. On the other hand, referral partners complimented 211’s understanding of the needs of children and families, whereas the 211 staff did not mention this asset.

In terms of areas for improvement, there was consensus among these stakeholders that challenges to obtaining written consent is often a barrier to sharing information between agencies. In addition, 211 staff and senior professionals mentioned difficulties in following up with some families and capacity limitations as additional areas for improvement that were not mentioned by their referral partners.

Stakeholders were also asked to think about the big picture and possible systems change to improve developmental screening and service linkage for children 0-5 years of age in Los Angeles County. Major themes identified included strengthening training and standards for
developmental screening, capacity building, and restoring previous eligibility requirements so that children with milder signs of delay would qualify for services.

**Qualitative Stakeholder Interviews: Selected Parents Who Participated in Screening**

**Method**

The purpose of the Parent Interview was to understand parent experiences of developmental screening and linkage to services by the 211 Developmental Screening and Care Coordination project. In contrast to the service provider stakeholder interviews (211 Staff, Senior Professionals, and Referral Partners), the Parent Interview was specifically focused on the parent’s experience with the screening and care coordination process, how they felt they were treated, and whether their needs were addressed.

The Parent Interview protocol was developed in English and reviewed and vetted by First 5 LA and 211. The Parent Interview was then translated into Spanish and the translation was refined by a native Spanish speaker (Central American). The Spanish translation was reviewed several more times by 211 and revised accordingly to ensure the language was appropriate for the target population. Copies of the Parent Interview protocol in English and Spanish are included in Appendix B.

The performance matrix provided by First 5 LA specified the collection of interview data from at least 5 211 parents who received screening. At the end of the call in which screening is performed, the 211 Developmental Screening and Care Coordination project obtains consent from parents who agree to be contacted in the future for follow-up. TMG provided sampling guidelines to 211 to identify at least 5 parents who had agreed to be contacted so that they could be invited to participate in the Parent Interview. The sampling guidelines provided to 211 asked for at least 3 English-speaking and 2 Spanish-speaking parents to be identified from their records (proportional to the 211 developmental screening population, which is approximately 60% English-speaking, 40% Spanish-speaking). The sampling guidelines requested that ideally, the parents to be interviewed would have had their child(ren) screened by 211 within the past 3-6 months. In response to these guidelines, 211 provided a list of parents who consented to be contacted for follow-up at the time of their original contact with the 211 Developmental Screening and Care Coordination project. Parents were selected as a convenience sample based on who had agreed to be contacted, who could be reached, and who agreed to participate in this follow-up study (i.e., sampling was not random).

Parents to be included in the sample were first contacted by a 211 staff member to explain the purpose of the interview and see if they would be interested and available to participate in the interview. 211 staff then scheduled appointments for TMG to conduct the phone interviews at the parent’s convenience. All Parent Interviews were conducted by phone from the offices of 211 LA County to ensure that confidential information (e.g., names, contact information) did
not leave the premises. All Parent Interviews were conducted on February 13, 2014. Informed consent was obtained from all participants.

Interviews were conducted with five parents (three fathers and two mothers), three in English and two in Spanish. Of the parents interviewed, three were of Hispanic origin, one was white, and one was black. The respondents represented various zip codes throughout Los Angeles County. The parents interviewed had 1 to 4 children under 18 years of age and 1 to 3 children under 5 years of age. Two of the five parents had more than one child screened in their most recent call to 211. Dates when the calls were originally made to 211 ranged from almost two years before the interview to a week before the interview, with most calls occurring in the past four to six months. All three of the 211 Care Coordinators were represented in conducting screening with the five parents interviewed.

Following the data collection, all data were entered in project databases (in SPSS for quantitative data and in NVivo 10 for qualitative data). Qualitative data were coded for major themes within each data source.

Findings

Presenting Concerns

Among the five parents interviewed, only one indicated that they originally called 211 to speak about a concern about their child’s development or behavior. Other reasons for the initial call to 211 included needing help paying a bill, obtaining education, and finding counseling. However, once connected to the screening call with a 211 Care Coordinator, 4 of the 5 parents interviewed said they remembered that they had specific concerns about a child under the age of 5 that they discussed with a 211 Care Coordinator.

Information Communicated

Data from the parents interviewed show that the 211 Care Coordinator was effective in explaining the screening process and answering the parents’ questions. 100% of the parents interviewed confirmed that the 211 Care Coordinator asked them questions from the Parent Questionnaire about how their child was learning, developing, and behaving for his or her age. 100% of those interviewed indicated the 211 Care Coordinator explained the process for asking the screening questions. In addition, 100% of those who had any questions during the screening said that the 211 Care Coordinator answered their questions. One parent stated that, “[the Care Coordinator] answered all of my questions and didn't make me feel bad when I had questions.” Another pointed out that, “they knew some of the questions were detailed and more involved and made sure to go over everything with me.”

Caring, Respect, and Professionalism Demonstrated

The parents interviewed unanimously stated that they felt that the 211 Care Coordinator cared about them and their children. One parent offered the following quote: “She showed a lot of
There was also consensus among 100% of the parents interviewed that the 211 Care Coordinators asked them the screening questions and gave them information in a sensitive and respectful way. As one parent stated, “A lot of respect and sensitivity. She didn’t make me feel bad when I was giving my answers to the questions.” Another parent reported, “I felt comfortable talking about my son. She explained the process and why. It was the first time I had talked to anybody about my son except for close family.”

**Referrals and Care Coordination**

100% of the parents interviewed stated that they received at least one referral during the call and that they were also given the help they needed to connect with that referral. Common referral sources included a Regional Center located near the parents’ home or connecting with the local school district. In addition all parents interviewed were able to connect with the services to which the 211 Care Coordinator referred them. Parents were most often able to connect with the referral sources by engaging in a 3-way call with 211 and the referral source (60%), enrolling with and receiving services for their children from the referral agency (80%), receiving a detailed developmental assessment (80%), or receiving another type of screening (20%). In addition, 40% said they were connected to the service system in another way.

All of the parents interviewed said they were given the help they needed to connect with the referral that they received from the 211 Care Coordinator. In terms of specific types of help they were given, 100% of the parents interviewed said the 211 Care Coordinator was available to speak with them on a regular basis during the care coordination process; 40% said the Care Coordinator called the program on their behalf (the remaining 60% did not know if this happened); and 40% mentioned some other way that 211 helped them connect with the referral (e.g., made follow-up calls, had the parent sign a consent form so that 211 could advocate on their behalf).

**Previous Experience with Developmental Screening**

Parents were asked if (aside from the call with 211) anyone had ever asked them questions about their child’s development, such as at a doctor’s visit. Two of the five parents interviewed (40%) said they had been asked about their child’s development in the past. In those cases, the parent interviewed said a pediatrician had asked them some questions, but it was “nothing detailed” or “nothing like this.” No referrals were made for further assessment or child development services when the previous screenings occurred.
What Was Most Helpful About the Call to 211

Parents expressed that being made aware of the resources and the assistance that exists for themselves and their families was the most helpful part of their call. As one parent explained, “Thanks to them, I know that the Regional Center exists now. The classes are so incredible for me and my family. I have learned to be a better parent. 211 really has helped me learn how to help my family.” Pointing out that he wasn’t even aware of developmental services prior to calling 211, one parent stated, “I called for counseling, I wasn’t even calling for my kids, and I’m so glad they offered it. I didn’t even know these types of services existed.”

One parent commented on the positive relationship he built with 211 screening staff while taking part in the developmental screening services:

“The friendly and compassionate way they got me to open up and find out what services are available for my son. My wife and I thought ‘Oh, maybe he’s just delayed, and he’ll grow out of it.’ Someone was holding my hand throughout the whole process. It was great how they cared and followed up with me. I feel like I could even call them now. Overall, it was a really positive experience.”

Finally, other parents mentioned how 211 served their needs across multiple domains, not necessarily only those related to developmental screening, as illustrated by the following quote: “They helped me so much. I am very, very grateful. They are always available. They helped me to pay my bills, help with my kids, just able to help in many different ways.”

Discussion

As also shown in the quantitative data presented elsewhere in this report, a relatively small percentage of the parents interviewed stated that a developmental concern was the initial reason for their call to 211. Yet all five of the parents interviewed received at least one referral for additional screening, assessment, and or intervention services. From the perspective of the parents interviewed, the developmental screening and care coordination they received for their child(ren) from 211 was a helpful, respectful process that identified issues that would benefit from follow-up and connected these families with needed services.

Common themes when discussing the experience of undergoing the 211 developmental screening process included feeling that everything was clearly explained and laid out, feeling supported and respected throughout the call, and being able to discuss the questions with appropriate sensitivity.

All of the parents interviewed said that they felt the 211 Care Coordinator was available to speak with them throughout the screening and referral process, with many parents indicating that they felt they could even contact the Care Coordinators now if they needed more help. When discussing the referral and follow-up process, parents consistently indicated they felt
that the referrals they received were appropriate and helpful, and that 211 facilitated an easy connection with the referral agencies.

Overall, the parents interviewed indicated that doing the developmental screening over the phone with a 211 Care Coordinator was a very positive experience. Those who were interviewed stated that they felt comfortable speaking about sensitive topics with the 211 Care Coordinators and that they felt grateful to have connected with the referrals made by the Care Coordinators. Parents also indicated that the 211 Developmental Screening and Care Coordination project not only helped connect their children with needed resources, but also showed them what resources exist to help them become better parents and stronger families.

Call Reviews

Method

The purpose of the Call Review was to describe a set of calls in which developmental screening was offered and performed by 211. Quantitative and qualitative data were collected in an integrated Call Review protocol which was reviewed and vetted by 211.

The Call Review protocol was designed to code information from recorded calls. In each call, the parent provided verbal consent to recording the call for quality assurance purposes. TMG scheduled mutually agreeable days and times to come to 211’s offices to listen to the recorded calls and perform the coding. Information was either written on paper forms or was entered directly into Microsoft Word documents on TMG laptop computers by TMG staff. The Call Review protocol also included fields to record the results of any screenings conducted and selected parent demographic information from the 211 data system. A limited set of demographic indicators was collected to summarize the characteristics of the families whose calls were coded; no identifying information was documented either on paper forms or electronic databases.

The Call Review protocol specified a review of 10 calls in which developmental screening was offered and performed and 10 calls in which screening was offered but not performed. Accounting for three Care Coordinators and sampling calls in both English and Spanish, calls were reviewed with the following characteristics:

<table>
<thead>
<tr>
<th>Table 9.</th>
<th>Number of Calls Reviewed by Care Coordinator, Language and Whether Screening was Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care Coordinator #1</td>
</tr>
<tr>
<td></td>
<td>English</td>
</tr>
<tr>
<td>Screening performed</td>
<td>3</td>
</tr>
<tr>
<td>Screening offered - not performed</td>
<td>1</td>
</tr>
</tbody>
</table>
This yielded 10 calls in which screening was performed and 10 calls in which screening was offered but not performed. The numbering of the Care Coordinators was arbitrary. All three Care Coordinators were bilingual (English/Spanish). 211 was asked to provide TMG with the recorded calls to review, as well as office space on-site for conducting the call reviews. Call reviews were conducted February 24-25, 2014. Additional follow-up information and clarifications were documented with the assistance of the 211 Developmental Screening and Care Coordination Project Director and the 211 Care Coordinator Assistant in March 2014.51

**Quantitative Findings**

**Initial Call Details**

The calls reviewed took place between August 14, 2013 and February 13, 2014, with most of the calls (80%) occurring in January and February 2014. Of 20 the calls reviewed, only 20% of the callers originally called 211 for help with a developmental concern for a child age 0-5 years; 80% called for some other reason, including information about early childhood education, legal assistance, government services, and medical services.

The 20 calls reviewed were sampled to reflect the typical characteristics of 211 calls.

- Calls were distributed among the three Care Coordinators (40%, 30%, and 30%).
- 60% of the calls reviewed were conducted in English and 40% were conducted in Spanish.
- Overall, the calls ranged in duration from 1 minute, 23 seconds to 1 hour, 22 minutes, 11 seconds, with the average call length being 32 minutes, 6 seconds (SD = 25 minutes, 29 seconds).
- Of the callers, 95% were female (85% mothers, 10% grandmothers) and 5% were male (5% fathers).

In all 20 of these calls, the purpose and procedures for the screening were introduced. In 10 of the calls, at least one child was screened; in another 10, the screening was not performed due to eligibility requirements not being met. Of the 10 calls in which at least one child was screened, five calls screened one child, two calls screened two children, and three calls screened three children for a total of 18 children screened. During the screening of these 18 children, the developmental screening tools used included 18 PEDS screenings, 12 M-CHAT screenings, and 10 PEDS:DM screenings.

**Calls in Which Screening was Offered and Performed**

In 10 of the calls reviewed, screening was offered and performed for at least one child age 0-5 years of age.

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51 Including data initially missing from project coding sheets and information about follow-up on referrals made.
The calls in which screening was performed ranged in length from 27 minutes, 26 seconds to 1 hour, 22 minutes, and 11 seconds (average duration = 51 minutes, 53 seconds).

As noted above, 18 children were screened during these 10 calls. All 18 children received screening with the PEDS, 9 with the PEDS:DM, and 12 with the M-CHAT. The results of these screenings are summarized in the following table.

<table>
<thead>
<tr>
<th>Table 10. 211 Call Review: Developmental Screening Results from 10 Calls in which Screening was Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening Measure</strong></td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>PEDS</td>
</tr>
<tr>
<td>Path A High Risk</td>
</tr>
<tr>
<td>Path B Moderate Risk</td>
</tr>
<tr>
<td>Path C Elevated Risk for Social/Behavioral Problems</td>
</tr>
<tr>
<td>Path E Low Risk</td>
</tr>
<tr>
<td>M-CHAT</td>
</tr>
<tr>
<td>Pass</td>
</tr>
<tr>
<td>Fail</td>
</tr>
<tr>
<td>PEDS:DM</td>
</tr>
<tr>
<td>All Milestones met</td>
</tr>
<tr>
<td>At least one milestone unmet</td>
</tr>
</tbody>
</table>

The table above shows that children screened anywhere from low risk to high risk for developmental concerns based on the results of the PEDS. However, among the 10 families for whom screening was performed, all 10 families had at least one child who screened at high risk (5 families) or moderate risk (6 families) on the PEDS. Although several children in this sample did screen at low risk, they were in households with at least one other child who screened at higher risk.

In terms of the 7 children who had at least one milestone unmet on the PEDS:DM:
- 3 of the 7 (42.9%) did not meet fine motor milestones for their age;
- 2 of the 7 (28.6%) did not meet expressive language milestones for their age;
- 2 of the 7 (28.6%) did not meet receptive language milestones for their age;
- 2 of the 7 (28.6%) did not meet gross motor milestones for their age;
- 2 of the 7 (28.6%) did not meet reading milestones for their age; and
- 1 of the 7 (14.3%) did not meet self-help milestones for their age.
Referrals

Of the 10 calls in which screening was performed, the following summarizes the referrals that were made. All 10 calls in which screening was performed resulted in at least one referral, with most calls generating multiple referrals, especially in cases with multiple children being screened on the same call.

Table 11.  
211 Call Review: Referrals Made during 10 Calls in which Screening was Performed

<table>
<thead>
<tr>
<th>Type of Referral</th>
<th>Number of calls (out of 10)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Head Start</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Regional Center</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Other resource(s) provided (described below)</td>
<td>6</td>
<td>60</td>
</tr>
</tbody>
</table>

Examples of other referrals made included the caller’s local school district (4 calls, or 40%), and one each to the Child and Family Guidance Center, YMCA, Parks and Recreation Department, and the Jeffrey Foundation.

The table below summarizes the actions that helped link callers to referral resources coded from the calls in which developmental screening was performed. In some calls, more than one of these actions were taken, especially when providing more than one referral or screening more than one child on the same call.

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52 The Child and Family Guidance Center provides community mental health services to children and youth living in the San Fernando, Antelope, and Santa Clarita Valleys. The YMCA, a well-known nonprofit organization for youth development, healthy living and social responsibility provides a range of family and child recreation and supportive services. Parks and Recreation Departments may offer classes for young children and families that support healthy development. The Jeffrey Foundation serves special needs children and their families through the development of community-based therapeutic, recreational, educational, and social programs.
Table 12.
211 Call Review: Actions to Promote Service Linkage During 10 Calls in which Screening was Performed

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Number of calls (out of 10)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warm hand-off/3-way phone call</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Call to provider at referral agency</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Written correspondence informing agency of the referral</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Other actions taken (described below)</td>
<td>4</td>
<td>40</td>
</tr>
</tbody>
</table>

In 4 of the 10 calls, there were other actions documented that were part of linking the caller to referrals made during the call with 211. For example, in 2 of the 10 calls, the 211 Care Coordinator gave the caller the agency’s phone number so the family could follow up on the referral. In another call, the mother and the 211 Care Coordinator called the school together and left a message. In addition, during that same call, the 211 Care Coordinator spoke with someone at the school district to get program hours and contact information, and then passed that information onto the mother while she was still on the line. Finally, in another call reviewed, the 211 Care Coordinator offered to do a warm handoff but the caller didn’t have time to stay on the line. In that case, the 211 Care Coordinator sent consent forms to the parent at her home to allow follow-up and sharing of information between 211 and the referral agency.

Follow-Up and Care Coordination

All 10 calls in which screening was performed (100%) were followed up by 211 staff after the initial call. The table below summarizes the kinds of follow-up that was documented.

Table 13.
211 Call Review: Follow-Up Conducted by 211 Staff on Behalf of Families of Children Screened

<table>
<thead>
<tr>
<th>Type of follow-up</th>
<th>% of Families Receiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up call to referral organization</td>
<td>100</td>
</tr>
<tr>
<td>3-way call with parent/guardian and referral organization</td>
<td>70</td>
</tr>
<tr>
<td>Mailing consent forms to parent/guardian for referral</td>
<td>100</td>
</tr>
<tr>
<td>Mailing enrollment/eligibility forms to parent/guardian for referral</td>
<td>10</td>
</tr>
<tr>
<td>Mailing other information to parent/guardian for referral</td>
<td>40</td>
</tr>
<tr>
<td>Documentation that family connected with referral organization</td>
<td>90</td>
</tr>
<tr>
<td>Documentation that family initiated services with referral organization</td>
<td>50</td>
</tr>
</tbody>
</table>

In this context, a warm hand-off occurs when a 211 Care Coordinator has a caller on the line and calls a referral agency with the parent still on the line. The purpose of the warm hand-off is to introduce the caller to the service provider, explain the caller’s situation and reason for contacting the provider, and ensure the caller understands the next steps needed to access the referral resource. It also alerts the referral agency contact about the caller as a potential new client.
In terms of other information mailed to parents, 2 out of 10 were mailed parenting tip sheets and 2 out of 10 were mailed letters needed to initiate services with their local school district.

Follow-up with families given referrals through the 211 Developmental Screening and Care Coordination project is often an ongoing process. All 10 families received more than one follow-up call on their behalf. The table below summarizes the number of follow-up calls made for families who received developmental screening and referrals from 211.

**Table 14.**
211 Call Review: Number of Follow-Up Calls by 211 Staff on Behalf of Families of Children Screened

<table>
<thead>
<tr>
<th>Type of follow-up</th>
<th>Range of Follow-Up Contacts Per Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call with parent/guardian</td>
<td>1 to 5</td>
</tr>
<tr>
<td>Call with referral agency</td>
<td>0 to 8</td>
</tr>
<tr>
<td>3-way call with parent/guardian and referral agency</td>
<td>0 to 5</td>
</tr>
<tr>
<td>All follow-up contacts</td>
<td>3 to 13</td>
</tr>
</tbody>
</table>

For the calls reviewed, all families who received developmental screening also received at least one follow up contact, and some received many more than that. Follow up included contact directly with the family as well as contact with the referral agency, when there was permission to do so.

In all, it was documented that during follow-up on behalf of these 10 families to date, the 211 Care Coordinators made a total of 25 follow-up calls to parents, 27 follow-up calls to referral sources, and 14 calls with both the parent and referral source for a total of 66 follow-up calls. Again, it should be noted that some calls that occurred relatively recently may still have active ongoing care coordination; it is possible that some families are still awaiting eligibility determination or are still navigating the enrollment process and may initiate services with the referrals that were given by 211 in the future.

**Calls in Which Screening was Offered but Not Performed**

In 10 of the calls reviewed, screening was offered but was not performed. Reasons for the caller not meeting eligibility requirements included the caller not being the parent or legal guardian of the child; the child already receiving similar services or already having a diagnosed disability; and the child being out of the age range for the screening.

The calls in which screening was offered but not performed were relatively short (ranging from 1 minute, 23 seconds to 34 minutes, 12 seconds; average = 12 minutes, 19 seconds). These calls were short because the protocol determines eligibility for the screening fairly early in the call.
Still, in some cases the Care Coordinator spent longer with the caller if she or he was in crisis or was in need of some other type of information or referral.

**Qualitative Findings**

The call review provided qualitative description and examples of what happens in calls in which screening was offered and provided, as well as calls in which screening was offered but the caller was determined to be ineligible for the screening.

**Screening Introduction and Eligibility Determination**

Calls were reviewed and coded to document observations about how the screening process was introduced and eligibility was determined. In the section that follows, major themes are identified related to screening eligibility, along with selected observations from the calls reviewed that illustrate these themes.

In the calls reviewed, the 211 Care Coordinators provided a **personalized introduction** to the caller. For example, the Care Coordinators introduced themselves by name and introduced the screening in a friendly and professional manner. They began each call with an introduction in English and Spanish until the preferred language of the caller was determined. The Care Coordinators introduced the screening process in a way that was conversational, yet covered all the points that needed to be made according to the protocol. It felt natural, not scripted. Finally, it was observed that the Care Coordinators often used the caller’s name throughout and personalized the conversation.

In each of the calls reviewed, the **purpose of the screening was explained**. For example, the Care Coordinators explained the purpose of the screening in simple and non-threatening language. It was often described as an “online questionnaire” or “parent questionnaire” to learn about how their child age 0-5 was learning and growing. They explained what the screening was about and how long it was expected to take. They also explained that they would use an online questionnaire, entering their responses as they go, and that recommendations would be made based on the parent’s answers.

The Care Coordinators explained **confidentiality and its limits** as part of the introduction to each call. It was observed that in each call, the Care Coordinator explained that information would be confidential except when the parent provides a release to share information, or if child abuse reporting mandates are triggered.

In each call reviewed, verbal **consent** was obtained after the purpose of the screening was described, the caller was informed that the call would be recorded for quality assurance, and confidentiality and its limits were explained.

Through the process of introducing the screening, the Care Coordinators described the purpose of the screening and gave the caller an idea of what they would be asked to do, what kind of
time commitment was involved, and that it could identify possible referral resources to address the child’s needs. The screening protocol appears to promote consistency in how the screening process is introduced, with room for the Care Coordinator to personalize the protocol so that the interaction with the caller was a natural, professional conversation. The Care Coordinators were consistently polite and respectful.

To determine eligibility to conduct the screening, the Care Coordinators check for several things. First, they confirm one or more child is in the age range (0-5). Of the calls reviewed where screening was offered but not performed, having a child over the age of 5 was often the reason for the call not meeting eligibility requirements. Next, the Care Coordinators avoid duplication of services by ruling out if the child is already connected to services or already has a diagnosis. The Care Coordinators ask about the callers’ children age 5 and under, and whether they are receiving any services. Existing connections to developmental, therapeutic, or early childhood education services were reasons for callers being offered but eventually not provided developmental screening by 211. Finally, the Care Coordinators confirm the caller is the child’s parent or legal guardian.

The protocols for determining eligibility for developmental screening by 211 appear to be effective in avoiding duplication of services and in ensuring the caller is able to provide consent as the child(ren)’s parent or legal guardian.

Sensitivity/Empathy

Calls were reviewed and coded to document observations about ways that the 211 Care Coordinator expressed sensitivity and/or empathy to the caller and the family’s situation. The table below summarizes major themes identified related to sensitivity and empathy, as well as selected observations from the calls reviewed that illustrate these themes.

It was observed that the Care Coordinators consistently took a strength-based approach when performing and discussing the screening. In reviewing the screening results, the Care Coordinators start by emphasizing the child’s strengths and often reinforced good developmental progress in areas where there may not have been concerns.

The Care Coordinators also offered frequent expressions of support throughout the call. The Care Coordinator made the caller feel at ease while answering the questions. She listened patiently and offered reinforcement with statements like “Great!” or “Not a problem,” when callers were answering or asking questions.

During the call, the Care Coordinators went out of their way to ensure that they did not introduce their own bias into the screening results and instead were accurately reflecting the parent’s concerns. The Care Coordinators would often review a caller’s concerns and go over the statements made to ensure that they were accurately capturing what the caller hoped to convey.
In the calls reviewed, the Care Coordinators consistently demonstrated sensitivity and empathy to the callers. Even in cases where the caller was found to be ineligible for participation in the developmental screening for their child, the Care Coordinators expressed care for the caller’s situation and in many cases, helped them with information to help them access relevant community resources.

**Engagement**

Calls were reviewed and coded to document observations about ways that the Care Coordinator promoted the caller’s engagement in the screening and referral process, as well as evidence that the caller was or was not engaged in the screening and referral process.

The Care Coordinators demonstrated several ways in which they were able to promote caller engagement throughout the screening and referral process. For example, the Care Coordinator would praise what the caller and child were doing well or make statements that served to empower the caller, such as “If that is what you’d like to do, we can...” or “May I ask you for...”. During the screening, the Care Coordinators asked for specific examples of a child’s behavior and, if needed, prompted the caller with follow-up questions to get them to open up. It was observed that the Care Coordinators asked a lot of in-depth questions about the caller’s main concern. In the calls reviewed, it was apparent that the Care Coordinators remained supportive and caring about the family’s situation for the duration of the call, helping to promote the caller’s engagement.

By using these strategies, among others, the study team observed substantial evidence of parental engagement in the calls reviewed. Parents offered many examples of their child’s behavior without additional prompting, demonstrating their attention to the questions being asked of them. Callers often spoke openly about sensitive topics and created a rapport with the Care Coordinator. During the referral process, callers frequently asked follow-up questions or confirmed information to make sure they would be able to connect to the referrals they were being given.

There were many examples noted that illustrated what the Care Coordinators did to promote engagement in the screening and referral process. In addition, callers provided considerable evidence that they were engaged in this process as well. Parents were engaged talking about their children and were invested in getting help to address their concerns.

**Responsiveness**

Calls were reviewed and coded to document observations about ways that the Care Coordinator was responsive to the caller’s situation.

The Care Coordinators made sure to focus on the caller’s stated concerns, spending more time on areas of concern and less so on areas where no concern was mentioned. In cases where more than one child was being screened on the same call, the Care Coordinator focused a lot on the child for whom the caller had the most concern to help the caller feel like her greatest
concerns were being addressed. We also observed that Care Coordinators responded to concerns that arose throughout the call, such as the caller needing to find a resource in a certain geographic location or for a certain fee.

After the initial screening process was completed and the results reviewed, it was observed that the Care Coordinators were able to provide timely referrals that met the needs of the caller and were supported by the results of the screening. This meant that Care Coordinators would often offer multiple referrals to ensure the caller could be connected with at least one resource, even if others had waiting lists or were not able to take the child/family. The Care Coordinators use strategies like 3-way calls, faxing forms directly to a referral agency, or giving the caller specific information to help callers efficiently connect to referral agencies. They would also provide alternative ways to initiate referrals, such as scheduling a future follow-up call with the caller or directly giving the referral agency the caller’s information. When 211 receives consent forms back from the parents, they are also able to advocate on behalf of a child by speaking to referral agencies directly regarding the child and the family’s situation.

In the calls where screening was offered but not performed, it was observed that the Care Coordinators were still responsive even if the caller was ineligible. Although it became apparent fairly early in some calls that the caller did not meet criteria for a developmental screening, the Care Coordinator typically worked with the caller to discuss what was going on and help him/her find resources that could address their needs or concerns. In cases where screening was not performed because the caller was not the legal guardian of the child(ren), the Care Coordinator explained clearly why they couldn’t do the screening, but still took the time to listen to the family’s situation and provide referral information.

The call review found evidence of Care Coordinator responsiveness to each caller’s situation. Even in cases when the caller did not meet eligibility requirements for participating in the developmental screening, the Care Coordinators listened to the needs of the caller and found ways to respond to their concerns within the parameters of 211’s developmental screening and referral protocols.

**Appropriateness of Referrals**

Calls were reviewed and coded to document observations about ways that the Care Coordinator made appropriate referrals for the family, including the Care Coordinator’s use of the screening results and other relevant information to generate referrals for the family. The coding of calls reviewed identified many examples of referrals that were appropriate to the concerns raised during the screening.

The referrals made were consistently supported by parent concerns and screening results, not relying too heavily on one or the other. Referral guidance is built into the PEDS Online tool, so depending on the results of the screening, certain referral actions will be suggested by the tool and complemented by the resources available in the 211 database. Referrals are made based
on these suggestions, the judgment of the Care Coordinator, and also are made to address the concerns of the caller.

The Care Coordinators also ensured that referrals made take into account parent needs, preferences, and logistical concerns. Referrals were appropriate to parental concerns, to the results of the developmental screening provided by 211, and geographically and financially accessible to the families. In some cases where screening was not provided because a family was already connected to resources but the caller demonstrated concern over not receiving expected services, the Care Coordinator helped the caller navigate the service system.

**Addressing Stated and Unstated Needs**

Calls were reviewed and coded to document observations about ways that the calls in which screening was offered and provided addressed the stated and unstated needs of families. The 211 Care Coordinators made sure to address callers’ stated needs. In the calls reviewed, the screening staff focused in on parents’ stated concerns about their children’s development and used these concerns to inform the screening and referral process. The referrals made by the Care Coordinator were in direct response to areas of possible concern identified by parental concerns and substantiated by the results of the screening.

In other cases, we identified that the 211 developmental screening and care coordination protocols allow the Care Coordinators to address callers’ unstated needs by creating a mechanism to offer screening for parents of children age 0-5 even if the reason for their call to 211 has nothing to do with a developmental or behavioral concern. If a parent called 211 for a reason other than a specific developmental or behavioral concern, the Care Coordinator introduces the screening in a neutral way as a “questionnaire that will let us know how your child is doing for her/his age.” Once the Care Coordinator asks if the parent has areas of concern about the child’s development, with specific questions and prompts from the screening tools, the screening identifies potential issues in all of the calls we reviewed where screening was offered and performed. The Care Coordinators provided useful and specific recommendations to families who needed assistance navigating services for their children but did not know what or how to ask for help.

In addition to the qualitative data summarized above, another way that the screening addressed families’ unstated needs is that risk was identified through screening for all of the families who participated in the screening although the reason for their call to 211 was for something other than a developmental concern. A total of 8 of the 10 families who participated in screening called 211 for some other reason. However, among the 8 calls in which a developmental concern was not the reason for the call, the screening identified 5 families with at least one child age 0-5 at “moderate” risk and 4 families with at least one child age 0-5 at
“high risk” (one family had 3 children screened, with two children at moderate risk and one child at high risk).54

**Non-Duplication of Services**

Calls were reviewed and coded to document whether the screening or referrals made during the call duplicated any services the family had received, previously or currently. We noted that in the calls reviewed, there was **no duplication of services observed**. The service referrals provided were new and did not appear to duplicate anything this child was receiving.

Part of this is due to the fact that the **protocol design prevents duplication of services**. At the very start of the call, the Care Coordinator asks if the child or family gets services from common referral sources, such as the Regional Center or school district. The process the Care Coordinator used to determine the family’s eligibility for developmental screening by 211 specifically ensured that screening and referral services would not be duplicated.

In cases where families are already connected to services, the Care Coordinator works to **help the family navigate the system** by providing resources and concrete information without duplicating services. In some cases, the Care Coordinator was able to build on work that parents had already done by reconnecting with a previous referral source or reaching out to an agency to find out what barriers existed so the family could begin receiving services. In cases where additional referrals were requested, the Care Coordinator made referrals that complemented but did not duplicate existing services.

**Other Issues Related to Follow-Up of Calls**

211 Care Coordinators frequently ended calls in which referrals were made by giving the caller their direct number and encouraged them to call back if they had any further questions, concerns, or issues. They also empowered the callers by giving them contact information and specific instructions as to what to do to follow up on referrals initiated during the screening call.

**Quality of Services**

Calls were reviewed and coded to document observations about the overall quality of services provided during and related to the call. Many observations indicated the services provided by the 211 Developmental Screening and Care Coordination project are of high quality.

Overall, it was observed that the Care Coordinators were **professional** during the screening. They were friendly and supportive, but also kept the caller focused on the screening and kept the process moving. In several cases where multiple children were being screened, the Care Coordinators were able to balance the needs of the parent throughout the call. They navigated the screening with ease for each of the children and were able to keep the caller engaged.

54 Comparable data was not provided for the larger quantitative data report provided by 211, either cumulatively or for calendar year 2013 as reported earlier in this report.
The Care Coordinators were knowledgeable regarding available services and developmental milestones. They consistently demonstrated expertise about the resources that exist for various types of concerns and were able to share that knowledge with the caller. Care Coordinators were able to navigate the 211 referral network with ease, even for concerns that were slightly tangential to child development.

Another strength observed during the call review process was the fact that the Care Coordinators use a screening protocol that is client-focused. The Care Coordinators were responsive to the client’s needs in various situations, taking the time to ensure their callers understood the screening process and questionnaire throughout the calls. It was observed that the Care Coordinators were respectful of parent’s decisions regarding whether or not to engage in certain referrals and consistently reacted in supportive, rather than judgmental, ways.

The Care Coordinators appeared to be trained to work in ways that are appropriate for the target population. All three Care Coordinators are bilingual. During the calls reviewed, they were observed fluidly switching from Spanish to English in ways that allowed the Care Coordinator, parent, and possible referral sources to communicate seamlessly. The Care Coordinators were also sensitive to various concerns common in the 211 screening population, such as language capacity, financial barriers, and scheduling issues.

Finally, callers often expressed a high level of gratitude. The callers were immensely grateful to the Care Coordinators for taking the time to listen to their situations, offering helpful advice, and connecting them to resources. In general, it was observed that callers seemed genuinely appreciative of the support provided by the Care Coordinators throughout the screening process.

**Discussion**

This review of a sample of calls to the 211 Developmental Screening and Care Coordination project provides a snapshot of what happens on calls in which screening is offered and performed, as well as cases in which the caller is determined to not meet eligibility requirements for the screening. Although these 20 calls are a small subset of the thousands of calls that the 211 Developmental Screening and Care Coordination project handles annually, at a broad level, they are fairly representative of the characteristics of these calls.55

The calls reviewed resulted in screening for 18 children age 5 years or younger. The screenings of these 18 children yielded a distribution of results from low risk to high risk according to the PEDS Online screening tool. However, of the 10 callers who had one or more of their children screened, all 10 families had at least one child who screened at moderate or high risk for developmental-behavioral problems. The screening results flagged potential developmental-behavioral problems.

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55 In terms of approximating the overall caller characteristics and screening results.
behavioral issues not only among the parents whose primary reason for calling 211 was a concern about their child, but also for the majority of callers who initially contacted 211 for some other reason.

Follow-up and ongoing care coordination is a big part of the caller’s experience with the 211 Developmental Screening and Care Coordination project. The initial call in which screening is provided and referrals are made is often just the start of the family’s involvement with the 211 Care Coordinators. The call review documented that in addition to the initial call, on the average more than six calls were made by 211 Care Coordinators (or the Care Coordinator Assistant) on behalf of the family as follow-up. The purpose of these follow-up calls range from assistance with care coordination and troubleshooting for the family, to getting data from the referral agencies to confirm the family’s connection with the agency to which they were referred.

Qualitatively, the call review illustrated the experience of being offered developmental screening by 211 as a professional interaction between the caller and the 211 Care Coordinator. The 211 Care Coordinators consistently describe the purpose of the developmental screening in everyday, non-threatening language. They efficiently determine the caller’s eligibility to participate in the screening. Even when callers are found to be ineligible for the screening, the 211 Care Coordinators often provide information about community resources that address the caller’s concerns.

In the calls reviewed, the 211 Care Coordinators demonstrated warmth, empathy, and caring in the course of offering and providing developmental screenings and referrals to callers. The 211 Care Coordinators emphasized the children’s strengths and helped reduce parent stress about how to address their concerns. The 211 Care Coordinators provided many examples of working to promote engagement among the parents who participated in the screenings, and the parents provided many examples of ways in which they were engaged in the process. The 211 Care Coordinators were responsive to the caller’s stated and unstated needs, while not duplicating services the family was already receiving. They provided parents with specific information that they could use to follow up on referrals that they received during the call with 211.

**Overall Summary**

The 211 Developmental Screening and Care Coordination project uses an innovative approach to offer developmental screening and service linkage to Los Angeles County residents. Through 211 LA County, a large and diverse group of families is able to receive developmental screening for their young children and connect to services that can address risks identified by the screening.
Strengths of the 211 Developmental Screening and Care Coordination Project

Many strengths of the 211 LA County developmental screening and care coordination model were identified. Noteworthy benefits included the following:

- The 211 Developmental Screening and Care Coordination project provides access to care coordination and effective, evidence-based developmental screening tools to families with concerns about their child’s development or behavior, as well as families with young children who did not identify such concerns as the reason for their call to 211 LA County. As supported by a number of data sources, the majority of parents who were offered developmental screening called 211 LA County for a reason other than a developmental or behavioral concern. Findings from qualitative interviews with a sample of parents whose children were screened indicated that those parents had not previously had the opportunity to take advantage of such services, and in some cases, were not aware that such services existed before their experience with the 211 Developmental Screening and Care Coordination project.

- The staff (Care Coordinators) who conduct developmental screening at 211 LA County provide professional, empathic, and parent-friendly services to families. The 211 Care Coordinators make proactive, appropriate referrals for families and remain involved in helping them connect with services as long as needed.

- The 211 Developmental Screening and Care Coordination project has developed effective partnerships with a range of relevant referral agencies to link at-risk children to appropriate resources. These partnerships are supported by official MOUs and reflect meaningful collaborations, not just “on-paper” relationships.

- Parents interviewed for this descriptive study who received screening and care coordination from the 211 Developmental Screening and Care Coordination project expressed satisfaction with the support they received from the Care Coordinators. As illustrated by the parent interview and call review findings, the caller’s participation in developmental screening from 211 appears to be a supportive, professional experience that addressed their stated and unstated concerns about his/her child(ren) age 0-5 years.

Similarities and Differences in Service Provider Perspectives

211 staff and professionals, as well as the referral partners who were interviewed, saw the use of evidence-based screening tools by the 211 Developmental Screening and Care Coordination project as one of the program’s strengths. There was consensus that the developmental screening protocols used by 211 LA County are convenient and accessible to families. In addition, stakeholders from 211 and their referral partners agreed that strengths related to care coordination for young children at risk for developmental delay include interagency
relationships and 211’s ongoing involvement and efforts to follow up with families through the referral process. They also agreed that the referral guidance built into the protocols helped to ensure that families receive referrals appropriate for their needs.

211 staff and professionals cited a number of additional strengths of the screening tools and protocols that the referral partners did not mention. 211 staff found the developmental screening tools easy to use and helpful in providing real time results. They mentioned that their screening protocols help them provide quality services and promote parent empowerment. They also identified benefits associated with the PEDS Online screening system. On the other hand, the referral partners interviewed identified 211’s understanding of the needs of families and children as a strength that was not mentioned by the 211 Developmental Screening and Care Coordination project.

Areas for Improvement

Some areas for improvement were identified as well. These issues included the following:

- Because the developmental screening is done by 211 via telephone, consent forms for information sharing between 211 and any subsequent programs to which families are connected must be sent to the family, signed, and returned to 211. Getting signed consent forms returned to 211 can be especially challenging for the hardest-to-reach populations, including families who are homeless, in an unstable living situation, or who move from one service area to another.

  To address these challenges, the 211 Developmental Screening and Care Coordination project is trying some different approaches to distributing and collecting consent forms through community organizations. Another approach is illustrated by the blanket confidentiality and consent agreement that was under development by the Department of Child and Family Services (DCFS) and the 211 Developmental Screening and Care Coordination project to facilitate sharing of information between DCFS staff and 211 Care Coordinators at the time of this descriptive study.

- Staffing and resource constraints limit the number of families to whom 211 LA County can offer screening and care coordination. Sometimes all Care Coordinators are helping other callers when the 211 I&R staff has a parent on the line who is interested in screening; this can necessitate a call-back to the parent interested in doing the screening for their child. With thousands of callers to 211 LA County annually with children age 0-5, only a fraction of those children can be screened, given current program capacity.
Similarities and Differences in Service Provider Perspectives

211 staff and professionals as well as the referral partners interviewed all mentioned issues related to consent to share information as an area for improvement for the 211 Developmental Screening and Care Coordination project. A related shared concern was information sharing as it relates to the referral and care coordination process. The 211 and referral partner stakeholders interviewed identified issues with respect to reaching families and shifts in the broader service network as challenges to linking families with a child at risk for developmental delay to needed resources.

In addition, 211 staff mentioned that parts of the online screening system would be helpful if they were made to be available in Spanish in addition to English, as well as some limitations of parent report data. They also mentioned capacity limitations as affecting the program’s ability to reach more families. Finally, with respect to the referral and care coordination process, 211 staff interviewed mentioned issues around documentation and the need for additional resources. None of the themes mentioned as areas for improvement were identified only by the referral partners interviewed.

Systems-level Challenges to Service Uptake

A number of challenges were identified to service uptake among families with a child at risk. While these issues are beyond the domain of what the 211 Developmental Screening and Care Coordination project can affect, they do impact the landscape of community resources to which families are referred. The referral partners who were interviewed described systems-level challenges, including restrictions in eligibility requirements for developmental services, which have resulted in children with relatively mild risk not being able to qualify for early intervention services while they are relatively young with comparatively milder symptoms. Thus, as eligibility requirements for certain kinds of interventions have become more restrictive, children cannot access services unless they are more severely delayed. Program and budget cuts have also affected the availability of services for children at risk.

Discussion

In 2013, developmental screenings conducted by the 211 Developmental Screening and Care Coordination project yielded rates of children who screened at high risk that were slightly greater than national rates based on standardization data for the PEDS and M-CHAT screening tools. By design, the approach used by the 211 Developmental Screening and Care Coordination project is broad based. This approach is a component of an overall strategy to increase access to developmental screening and community resources to address needs suggested by the screening results. As one referral partner described, this model may be a useful way to respond to Child Find mandates to identify children with disabilities so that they can be linked with needed services.”

The 211 Developmental Screening and Care Coordination project identifies children who may be at risk for developmental delay and/or behavioral concerns among families, including those who may be particularly vulnerable and might otherwise fall through the cracks. Even though 89% of the children screened by the 211 Developmental Screening and Care Coordination project in 2013 had Medi-Cal coverage, this does not necessarily guarantee access and utilization of developmental screening in a pediatric setting, given that healthcare providers may encounter challenges in implementing recommended screening guidelines. Furthermore, it has been suggested that unless both the parent(s) and child(ren) have health insurance, low income families tend to access fewer well child visits.

More often than not, callers whose children are screened by the 211 Developmental Screening and Care Coordination project contact 211 LA County because of a reason other than a specific developmental or behavioral concern (in 2013, only 13% of the callers who had one or more children screened called 211 LA County because of a stated developmental concern). The majority (87%) of callers to 211 LA County who were connected to the 211 Developmental Screening and Care Coordination project identify the reason for their call to 211 as something other than a developmental concern, such as assistance with early childhood education (18%), child care (10%), or emergency shelter (7%), to name a few. This does not necessarily mean that these callers do not have a concern about their child’s development or behavior; it only means that it was not the stated reason for their call to 211 LA County at that time.

The care coordination component of the 211 Developmental Screening and Care Coordination project has aspects that represent both strengths and challenges. The 211 Developmental Screening and Care Coordination project has a strong emphasis on working to follow up on referrals. In 2013, the project successfully provided care coordination to 1,691 children age 0-5 years who screened at high to moderate risk for a developmental delay/disability (50% of all children screened). Ideally, the care coordinators are prepared to advocate on behalf of a family and get independent documentation that the family connected with referrals made by 211. In fact, the 211 Developmental Screening and Care Coordination project’s ability to have continuous involvement with and follow-up of families who received screening was mentioned as an important strength of the program by 211 staff and senior professionals as well as by their referral partners. However, in cases when 211 is unable to get a signed consent form from the family to share information, it can limit the ability of 211 staff to independently verify that the child connected with the resources to which she or he was referred. As it tends to be more difficult to get signed consent forms returned by families who are homeless, precariously housed, or frequently moving, finding a way to get consent forms returned is a challenge that affects the ability of the 211 Developmental Screening and Care Coordination project to document the outcomes of referrals made on their behalf.

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57 e.g., Morelli, Pati, Butler, Blum, Gerdès, Pinto-Martín, & Guevara (2014).
The 211 Developmental Screening and Care Coordination project takes a unique approach to identifying possible areas of risk in the development and/or behavior in young children age 0-5, connecting families to resources, and providing support for families in need. With 211 call centers in communities throughout the US, there may be lessons learned by the 211 Developmental Screening and Care Coordination project in Los Angeles County that could be applicable to other 211s or similar call centers. While examination of the potential costs of replication and the many components of screening infrastructure are outside the scope of this descriptive study, this model or aspects of it may be useful to consider as a way to increase access to developmental screening and care coordination. As telephonic screening is a relatively new method for developmental screening of young children, additional studies would be needed to develop an evidence base for this model.

Limitations

It is important to note that this report summarizes the findings of data collected within the context of a broader environmental scan of all of First 5 LA’s current developmental screening investments. By design, this study was designed to be descriptive and was intended to illustrate the relative strengths and weaknesses of the developmental screening and care coordination provided by 211 LA County. It was not designed to be population-level research and samples were intentionally very small; as such, findings may not necessarily represent more general trends and should be interpreted with caution. In addition, the time and scope of the data collection all occurred within a short window of a few months. It should also be noted that the data were provided to the study team by the 211 Developmental Screening and Care Coordination project. The qualitative data are summarized as themes that emerged from responses to open-ended questions; the similarities and differences in the extent to which aspects of the 211 Developmental Screening and Care Coordination project were seen as relative strengths and weaknesses might differ if the stakeholders were presented with a list of specific issues and asked to somehow describe, rate, or rank each one as a strength or weakness. Quantitative data from the 211 Developmental Screening and Care Coordination project were provided to the study team in summary format. Within the context of these caveats, however, the findings of this descriptive study suggest that the 211 Developmental Screening and Care Coordination project provides a unique model for screening young children for developmental delays and behavior problems for families who might not otherwise have access to or knowledge of these services.
References Cited


Appendices

A. Data presentation provided by the 211 Developmental Screening and Care Coordination Project: January 2013 – December 2013

B. Data collection protocols

C. List of stakeholders interviewed
Appendix A: Data Presentation from 211 Developmental Screening and Care Coordination Project

211 Developmental Screening and Care Coordination Data: Jan-Dec 2013

Provided by Patricia Herrera, MS

Target Population

**November 2012–November 2013**

- Total 71,787
- Unique Callers 11,752 (16%)
- Unique Callers 7,837 (67%)
- Children Screened 3,708 (47%)

Developmental & Care Coordination for Children
Birth to Five Years of Age
Outcome Data January 2013 to December 2013

Who Participated in the Screening?

- Total number of unique callers: 2,691
- Female Callers 95% (2,567)
- Single-Parent Callers 50% (1,339)
- Total Children Screened: 3,380
- Children that have Health Insurance 93% (3,131)
- Children that have Medi-Cal coverage 89% (3,016)

Data from January 1, 2013 through December 31, 2013

Initial Service Request from 2-1-1 LA

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<th>Service Request</th>
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<tr>
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<tr>
<td>Nutrition</td>
<td>555</td>
</tr>
<tr>
<td>Emergency / City Services</td>
<td>293</td>
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<tr>
<td>Referral</td>
<td>188</td>
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<tr>
<td>Case Management</td>
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<td>Medical Services</td>
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<td>Housing and Mental Resources</td>
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<td>Insurance Maintenance</td>
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<tr>
<td>Counseling</td>
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<td>Total Number of Callers</td>
<td>2,691 (100%)</td>
</tr>
</tbody>
</table>

Data from January 1, 2013 through December 31, 2013

Ethnicity of the Caller

- White/Caucasian: (1,974) 73%
- Other: (481) 18%
- African American: (158) 6%
- Latino/Hispanic: (78) 3%

Total Number of Callers: 2,691

Data from January 1, 2013 through December 31, 2013

Language Of the Caller

- Tagalog: 1,125 (42%)
- English: 1,955 (58%)
- Spanish: 5

Total Number of Callers: 2,691

Data from January 1, 2013 through December 31, 2013

Data from January 1, 2013 through December 31, 2013

Total Number of Callers: 2,691

Who Participated in the Screening?

- Total number of unique callers: 2,691
- Female Callers 95% (2,567)
- Single-Parent Callers 50% (1,339)
- Total Children Screened: 3,380
- Children that have Health Insurance 93% (3,131)
- Children that have Medi-Cal coverage 89% (3,016)

Data from January 1, 2013 through December 31, 2013

Initial Service Request from 2-1-1 LA

<table>
<thead>
<tr>
<th>Service Request</th>
<th>2013 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Education</td>
<td>679</td>
</tr>
<tr>
<td>Nutrition</td>
<td>555</td>
</tr>
<tr>
<td>Emergency / City Services</td>
<td>293</td>
</tr>
<tr>
<td>Referral</td>
<td>188</td>
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<tr>
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<td>173</td>
</tr>
<tr>
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<td>132</td>
</tr>
<tr>
<td>Medical Services</td>
<td>129</td>
</tr>
<tr>
<td>Housing and Mental Resources</td>
<td>127</td>
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<tr>
<td>Insurance Maintenance</td>
<td>109</td>
</tr>
<tr>
<td>Counseling</td>
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</tr>
<tr>
<td>Rental Assistance</td>
<td>86</td>
</tr>
<tr>
<td>Health Insurance Assistance</td>
<td>55</td>
</tr>
<tr>
<td>Legal Aid</td>
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</tr>
<tr>
<td>Parent Education</td>
<td>45</td>
</tr>
<tr>
<td>Probate Referral</td>
<td>35</td>
</tr>
<tr>
<td>Accommodations</td>
<td>32</td>
</tr>
<tr>
<td>Child Passenger Safety Seat Information</td>
<td>17</td>
</tr>
<tr>
<td>Education/Training</td>
<td>15</td>
</tr>
<tr>
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<td>15</td>
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Data from January 1, 2013 through December 31, 2013

Ethnicity of the Caller

- White/Caucasian: (1,974) 73%
- Other: (481) 18%
- African American: (158) 6%
- Latino/Hispanic: (78) 3%

Total Number of Callers: 2,691

Data from January 1, 2013 through December 31, 2013

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Data from January 1, 2013 through December 31, 2013
Appendix A: Data Presentation from 211 Developmental Screening and Care Coordination Project

211 Developmental Screening and Care Coordination Data: Jan-Dec 2013

Provided by Patricia Herrera, MS

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**Level of Education of the Caller**

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade School</td>
<td>314</td>
<td>12%</td>
</tr>
<tr>
<td>Some High School</td>
<td>743</td>
<td>28%</td>
</tr>
<tr>
<td>Graduated High School</td>
<td>598</td>
<td>22%</td>
</tr>
<tr>
<td>Some College</td>
<td>639</td>
<td>24%</td>
</tr>
<tr>
<td>College Grad</td>
<td>139</td>
<td>5%</td>
</tr>
<tr>
<td>Professional Degree</td>
<td>127</td>
<td>5%</td>
</tr>
<tr>
<td>Masters</td>
<td>12</td>
<td>0.4%</td>
</tr>
<tr>
<td>Doctorate</td>
<td>2</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>117</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,691</td>
<td>100%</td>
</tr>
</tbody>
</table>

Data from January 1, 2013 through December 31, 2013

---

**Ages of Children Screened**

- 1 & Under: (333) 10%
- 1: (775) 23%
- 2: (546) 16%
- 3: (852) 25%
- 4: (785) 23%
- 5: (508) 23%

Total Children Screened: 3,380

Data from January 1, 2013 through December 31, 2013

---

**Level of Education of the Caller**

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<thead>
<tr>
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<td>117</td>
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<tr>
<td><strong>Total</strong></td>
<td>2,691</td>
<td>100%</td>
</tr>
</tbody>
</table>

Data from January 1, 2013 through December 31, 2013

---

**Developmental Screening Results**

<table>
<thead>
<tr>
<th>Developmental Screening Result (Path)</th>
<th>Number</th>
<th>Percent</th>
<th>National Comparison*</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk (Path A)</td>
<td>516</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Moderate Risk (Path B)</td>
<td>864</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>Elevated Risk for Behavioral Emotional Problems/Low Risk for Delay/Disability (Path C)</td>
<td>861</td>
<td>26%</td>
<td>20%</td>
</tr>
<tr>
<td>Low Risk (Path E)</td>
<td>1,139</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,380</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Data from January 1, 2013 through December 31, 2013

---

**Age Distribution Of Children at Risk**

- 1 & Under: (333) 10%
- 1: (775) 23%
- 2: (546) 16%
- 3: (852) 25%
- 4: (785) 23%
- 5: (508) 23%

Total Children Screened with Risk: 2,241

Data from January 1, 2013 through December 31, 2013

---

**Autism Screening (M-CHAT) Results For Children 16 to 48 months**

<table>
<thead>
<tr>
<th>Autism Screening (Modified Checklist for Autism in Toddlers)</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Screen (Fail)</td>
<td>237</td>
<td>11%</td>
</tr>
<tr>
<td>Negative Screen (Pass)</td>
<td>2,026</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Total Children Eligible and Administered the M-CHAT Screen</strong></td>
<td>2,263</td>
<td>67%</td>
</tr>
</tbody>
</table>

M-CHAT Comparison Rate in the General Population Study: 9.7%

Data from January 1, 2013 through December 31, 2013

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**Age and Ethnicity of Children At-Risk for an Autism Spectrum Disorder**

- Hispanic: 165 (75%)
- Black or African-American: 165 (75%)
- Other: 51 (21%)
- 16-24 Months: 76, 31%
- 24-36 Months: 74, 31%
- 36-48 Months: 87, 37%

Data from January 1, 2013 through December 31, 2013
Appendix A: Data Presentation from 211 Developmental Screening and Care Coordination Project

211 Developmental Screening and Care Coordination Data: Jan-Dec 2013

Provided by Patricia Herrera, MS
Appendix A: Data Presentation from 211 Developmental Screening and Care Coordination Project
211 Developmental Screening and Care Coordination Data: Jan-Dec 2013

Provided by Patricia Herrera, MS
Appendix B:
Data Collection Protocols

Program Manager Interview

211 Staff Interview

Referral Partner Agency Interview

211 Call Review Tool

Parent Interview (English and Spanish versions)
Thank you for talking with us today. The Measurement Group is working with First 5 LA to conduct an environmental scan of developmental screening activities in First 5 LA-funded programs. The environmental scan is a systemic overview of the developmental work that First 5 LA is doing, and is being conducted to help plan for future evaluations of developmental screening services. The environmental scan is primarily descriptive, to give First 5 LA a general qualitative understanding of the developmental screening services that it supports.

The purpose of this interview is to help us understand how your program uses developmental screening tools, to learn about any follow-up procedures that you may have, and to describe what, if any, data you maintain related to developmental screening. We also want to hear your perspectives on the strengths and weaknesses of the screening procedures. This interview will take approximately 30-60 minutes. Your participation is voluntary. We will summarize the findings in a report for First 5 LA in aggregate. None of your responses will be identifiable or attributed to you or your organization.

We would like to make an audio recording of the interview to assist us with note-taking. The recording will only be accessed by staff of The Measurement Group who work on this project. We will destroy the recording as soon as we have verified our notes.

Do you consent to participate in this interview as described above?

____________ TMG witness initial here – participant consents to participate in the interview and to be recorded.

____________ TMG witness initial here – participant consents to participate in the interview, but not to be recorded.

____________ TMG witness initial here – participant does not consent to participate in the interview.

If no consent, thank participant and stop here.
Screening Tools

1. What developmental screening tools does your program use?
   a. Do you know how long those tools have been in use by your program? If so, about how long?
   b. Why do you use these tools? What makes them the best choice for the parents/caregivers you serve? If you use more than one screening tool, when do you use one tool vs. another?
   c. What are the strengths and weaknesses of the developmental screening tools that your program uses? Please explain.
   d. The information in the developmental screening is based on: staff observations, parent report, and/or other source(s)?

Screening Protocols

1. Please walk me through when developmental screening happens in your program – from the perspective of the staff, parent(s), and child(ren)
   a. In general, how does your program use developmental screening tools and the results from the screenings?
   b. In what context does developmental screening happen with respect to the child’s involvement in your program? For example, is it done as part of your intake process? Where does the screening occur – in home? Program office? Are children screened more than once, and if so what triggers subsequent developmental screenings?
   c. Who does the screenings? What is the professional/paraprofessional background of the screener(s)? What kind of training do staff receive in the use of the screening tools?
   d. How are the screening tools administered?
      i. Staff observation?
      ii. Hand form to parent?
      iii. Parent self-administers with help from staff?
      iv. Other method(s)?

2. Let’s talk about what happens if a child screens positive for a developmental delay or concern.
   a. What is the process?
   b. Does the child get any referrals? To what kind of services? Are they internal or external to your program? Please specify – for example, are they referred to a regional center? Specific direct services?
   c. Is there any kind of follow-up to see if the child is connected with the service referrals? What does your program do to follow up on any referrals to services beyond the developmental screening that you provide?

3. What would you say are the strengths and weaknesses of your screening protocols?
Screening Data

1. What kind of data do you track about developmental screening?
   a. Do you track individual client-level data from developmental screening that occurs in your program?
      i. What variables do you track at the client level?
   b. Do you track aggregate or summary level data from the developmental screening that occurs in your program?
      i. What variables do you track at an aggregate or summary level?
   c. Do you track the outcomes of any referrals that your program makes? If so, what kinds of information do you collect? Are there any issues or challenges in getting outcome data from your linked providers about the children or families that you referred to their program?
   d. If you maintain data from developmental screening electronically, what software do you use? How are the data entered in the database?
      i. Would it be possible to get a data dictionary or list of variables that you collect?
   e. Does your program use the data in any way, and if so how?
      i. Would it be possible to get copies of any reports that summarize your developmental screening data?
   f. Is anything about your program’s use of data from developmental screenings described in your program consent forms, or other similar documents?

The Big Picture

1. Are there any issues, barriers, or challenges that your program faces getting families with young children to services in the context of the “big picture” of developmental screening among First 5 LA funded programs?
   a. Issues/barriers/challenges related to linking referrals
   b. Issues/barriers/challenges related to sharing information
   c. Other Issues/barriers/challenges
   d. Etc.
2. What resources would help your program better link families with needed developmental services?
3. What changes has your program made over time regarding developmental screening? Have you learned any lessons about providing developmental screening?
4. What kinds of systems change would you like to see to improve the timeliness and/or cost effectiveness of assessing children who screen positive for possible developmental delays and/or autism and linking them to needed services?
5. Is there anything else you would like to share about your program’s developmental screening services?
Your Professional Background

We would like to ask you a few questions so that we can summarize the professional characteristics of the program managers and staff that we interview.

1. How long have you been in your current role in this organization?
2. How long have you worked in the field of child and family services?
3. What field is your professional training in? (e.g., social work, psychology, child welfare, etc.)
4. What is the highest degree you have earned?

Thank you! We greatly appreciate your time. Your answers will help First 5 LA to better understand developmental screening services provided by its funded programs and their network of linked service providers. May I contact you if we have any follow up questions as we synthesize the information from our interviews?
Thank you for talking with us today. The Measurement Group is working with First 5 LA to conduct an environmental scan of developmental screening activities in programs that receive funding from First 5 LA. The environmental scan is primarily descriptive, to give First 5 LA a general qualitative understanding of the developmental screening services that it supports. The purpose of this interview is to help us understand how your program uses developmental screening tools, to learn about any follow-up procedures that you may have, and to hear your perspective about the strengths and weaknesses of those procedures. This interview will take approximately 30-60 minutes. Your participation is voluntary. We will summarize the findings in a report for First 5 LA in aggregate. None of your responses will be identifiable or attributed to you individually.

We would like to make an audio recording of the interview to assist us with note-taking. The recording will only be accessed by staff of The Measurement Group who work on this project. We will destroy the recording.

Do you consent to participate in this interview as described above?

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If no consent, thank participant and stop here.
Screening Tools and Protocols

1. From your perspective, what are the strengths and weaknesses of the developmental screening protocols that you follow? Please explain.
   a. Anything about the screening tools?
   b. Anything about the procedures you follow for doing the screening?
   c. Anything about making referrals based on screening results?
   d. Any other aspect of doing the screenings, making referrals, or following up with the families or other providers?

2. Do the developmental screening protocols allow you to respond to the range of issues you encounter in doing the screenings and linking families to referrals? Please explain.

Service Referrals

1. From your perspective, what are the strengths and weaknesses of the process used to link families to additional developmental services following the screening that you do? Please explain.

2. What kinds of help can you offer families whose children screen at-risk for developmental delays and/or autism?

3. What are the barriers you encounter to making referrals to families whose children screen at-risk for developmental delay and/or autism?

The Big Picture

1. What resources would help your program better link families with needed developmental services?

2. What do you need to be able to do your job better?

3. Is there anything else you would like to share about your program’s developmental screening services or referrals that you provide to families with young children at risk for developmental delay/autism?

Your Professional Background

We would like to ask you a few questions so that we can summarize the professional characteristics of the program managers and staff that we interview for this project.

1. How long have you been in your current role in this organization?

2. How long have you worked in the field of child and family services?

3. What field is your professional training in? (e.g., social work, psychology, child welfare, etc.)

4. What is the highest degree you have earned?
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First 5 LA Developmental Screening Environmental Scan

Referral Partner Agency Interview:

211 Developmental Screening and Care Coordination Project

Agency: _____________________________________________________________________________

Respondent: __________________________________________________________________________

Job Title: ____________________________________________________________________________

Thank you for talking with me today. My name is ____ and I am from The Measurement Group, a program evaluation and applied consulting firm. We are working with First 5 LA to conduct an environmental scan of developmental screening activities in programs that receive funding from First 5 LA, as well as the referral sources utilized by these programs. The environmental scan is primarily descriptive, to give First 5 LA a general qualitative understanding of the developmental screening services that it supports.

One of the programs that we are studying is the 211 Developmental Screening and Care Coordination Project. 211 has identified your organization as part of its partner network. The purpose of this interview is to clarify the referral process, learn about any additional developmental screening procedures that might occur, and to understand the procedures that 211 has in place to follow-up on families after they refer them to your program. We also want to hear your perspectives on the strengths and weaknesses of this process. This interview will take approximately 30-60 minutes. Your participation is voluntary. We will summarize the findings in a report for First 5 LA in aggregate. None of your responses will be identifiable or attributed to you or your organization.

We would like to make an audio recording of the interview to assist us with note-taking. The recording will only be accessed by staff of The Measurement Group who work on this project. We will destroy the recording as soon as we have verified our notes.

Do you consent to participate in this interview as described above?

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If no consent, thank participant and stop here.
Referrals from the 211 Developmental Screening and Care Coordination Project

1. Please walk me through what happens when you receive a referral from the 211 Developmental Screening and Care Coordination Project.
   a. What steps does the family need to take to become involved with your program? How much, if at all, does the 211 Developmental Screening and Care Coordination Project remain active in the process? Once a referral is made, does 211 follow-up with you regarding the client?
   b. What is the time frame for a child to be determined eligible for your program? What are the delays that you encounter (within your system and/or outside of your system)?
   c. What happens if you receive a referral but cannot assist the client? Is there a waitlist or a procedure for how to maintain contact with these families should space open up? If a family does not meet eligibility criteria for your program, do you initiate other referrals to appropriate services?
   d. What are common reasons for not being able to assist a family who screens positive for developmental delay/autism? For example, child not needing services? Child/family not qualifying for services? No room at your agency for the services for which they qualify? Are they referred elsewhere if this happens?

2. Let’s talk about what happens if you are referred a child who has screened positive for a possible developmental delay or concern by the 211 Developmental Screening and Care Coordination Project.
   a. What, if any, additional developmental screening is offered by your program? In general, how does your program use developmental screening tools and the results from the screenings?
   b. What, if any, developmental assessments are conducted by your program? In general, how does your program use more detailed developmental assessments and their results?
   c. Are the referrals you get from the 211 Developmental Screening and Care Coordination Project appropriate – that is, when children have a positive screen by 211, do those children typically qualify for your program’s services?
   d. What developmental services are provided by your program?

3. What would you say are the strengths and weaknesses of the current way referrals are handled between your agency and the 211 Developmental Screening and Care Coordination Project?

4. Does your agency require a wet signature consent form to initiate services? What is the reason for wet signature vs. telephonic signature or verbal recorded consent?

5. What are some of the barriers to enrollment at your agency that a family seeking developmental services for a young child might face?

Follow-up and Information Sharing

1. What kind of data do you track for children who were referred to your program by the 211 Developmental Screening and Care Coordination Project? Is this information different than
what you document for other children who receive similar services from your agency? Is it at the individual child/client level?

2. Are there any issues or challenges in providing individual-level outcome data to 211 for the children or families they have referred to your program for developmental services?

3. Are you asked to document and share data with 211 LA regarding completion of referrals and linking to your agency’s services? If so, are there any issues or challenges related to providing this information to 211 LA?

4. Are you asked to document and share data regarding other client-level outcomes for the children 211 LA refers to your program, such as subsequent diagnoses, functional outcomes, etc.? If so, are there any issues or challenges related to providing this information to 211 LA?

The Big Picture/Systems Change

1. What are the challenges that your program faces in ensuring that young children who screen positive for possible developmental delays and/or autism spectrum disorder actually receive services?

2. What have you found most helpful in ensuring service uptake? What recommendations do you have for improving service uptake?

3. What resources would help your program better link families with needed developmental services?

4. What kinds of systems change would you like to see to improve the timeliness and/or cost effectiveness of assessing children who screen positive for possible developmental delays and/or autism and linking them to needed services?

5. Is there anything else you would like to share about your program’s use of developmental screening information and linkages to developmental services for families with young children?

Your Professional Background

We would like to ask you a few questions so that we can summarize the professional characteristics of the stakeholders that we interview.

1. How long have you been in your current role in this organization?

2. How long have you worked in the field of child and family services?

3. What field is your professional training in? (e.g., social work, psychology, child welfare, etc.)

4. What is the highest degree you have earned?

Thank you! We greatly appreciate your time. Your answers will help First 5 LA to better understand developmental screening services provided by its funded programs and their network of linked service providers. May I contact you if we have any follow up questions as we synthesize the information from our interviews?
# First 5 LA Developmental Screening Environmental Scan

## 211 Call Review Tool

<table>
<thead>
<tr>
<th>Call #:</th>
<th>[long line]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordinator:</td>
<td>[long line]</td>
</tr>
<tr>
<td>Language:</td>
<td>1 ☐ English ☐ Spanish</td>
</tr>
<tr>
<td>Date of call:</td>
<td>[long line] Start time: [long line] End time: [long line]</td>
</tr>
</tbody>
</table>

1. Relationship of caller to child: 1 ☐ Mother 2 ☐ Father 3 ☐ Legal Guardian

2. How many children age 0-5 were screened during this call? _________

<table>
<thead>
<tr>
<th>Child 1 Screened</th>
<th>Child 2 Screened (repeat if more than 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Age of child when screened</td>
<td>Age of child when screened</td>
</tr>
<tr>
<td>4. Screening tools offered:</td>
<td>Screening tools offered:</td>
</tr>
<tr>
<td>☐ PEDS ☐ M-CHAT ☐ PEDS-DM ☐ Other</td>
<td>☐ PEDS ☐ M-CHAT ☐ PEDS-DM ☐ Other</td>
</tr>
<tr>
<td>5. Screening results:</td>
<td>Screening results:</td>
</tr>
<tr>
<td>PEDS</td>
<td>PEDS</td>
</tr>
<tr>
<td>☐ Path A High Risk</td>
<td>☐ Path A High Risk</td>
</tr>
<tr>
<td>☐ Path B Moderate Risk</td>
<td>☐ Path B Moderate Risk</td>
</tr>
<tr>
<td>☐ Path B-1 Other/Health</td>
<td>☐ Path B-1 Other/Health</td>
</tr>
<tr>
<td>☐ Path B-2 Developmental</td>
<td>☐ Path B-2 Developmental</td>
</tr>
<tr>
<td>☐ Path C-1 (4½ years &amp; older)</td>
<td>☐ Path C-1 (4½ years &amp; older)</td>
</tr>
<tr>
<td>☐ Path C-2 (younger than 4½ years)</td>
<td>☐ Path C-2 (younger than 4½ years)</td>
</tr>
<tr>
<td>☐ Path E Low Risk</td>
<td>☐ Path E Low Risk</td>
</tr>
<tr>
<td>M-CHAT</td>
<td>M-CHAT</td>
</tr>
<tr>
<td>☐ Pass</td>
<td>☐ Pass</td>
</tr>
<tr>
<td>☐ Fail</td>
<td>☐ Fail</td>
</tr>
<tr>
<td>PEDS-DM</td>
<td>PEDS-DM</td>
</tr>
<tr>
<td>☐ Met ☐ Unmet</td>
<td>☐ Met ☐ Unmet</td>
</tr>
<tr>
<td>Which milestones met/unmet:</td>
<td>Which milestones met/unmet:</td>
</tr>
</tbody>
</table>
Screening Eligibility

6. Describe your observations about how the screening process was introduced and eligibility was determined. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Sensitivity/Empathy

7. Describe your observations about any ways that the Care Coordinator expressed sensitivity and/or empathy to this caller and the family’s situation. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Engagement

8. Did the Care Coordinator do or say anything to promote the caller’s engagement in the screening and referral process? If so, what? Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

9. What was the original purpose of this call to 211?
   1️⃣ Developmental concern
   2️⃣ Other reason (specify _________________________________________________________)
10. What did you hear on this call that provided evidence that the caller was or was not engaged in the screening and referral process? Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Responsiveness

11. Describe your observations about the Care Coordinator’s responsiveness to the caller’s situation. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Referrals

12. Child(ren) referred to: (all that apply)
   □ Early Head Start
   □ Head Start
   □ Regional Center
   □ Information sent home (specify what was sent: _________________________________)
   □ Other Resource(s) _________________________________

13. Linkage to services evidenced by: (all that apply)
   □ Warm hand-off/3-way phone call
   □ Call to provider at referral source
   □ Written correspondence informing referral source of the client referral
   □ Follow-up from 211 Care Coordination staff member
   □ Proof that parent enrolled child in services at referral agency
   □ Other: ______________________________________________________________
14. Describe your observations about the appropriateness of the referral(s) made for this family. Given concrete examples. How did the Care Coordinator use the screening results and other relevant information to generate referrals for this family?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

15. Describe your observations about the extent to which the results of this call addressed this family’s stated needs. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

16. Describe your observations about the extent to which the results of this call addressed this family’s unstated needs. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Non-duplication of Services

17. Describe your observations about whether the screening or referrals made during this call duplicated any services the family had received, previously or currently – or were these services that were new for the child(ren) screened on this call. Give concrete examples.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Follow-up of Referrals

18. Was there any follow-up conducted by 211 staff on behalf of this family following the screening?

☐ Yes

a. If Yes, list date(s) of any follow-up contact by 211 related to this screening call. For each contact, specify if it was with the parent/guardian or the referral agency, or some other entity.

b. What kind of follow-up occurred? (Check all that apply.)

i. ☐ Follow-up call to referral organization
ii. ☐ 3-way call with parent/guardian and referral organization
iii. ☐ Mailing consent forms to parent/guardian for referral
iv. ☐ Mailing enrollment/eligibility forms to parent/guardian for referral
v. ☐ Mailing other information to parent/guardian for referral
   (describe ________________________________)
vi. ☐ Documentation that family connected with referral organization
vii. ☐ Documentation that family initiated services with referral organization
viii. ☐ Other follow-up regarding this referral
   (describe ________________________________)

☐ No

a. If No, what was the reason for no follow-up? (Check all that apply.)

i. ☐ Linkage to referral organization confirmed at end of 211 screening call
ii. ☐ No referral(s) generated from 211 screening call
iii. ☐ Family declined services
iv. ☐ Family not eligible for services
i. ☐ other reason
   (describe ________________________________)
19. Other comments about follow-up of this 211 screening call.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Overall Quality

20. Describe your observations about the overall quality of services provided related to this call.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

21. Other comments/observations about this call

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Thank you for talking with me today. My name is __________. I am working with 211 LA County and First 5 LA to hear about your experience with the Parent Questionnaire that was conducted over the telephone with a 211 LA Care Coordinator. First 5 LA is an organization that supports health, safety, and early education programs for young children, including the 211 LA Parent Questionnaire and Care Coordination services. When you called 211 and were connected with the Care Coordinator, you gave your permission to be contacted in the future. We would like to ask you a few survey questions to help 211 LA County and First 5 LA learn about services that you might have received.

The survey will take approximately 5-10 minutes and is voluntary. You do not have to participate if you do not want to. If you do choose to participate, you can refuse to answer any questions you do not want to answer. You will continue to receive any services that you are eligible for from 211 or the programs they may have referred you to, whether or not you agree to participate in this survey. The answers you give us will be combined with those from other callers in a summary report. Your answers will be anonymous and kept confidential. Your name is not anywhere on the survey and will not be linked to your answers.

Your participation in the survey will help improve services for families with young children in Los Angeles County.

Do you agree to participate in this short survey?

____________ initial here witness verbal consent -- AGREE

*If no consent, thank participant and stop here.*
1. Our records show that you called 211 on ______________ (date), and you contacted 211 about ______________ (reason from 211 records). Is that right? What do you remember about the reason for your call to 211 that day? Please explain.

__________________________________________________________________________________

2. Do you remember if you had any specific concerns about a child under the age of 5 that you discussed with a 211 Care Coordinator?
   □ Yes – if Yes, what was your concern(s)? ________________________________________

__________________________________________________________________________________

□ No
□ Don’t Know
□ Refused

[Interviewer: in addition to parent’s response above, document stated developmental concern(s) from 211 records]

__________________________________________________________________________________

3. In your call with 211, did the Care Coordinator ask you questions from a Parent Questionnaire about how your child(ren) is learning, developing and behaving for his or her age?

   □ Yes – if Yes, continue below

      □ No
      □ Don’t Know
      □ Refused

If No, Don’t Know, or Refused, Skip to question #4

   a. Did the 211 Care Coordinator explain the process for asking the questions about your child(ren)?
      □ Yes
      □ No
      □ Don’t Know
      □ Refused

            i. Can you please tell me about that? Why did you answer (Yes or No)?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
b. Did the 211 Care Coordinator answer any questions that you had about the Parent Questionnaire?
   1 ☐ Yes
   0 ☐ No
   6 ☐ N/A (no questions)
   7 ☐ Don’t Know
   8 ☐ Refused

   i. Can you please tell me about that? Why did you answer (Yes or No)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   c. Did you feel that the 211 Care Coordinator cared about you and your child(ren)? For example, did she or he demonstrate interest in your situation?
   1 ☐ Yes
   0 ☐ No
   7 ☐ Don’t Know
   8 ☐ Refused

   i. Can you please tell me about that? Why did you answer (Yes or No)?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   d. Did the 211 Care Coordinator ask you the questions and give you information in a sensitive and respectful way?
   1 ☐ Yes
   0 ☐ No
   6 ☐ N/A
   7 ☐ Don’t Know
   8 ☐ Refused
i. Can you please tell me about that? Why did you answer (Yes or No)?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

e. During or after the call, did the 211 Care Coordinator refer you to another program for further assessment or other services?

1□ Yes – if Yes, continue below

0□ No

7□ Don’t Know If No, Don’t Know, or Refused, Skip to question #4

8□ Refused

i. What kind of services did the 211 Care Coordinator refer you to? Please tell me about that.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

ii. Were you able to connect with the services that the 211 Care Coordinator referred you to?

1□ Yes – if Yes, continue below:

1. Please tell me how you connected with those services (all that apply)

1□ Received a three-way call at end of screening

1□ Enrolled or received some kind of services for my child(ren) from the program that 211 referred me to

1□ Received a detailed developmental assessment (more detailed than the Parent Questionnaire done by 211; may have lasted several hours)

1□ Received another screening for my child(ren) (similar to the Parent Questionnaire done by 211)

1□ Connected in some other way (please describe:

___________________________________________________________________________

0□ No – if No, continue below:
2. If no, can you tell me what happened or why you did not receive the services that the 211 Care Coordinator referred you to?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ Don’t Know
☐ Refused

iii. What happened next? Were you given the help you needed to connect with the referral?

1☐ Yes – if Yes, what kind of help did you get from 211?

0☐ No – if No, what would have helped you connect with the referral?

________________________________________________________________________

☐ Don’t Know
☐ Refused

4. Aside from this call with 211, had anyone ever asked you questions before about how your child(ren) was learning, developing and behaving for their age – for example, when you took your child(ren) to the doctor?

1☐ Yes – if Yes, ask 4a-c below
0☐ No
☐ Don’t Know
☐ Refused

a. Can you tell me about that? Was it at a doctor’s office? Somewhere else?
b. **Were you given any referrals for further assessment or child development services when this occurred?**
   Please describe ________________________________________________________________

5. **What was most helpful about your call to 211?**

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Thank you. I just have a few more questions that we will use to describe the group of parents who spoke with us.

6. **Gender**
   1 ☐ Male
   2 ☐ Female
   3 ☐ TG
   8 ☐ Refused

7. **Age _____**
   - 8 ☐ Refused

8. **Race/Ethnicity**
   1 ☐ Hispanic
   2 ☐ Black
   3 ☐ White
   4 ☐ Other (specify_____________________________________)  
   8 ☐ Refused

9. **What is your zip code? ________________________________**
   7 ☐ Don’t Know
   8 ☐ Refused

10. **What is your relationship to the child(ren) who were screened when you did the Parent Questionnaire with the 211 Care Coordinator?**
    1 ☐ Mother
    2 ☐ Father
    3 ☐ Legal guardian
    4 ☐ Other ________________________________
    8 ☐ Refused
11. How many children do you have under 18 years of age? _____ children
   a. How many of your children are age 0-5? _____ children
   b. How many of your children age 0-5 were screened in your recent call with 211? _____ children

Thank you for answering these questions! Your answers will help us improve services to families with young children in Los Angeles County. Do you have any questions or additional comments before we end the survey? (Space below in case the participant has anything else to add; use additional page if needed).
First 5 LA Developmental Screening Environmental Scan
Entrevista con los Padres

Coordinador de Servicios: _______________________________________________________________
Código de Encuestado: ___________________  Fecha de llamado a 211: __________________
Lenguaje:  1□ Ingles  2□ Español

Gracias por hablar conmigo hoy. Me llamo _______. Yo trabajo con 211 LA County y First 5 LA para aprender sobre su experiencia con el Cuestionario Para Padres que fue conducido por teléfono con un Coordinador de Servicios de 211 LA. First 5 LA es un programa que apoya salud, seguridad, y programas de educación temprana para niños y niñas, incluyendo el Cuestionario Para Padres y los servicios de coordinación que le ofreció 211. Cuando llamó a 211 y fue conectado con el/la coordinador de servicios, dio su permiso para ser contactado en el futuro. Queremos hacerle algunas preguntas para ayudar a 211 LA County y First 5 LA aprender sobre los servicios que recibió.

La encuesta dura aproximadamente cinco a diez minutos y es voluntaria. No tiene que participar si no desea. Si usted decide participar, puede dejar de contestar cualquier pregunta que no desee contestar. Seguirá recibiendo servicios de 211 o los otros programas de que tiene elegibilidad aunque no participe en la encuesta. Sus respuestas serán combinadas con las de los otros participantes a nivel de resumen. Sus respuestas serán anónimas y confidenciales. Su nombre no aparecerá en la encuesta ni en sus respuestas.

Su participación en la encuesta ayudará a mejorar servicios de salud para familias con niños pequeños en Los Ángeles.

¿Está de acuerdo en participar en esta breve encuesta?

_____________ Iniciales aquí para el consentimiento verbal – DE ACUERDO

Si no hay consentimiento, pare aquí y de gracias a los participantes.
1. Nuestros archivos indican que usted llamó al 211 en _______ (fecha) para hablar sobre _________ (razón de los archivos de 211). ¿Correcto? ¿Que recuerda sobre la razón o las razones para su llamada al 211 en ese día? Por favor explique.

2. Cuando llamó a 211, ¿recuerda tener una conversación sobre una preocupación específica acerca de un niño(a) menor de 5 años con el/la coordinador de servicios?

- Sí – Si indica Sí, ¿que fue (ron) sus preocupaciones?____________________________________

- No
- No sé
- No contesto

[Entrevistador: además de la respuesta del padre, documente las preocupaciones de desarrollo indicadas en los archivos del 211]

3. Durante su llamada con el 211, ¿le preguntó el/la coordinador de servicios preguntas de un Cuestionario Para Padres sobre como su niño está aprendiendo, desarrollando, y comportándose para su edad?

- Sí – Si indica Sí, continúe abajo

  - No
  - No sé
  - No contesto

  En caso de No, No sé, o No contesto, pasar a la pregunta #4

  a. ¿Sintió que el/la coordinador de servicios explicó bien el proceso para hacer las preguntas sobre sus niños?

  - Sí
  - No
  - No sé
  - No contesto

  i. ¿Puede decirme de esto? ¿Porque contesto (Sí o No)?
b. Cuando habló con el/la coordinador de servicios, ¿sintió que contestó cualquier pregunta que tenía sobre el Cuestionario de Padres?
1 □ Sí
0 □ No
6 □ N/A (no tuvo preguntas)
7 □ No sé
8 □ No contesto

   i. ¿Puede decirme de esto? ¿Porque contesto (Si o No)?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________


c. ¿Sintió que tomo importancia sus hijos a el/la Coordinador de Servicios? Por ejemplo, ¿sintió que él/ella demostró interés en su situación?
1 □ Sí
0 □ No
7 □ No sé
8 □ No contesto

   i. ¿Puede decirme de esto? ¿Porque contesto (Si o No)?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________


d. ¿Sintió que el/la coordinador de servicios le preguntó y le dio información en una manera sensible y respetuosa?
1 □ Sí
0 □ No
6 □ N/A
7 □ No sé
8 □ No contesto

   i. ¿Puede decirme de esto? ¿Porque contesto (Si o No)?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
e. Durante o después de la llamada, ¿el/la coordinador de servicios hizo alguna referencia a otro programa para más evaluación u otros servicios?

1. Sí – Continua abajo
0. No
7. No sé
8. No contesto

En caso de No, No se, No contesto, pasar a la pregunta #4

i. ¿A qué tipos de servicios fue referido? ¿Puede decirme de estos?

ii. ¿Pudo conectarse con los servicios o las referencias que hizo el/la coordinador de servicios?

1. Sí – Continua abajo:

   1. **Por favor digame como se conectó con estos servicios:** (marca cada respuesta)
      1. Recibió una llamada de tres vías
      1. Matriculó o recibió algunos servicios para mis niños al programa que 211 le refirió
      1. Recibió una evaluación de desarrollo detallada (Más detallada que la encuesta para padres que hizo 211; es posible que dura algunas horas)
      1. Recibió otra evaluación para mi niño/a(s) (Similar a la encuesta para padres que hizo 211)
      1. Conectó por otra manera (Describa, por favor):

0. No – Si indica no, siga abajo:
2. Dígame que pasó, o ¿por qué no recibió los servicios a que le refirió el/la coordinador de servicios?

______________________________________________________________
______________________________________________________________
______________________________________________________________

☐ No sé
☐ No contesto

iii. ¿Qué pasó después? ¿Recibió la ayuda que necesitaba para conectar con la referencia?
1☐ Sí – Que tipo de ayuda recibió de 211?

<table>
<thead>
<tr>
<th>1. El/la coordinador de servicios llamó al programa en su favor?</th>
<th>☐ Sí</th>
<th>☐ No</th>
<th>☐ No sé</th>
<th>☐ No contesto</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. El/la coordinador de servicios estaba disponible regularmente para hablar con usted?</td>
<td>☐ Sí</td>
<td>☐ No</td>
<td>☐ No sé</td>
<td>☐ No contesto</td>
</tr>
<tr>
<td>3. Otra (describe):</td>
<td>☐ Sí</td>
<td>☐ No</td>
<td>☐ No sé</td>
<td>☐ No contesto</td>
</tr>
</tbody>
</table>

☐ No – ¿Qué podría ayudarte a conectar con la referencia?

☐ No sé
☐ No contesto

4. Aparte de esta llamada con el 211, ¿ha hablado con alguien sobre el aprendizaje, el desarrollo, y el comportamiento de su hijo(a) para su edad – por ejemplo, cuando llevó a su niño(a) al doctor?
1☐ Sí – continua con 4a-c abajo
☐ No
☐ No sé
☐ No contesto

a. ¿Puede decirme de este? ¿Ocurrió en la oficina del médico? ¿En otro lugar?

______________________________________________________________
b. ¿Recibió otras referencias para evaluación adicional o servicios que apoyan el desarrollo de niños cuando esto ocurrió? 
   Describa, por favor: _____________________________________________________________

5. ¿Qué fue lo más útil de su llamada al 211?
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

Gracias. Tengo unas preguntas que usamos para describir el grupo de los padres con quien hablamos.

6. Genero
   1 □ Hombre
   2 □ Mujer
   3 □ TG
   8 □ No contesto

7. Edad _____
   -8 □ No contesto

8. Raza/Etnicidad
   1 □ Hispano
   2 □ Negro
   3 □ Blanco
   4 □ Otra (especificar ____________________________ )
   8 □ No contesto

9. ¿Qué es su código postal? _________________________________
   7 □ No sé
   8 □ No contesto

10. ¿Qué es su relación al niño/a que fue examinado cuando hizo la encuesta para padres con el/la coordinador de servicios?
   1 □ Madre
   2 □ Padre
   3 □ Tutor legal
   4 □ Otra _________________________________
   8 □ No contesto

11. ¿Cuántos niños tiene que tienen menos de dieciocho años? _____ niños
    a. ¿Cuántos de sus niños tienen entre cero y cinco años? _____ niños
    b. ¿Cuántos de sus niños que tienen menos de cinco años fueron examinados durante su llamado reciente con 211? _____ niños
Gracias por contestar estas preguntas. Sus respuestas nos ayudarán a mejorar servicios para familias con niños pequeños. ¿Tiene algunas preguntas o comentarios adicionales antes de que terminemos con la encuesta? (Espacio abajo si el/la participante tendría más que decir).
Appendix C:
List of Stakeholders Interviewed

211 Program Manager Interviews
Patricia Herrera, MS, Project Director
Cheryl Wold, MPH, Evaluator

211 Staff Interviews
Nancy Godoy, Care Coordinator
Susana Monares, Care Coordinator
Ange Garza, Care Coordination Assistant

211 Parent Interviews
5 parents who received screening and care coordination from 211 (anonymous)

211 Referral Partner Agency Interviews

Child Development Institute
Joan Maltese, PhD, Executive Director
Ally Badassari, Screening Program Coordinator
Tessa Graham, MA, MFT, BCBA, Family Therapist

Los Angeles County Department of Children and Family Services, Bureau of Clinical Resources & Services
Dr. Jeff Dorsey, JD, CSA III

Los Angeles County Office of Education – Head Start State Preschool
Ana Campos, MA, Assistant Director

Los Angeles County Office of Education – Special Education Division
Joseph Rivera, EdD, Special Education Administrator

San Gabriel/Pomona Regional Center
Larry Yin, MD, Consultant
Margarita Salazar, MA, Early Start Intake Program Manager

South Los Angeles Child Welfare Initiative
Liza Bray, Project Director