Promoting Young Children’s Optimal Development:
Help Me Grow-Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members

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PROMOTING YOUNG CHILDREN'S OPTIMAL DEVELOPMENT: Help Me Grow-Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members

Funded by First 5 LA

Submitted by the Southern California Center for Nonprofit Management

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PREFACE

The Southern California Center for Nonprofit Management (CNM) was contracted to support the early design and planning phase of Help Me Grow-LA (HMG-LA). CNM established and facilitated the HMG-LA Leadership Council and Workgroup meetings, fostered stakeholder engagement and communication, provided project management and oversight, and compiled the recommendations and considerations developed by the Leadership Council and Workgroups throughout the year-long planning process.

ACKNOWLEDGEMENTS

This report, developed in partnership with over 120 leaders from L.A. County, presents a set of recommendations for HMG-LA. Planning members represented diverse sectors across the county including physical health, mental health, developmental disability services, early care and education, county agencies, private and public community organizations, and family support and advocacy groups.

First 5 LA, the Los Angeles County Department of Public Health (LACDPH), L.A. Care Health Plan, the American Academy of Pediatrics (AAP)-California Chapter 2, and CNM would like to express sincere and deep gratitude to all the participants who volunteered their time and attention toward this effort. The planning members’ expertise, experience, and commitment in strengthening and expanding early identification and intervention services for all young children across L.A. County prompted thoughtful and candid discussions across the Workgroups and Leadership Council. First 5 LA and CNM would also like to acknowledge special thanks to the Workgroup Chairs — Yvette Baptiste, Richard Cohen, Maura Gibney, Michael Olenick, Daphne Quick-Abdullah, Wendy Schiffer, Alan Tomines, and Marian Williams — who dedicated enormous time and effort in guiding the meeting agendas, facilitating discussions and leading this work forward.

The following agencies participated in this early design and planning process as representatives on the Leadership Council and Workgroups and attended at least one meeting. For a complete list of participants, please see the Appendix.

- 211 LA County
- Alliance for Children’s Rights
- AltaMed Health Services Corporation
- American Academy of Pediatrics - California Chapter 2
- Antelope Valley Partners for Health
- Best Start Communities
- Child Care Alliance of Los Angeles
- Child Care Resource Center
- Child Development Institute
- Child Health and Disability Prevention Program
- Children’s Hospital Los Angeles (CHLA)
- Children’s Institute, Inc.
- Community Clinic Association of Los Angeles County
- Connections For Children
- County of Los Angeles - Chief Executive Office
- Eastern Los Angeles Regional Center
- Eisner Pediatric and Family Medical Center
- Family Focus Resource Center, California State University, Northridge
- Family Resource Library/Family Resource Center
- Center Network Los Angeles County
- First 5 LA
- Foothill Family
- Harbor Regional Center
- Infant Development Association of California
- Inter-Agency Council on Child Abuse and Neglect
- L.A. Care Health Plan
- L.A. County Child Care Planning Committee
- L.A. County Department of Children and Family Services
- L.A. County Department of Health Services, Ambulatory Care Network
- L.A. County Department of Mental Health
- L.A. County Department of Public Health
- L.A. County Office of Education
- L.A. County Unified School District
- LA Best Babies Network
- Learning Rights
- Long Beach Health and Human Services
- Los Angeles Universal Preschool
- Maternal and Child Health Access
- Maternal Mental Health Now
- Mental Health Advocacy Services
- North Los Angeles County Regional Center
- Northeast Valley Health Corporation
- Pasadena Public Health Department
- Pediatric Therapy Network
- Plaza Community Services - Early Head Start
- Providence Saint John’s Child & Family Development Center
- Robert Wood Johnson Foundation, Clinical Scholars Program
- San Fernando Valley Community Mental Health Center, Inc.
- San Gabriel Pomona Regional Center
- South Central Los Angeles Regional Center
- South Los Angeles Health Projects
- The Achievable Foundation
- The Children’s Clinic
- The L.A. Trust for Children’s Health
- University of California, Los Angeles, Fielding School of Public Health
- University of Southern California
- Suzanne Dworak-Peck School of Social Work
- University of Southern California University Center for Excellence in Development
- Disabilities at CHLA
- University of Southern California, Keck School of Medicine
- Vision y Compromiso
- Westside Children’s Center
EXECUTIVE SUMMARY

INTRODUCTION
Help Me Grow (HMG) is a national effort that promotes cross-sector collaboration at the local level to implement and strengthen early screening and surveillance of developmental and behavioral delays for all young children, and connect children with or at risk for delays and their families to the appropriate intervention services and supports.

Evidence indicates approximately 70% of children ages 0–6 in California are not receiving recommended developmental and behavioral screenings. Furthermore, those identified with or at risk for a delay or concern may not be connected early enough or at all to appropriate intervention services and supports. L.A. County has both the need and the opportunity to address this issue.

First 5 LA, in partnership with L.A. Care Health Plan, the Los Angeles County Department of Public Health (LACDPH), and the American Academy of Pediatrics (AAP)-California Chapter 2, convened key stakeholders and experts across diverse sectors, including health, early care and education and social services to engage in the early design and planning of a HMG system for L.A. County.

This report offers a guide for the early implementation planning of Help Me Grow-Los Angeles (HMG-LA) and includes a mission and vision statement, target populations, shared values, recommendations, and guidelines for rolling out HMG-LA.

HELP ME GROW NATIONAL MODEL
The HMG National model outlines four core components that facilitate the advancement and sustainability of a comprehensive and coordinated system. The four HMG core components are:

1. Centralized Access Point (CAP): serves as a telephone or web-based hub to link children and their families to early intervention services and supports to address developmental and behavioral delays or concerns. Families and service providers who access the CAP can receive information and educational materials about child developmental milestones, screenings and referrals to intervention services.
2. Community and Family Outreach (CFO): promotes use of HMG and provides networking events for families and service providers to bolster knowledge about healthy child development and locally available and appropriate supports and services.
3. Child Health Care Provider Outreach (CHPO): provides training and support to child health providers to promote early identification and intervention of developmental and behavioral delays. Outreach also encourages the use of the HMG Centralized Access Point to aid providers with connecting children to appropriate services and supports.
4. Data Collection and Analysis (DCA): helps identify gaps and barriers in early identification and intervention systems; including providing continuous quality improvement to refine the HMG system.

These core components structure and organize the activities required to develop and sustain a HMG system. The early design and planning process of a HMG system in Los Angeles offered key stakeholders the opportunity to collectively envision how each of the core components could apply to L.A. County.

HELP ME GROW-LA EARLY DESIGN AND PLANNING PHASE
Tasked with adapting the HMG National model to L.A. County’s unique needs, the HMG-LA Leadership Council and Workgroups, comprised of diverse stakeholders, collaborated to develop a set of recommendations based on the four core components of the model. From September 2016 to August 2017, 124 participants representing over 60 county departments, agencies, organizations and programs across L.A. County participated in the HMG-LA early design and planning process.

In addition to developing recommendations and considerations for HMG-LA, this early planning process fostered stronger relationships among stakeholders. It cultivated a sense of collective buy-in for strengthening an early intervention system across L.A. County.

The recommendations put forth in this report serve as a foundation for HMG-LA and offer directional guidance for the next phase of planning. This next planning phase will involve additional exploration and evaluation to produce a detailed implementation plan to identify opportunities, resources and areas of collaborative work among early implementation partners.

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The Leadership Council and Workgroups built consensus on a HMG-LA vision, mission, target populations, a set of shared values, recommended goals and strategies, and considerations to move HMG-LA forward.

**Vision**
All families in L.A. County have the support they need to help their young children get the best start in life and achieve optimal development.

**Mission**
HMG-LA supports all families in promoting their young children’s development and lifelong success by connecting them to developmental services and supports that promote their child’s well-being.

**Target Populations**
HMG-LA’s target populations include:
• Children currently not being screened
• Children screened and not meeting thresholds for services
• Children that have been screened but are not being connected to services

**Summary of Core Component Recommendations**
The recommendations for each core component include a set of goals supported by a number of proposed strategies. In addition to developing recommendations, the Leadership Council and Workgroups also identified a number of overarching and interconnected shared values across the four core components that address infrastructure, engagement and activities for HMG-LA.

**Centralized Access Point (CAP)**
• Goal 1: Assess Individual Client Needs Through Intake Process
• Goal 2: Facilitate Identification of and Access to Best-Fit Services
• Goal 3: Ensure Successful Connections Between Clients and Services
• Goal 4: Complete Follow-Up on Client Progress
• Goal 5: Adapt Function and Practice for Quality Improvement

**Community and Family Engagement (CFE)**
• Goal 1: Increase Normalization and Reduce Stigma
• Goal 2: Leverage Community Organizations
• Goal 3: Move From Recognition To Response
• Goal 4: Engage Parents and Families
• Goal 5: Ensure Cultural and Linguistic Sensitivity

**Implementation Strategy**

**Help Me Grow-LA Organizing Entity**
The HMG National model requires an “Organizing Entity” to provide administrative and fiscal oversight, as well as facilitate coordination between service sectors to better strengthen and expand early identification and intervention efforts.

Over the course of the early design and planning phase, the LACDPH held several leadership roles beginning with co-launching the countywide planning process and continuing with co-chairing the Health Care Provider Outreach workgroup. Given the LACDPH’s past experience with cross-sector initiatives and their commitment in promoting and maintaining optimal health for all young children in L.A. County, they are uniquely positioned to fill the Organizing Entity role. This promising partnership also offers the opportunity for HMG-LA to leverage existing LACDPH programs, access federal and state funding resources, and bridge connections between other county departments and agencies to expand HMG-LA.

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3 The Leadership Council and Workgroups use the term “screening” to denote screenings in accordance to the Bright Futures’ American Academy of Pediatrics Recommendations for Preventative Pediatric Health Care.

4 The Leadership Council and Workgroup acknowledged that often eligibility requirements for early intervention services under Individuals with Disabilities Education Act (IDEA) Part-C may inadvertently act as a barrier for children with/or at risk for developmental and behavioral delays and conditions, specifically if such delays are presenting as at-risk or mild-to-moderate.

5 The Help Me Grow National model refers to this core component as “Community and Family Outreach.” However, during early discussions this Workgroup selected to change the title to “Community and Family Engagement” and the acronym CFE will be used throughout this report to refer to the HMG-LA CFE component. When CFO is used in this report it refers to the HMG’s national model component, specifically.

6 Examples of LACDPH programs include Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC), public health nurses, as well as public health nurses previously under Department of Children and Family Services (DCFS), California Children’s Services (CCS), California Children’s Services – High Risk Infant Follow-up Program (CCS-HRIF), Childhood Lead Poisoning Prevention Program (CLPPP), Nurse Family Partnership (NFP), and various Title V funded programs under the Division of Maternal, Child and Adolescent Health (MCAH). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov.
Help Me Grow-LA Rollout
In addition to crafting the recommendations in this report, the Leadership Council and Workgroups were also tasked with providing guidance on how best to plan for the rollout of HMG-LA. Given the unique makeup of Los Angeles and the number of child- and family-serving systems, the Leadership Council and Workgroups recommended a phased rollout of HMG-LA in select communities. The following criteria and considerations were proposed for the selection of these communities for early implementation:

• Use population, administrative and caseload data.
• Build on existing resources, services and infrastructure.
• Conduct spatial data analysis of existing early child development service, resources and agency locations.
• Apply additional qualitative considerations, such as prioritizing systems and service agencies that are ready, are willing and have the capacity to participate in early implementation.

Next Steps
The recommendations put forward in this report will be presented to the First 5 LA Board of Commissioners in Fall 2017. First 5 LA will use the recommendations to inform the next phase of early implementation planning.
**INTRODUCTION**

**BACKGROUND ON HELP ME GROW: A NATIONAL INITIATIVE AND SYSTEM MODEL**

Help Me Grow (HMG) is a national effort that promotes cross-sector collaboration at the local level to implement and strengthen early screening and surveillance of developmental and behavioral delays for all young children and link children with or at risk for delays and conditions and their families to appropriate intervention services and supports. Every local HMG effort is based upon the HMG National system model, designed to guide local initiatives toward the development and sustainability of a comprehensive and coordinated system to support children’s healthy development.

Rather than provide direct services, the HMG model promotes a systems-change approach to foster greater integration and leveraging of existing developmental and behavioral efforts, resources and services. HMG strengthens and encourages healthy development for all young children by:

- Facilitating greater access and collaboration across child- and family-serving sectors
- Promoting early identification (screening and surveillance) among service providers and families
- Providing a Centralized Access Point to assist families and service providers with accessing child development educational material, developmental and behavioral screenings, and referrals for early intervention services and supports.⁷

The HMG National model outlines four core components that facilitate the development and sustainability of a comprehensive and coordinated system. The four HMG core components are:

1. **Centralized Access Point (CAP):** serves as a telephone or web-based hub to link children and their families to early intervention services and supports to address developmental and behavioral delays or concerns. Families and service providers who access the CAP can receive information and educational materials about child developmental milestones, screenings and referrals to intervention services.

2. **Community and Family Outreach (CFO):** promotes use of HMG and provides networking events for families and service providers to bolster knowledge about healthy child development and locally available and appropriate supports and services.

3. **Child Health Care Provider Outreach (CHPO):** provides training and support to child health providers to promote early identification and intervention of developmental and behavioral delays. Encourages the use of the HMG CAP to connect children to appropriate services and supports.

4. **Data Collection and Analysis (DCA):** helps identify gaps and barriers in early identification and intervention systems; provides continuous quality improvement to refine the HMG system.

The HMG model’s four core components are designed to be interrelated and interacting for the purpose of strengthening and supporting a reflective and responsive early identification and intervention system. The interactivity of the four components is illustrated in the visual below:

**WHY HELP ME GROW?**

As detailed in HMG National materials, undetected and untreated developmental and behavioral delays and conditions can have a profound impact on the lives of young children and families, and on our society at large. Mental health, education, and juvenile justice costs are demonstrably higher when such challenges are not managed.

Nationwide, it is estimated that 12 to 16 percent of American children experience developmental, behavioral and/or emotional delays or conditions. Evidence indicates that identifying young children at risk for or with a developmental delay early and linking them to the appropriate intervention services offer the best hope for optimal outcomes. Yet, traditionally early identification efforts are focused on children with significant delays and conditions. Furthermore, eligibility for early intervention programs typically requires significant evidence of delays in order to meet program eligibility thresholds.⁸

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Even when the needs of children at risk or with a delay are recognized and appropriate programs and services are identified, referring and successfully linking children to such services can prove difficult. In most cases, successful linkage requires both the family and service provider to not only have adequate knowledge of available programs and eligibility requirements but also persistence in overcoming system-level barriers to accessing such services and supports.

**FIRST 5 LA AS A STEWARD OF HELP ME GROW-LA**

On November 13, 2014, the First 5 LA Commission approved the 2015–2020 Strategic Plan: “Focusing for the Future” with the purpose of maximizing First 5 LA’s impact related to strengthening families and improving outcomes for the greatest number of children from the prenatal stage to age 5 in L.A. County. 9

As part of the 2015–2020 Strategic Plan, First 5 LA is committed to strengthening how child- and family-serving systems connect, coordinate, and assist families in accessing early identification and intervention services needed for their child’s healthy development. Specifically, First 5 LA is advocating for policy and practice changes to support and strengthen how systems across L.A. County work together. The goal is for these systems to provide timely screening, effective care coordination and appropriate referrals so more young children with and at risk for developmental and behavioral delays have access to the care they need to thrive.

First 5 LA adopted the HMG framework as part of the Strategic Plan’s Health-Related Systems Outcome Area, Health Strategy 1: Increase the effectiveness and responsiveness of screening and early intervention programs across health, mental health and substance abuse services systems.

In addition to First 5 LA’s ongoing commitment to early identification and intervention, the First 5 Association also advocates on behalf of California’s HMG county affiliates and facilitates collaboration between counties that are implementing or have expressed interest in implementing HMG.

**EVOLUTION OF HELP ME GROW CALIFORNIA**

Since the launch of the first HMG system in Hartford, Connecticut in 1997, to date 22 states and D.C. have adopted and implemented the HMG framework to improve and strengthen early identification and intervention across systems of care.

In 2005, Orange County became the first local site in the country to replicate the HMG model, and six years later, California became a HMG replication state through a consortium comprised of Orange, Alameda and Fresno counties. To date 17 counties — including Los Angeles, Alameda, Contra Costa, Fresno, Orange, San Bernardino, San Joaquin, Sacramento, San Francisco, San Mateo, Santa Clara, Solano, Sutter, Yuba, Butte, Ventura, and Yolo — have or are in the process of replicating the HMG model. An additional 17 counties across California have demonstrated interest in implementing HMG. 10

In addition to interest at the county level to replicate HMG, statewide there is increasing recognition of the necessity and benefits of strengthening and expanding early identification and intervention services.

California’s HMG mission, led by the First 5 Association, is to expand and sustain the HMG model throughout the state by nurturing and supporting HMG county affiliates, demonstrating the impact of the HMG model, and serving as a statewide voice for systems and services that promote early childhood development. 11

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11 “First 5 LA Memo: Opportunities to Increase Access to Developmental Screenings, Oral Health and Vision Services for Children 0-5 in Los Angeles County” April 29, 2015
WHY NOW FOR L.A. COUNTY?
Opportunities for an Improved Early Identification and Intervention System

Currently, California ranks 30th in the country for screening infants and toddlers, and the state ranks 44th for screening children living below the federal poverty level. Furthermore, statewide, approximately 1 in 4 children (25%) ages 0–6 experience a developmental and/or behavioral delay or condition.

The AAP recommends all children ages 0–5 receive developmental and behavioral screenings at the appropriate age. Although growing evidence supports the benefits of screening all children to assess developmental and behavioral needs, only 28.5% of children in California receive timely developmental screenings.

Furthermore, according to the 2015 Children Health Interview Survey (CHIS), a random-dial telephone survey administered by the UCLA Center for Health Policy Research, 31.2% of parents were never asked by a provider if they had a concern about their child's development. Additionally, 47.2% of children never had a standardized developmental and behavioral screening tool completed for them.

In L.A. County, there is enormous potential to improve the current rates of developmental screenings among children ages 0–5 and strengthen linkage to early identification and intervention services. Given the size and scope of L.A. County, the county is positioned to expand and strengthen early identification and intervention efforts to impact approximately 800,000 children between ages 0–5.


13 The American Academy of Pediatrics (AAP) recommends that in addition to conducting developmental surveillance during every preventive care visit, service providers should also use a validated, global screening tool at 9-, 18- and 24-30 months of age and an autism-specific screening tool (also referred to as a behavioral screening tool) at 18 and 24 months. American Academy of Pediatrics. https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-Children-with-Disabilities/Pages/Description-and-Policy.aspx


Recognized Barriers to Screening and Linkage to Services, and the Help Me Grow Model’s Capacity to Respond

A growing body of literature suggests developmental screening is both effective and feasible if potential barriers and inefficiencies are addressed adequately.

In an effort to better understand the system-level and structural barriers and inefficiencies impacting early identification and intervention for young children in the County, First 5 LA conducted a literature review of

First 5 LA commissioned and co-authored reports, surveys, internal research scans, program reports and research on the subject.

First 5 LA also reviewed existing HMG systems throughout the country and explored innovative and effective strategies that could directly address these barriers and inefficiencies. A summary of barriers and inefficiencies impacting early identification and intervention, as well as corresponding approaches a HMG system can offer in response, are represented in the following table:16

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<th>Challenges Impacting Early Identification and Intervention</th>
<th>What a HMG System Can Do in Response</th>
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<td><strong>Developmental Screening Provision</strong></td>
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<td>Clinical service providers have varying levels of knowledge and training around child development and behavioral health.</td>
<td>CHPO and CAP can provide outreach and education around child developmental health and early identification and intervention practices to service providers across diverse sectors.</td>
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<td>Developmental screenings are not routinely conducted using a validated screening tool as recommended by the AAP developmental screening guidelines.</td>
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<td>Parents and families may have limited knowledge about developmental milestones.</td>
<td>CFO and CAP can offer families information about child developmental health and assists families with accessing educational resources and support.</td>
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<td>Parents and families may not be able to effectively communicate concerns and observations about their child’s development.</td>
<td>CHPO can provide trainings to providers to strengthen communication and engagement with families about child developmental health in the clinical setting.</td>
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<td>Economic, social, cultural and linguistic factors may be barriers to accessing screenings and intervention services.</td>
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<td><strong>Linkage to Care</strong></td>
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<td>Service providers may express hesitation when interpreting results and select a “wait and see” approach, furthering delaying intervention.</td>
<td>CHPO can provide trainings to providers about child development, conducting screenings, early intervention, and referrals and facilitate provider networking.</td>
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<td>Service providers may not be able to match an identified delay with an appropriate referral.</td>
<td>CAP can assist providers with connecting families to appropriate intervention services and supports.</td>
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<td>Parents and families may experience challenges and barriers when navigating the L.A. County early identification and intervention landscape and accessing appropriate services.</td>
<td>CAP can support parents and families by identifying the appropriate intervention service, making a referral and assisting with system navigation.</td>
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<td><strong>Care Coordination</strong></td>
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<td>Many agencies do not have the capacity or budget to support a spectrum of care coordination activities to support in successful linkage to services.</td>
<td>DCA can identify barriers and inefficiencies impacting linkage to services and care coordination, and CFO, CAP and CHPO can pilot new strategies to strengthen care coordination in the local community setting.</td>
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<td><strong>Data Collection and Analysis</strong></td>
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<td>Inconsistency in data collection practices within and across sectors including health and early care and education.</td>
<td>DCA can standardize reporting practices and promote coordination between child and family service agencies.</td>
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16 In January 2017, First 5 LA developed a series of draft issue briefs on early identification and intervention as a background document to inform the HMG-LA Leadership Council and Workgroups about the current state of L.A. County’s service system for children birth to 5 years old with or at risk for developmental and behavioral delays and challenges.
Existing First 5 LA Investments and Other Resources to Build on in Los Angeles

L.A. County has a unique opportunity to build upon a strong foundation of knowledge and experience from ongoing and past systems change efforts initiated by First 5 LA and various public and private partners.

Given the HMG framework emphasizes the value of leveraging and collaborating with existing investments and resources to expand and strengthen an integrated early identification and intervention HMG system, there are valuable learning lessons and promising practices that can be considered and adapted from First 5 LA and other county partners.17

Across L.A. County, various county agencies and organizations, including First 5 LA, have committed to building out innovative programs, services and infrastructure. For example, during 2005–2011, First 5 LA commissioned the Early Developmental Screening and Intervention (EDSI) Initiative. The goal of this initiative was to increase developmental screening rates for children ages 0–5 among health and early childhood education providers and improve ways of discussing developmental and screening results with families.

Between March 2012 and June 2014, First 5 LA also supported the 211 Early Identification and Care Coordination Project, which provided developmental screenings and service system linkage over the phone to L.A. County residents through the 211 L.A. County Information and Referral Service. 211 L.A. County offered developmental screening when a caller stated developmental concerns about a child age 0–5 or when it was determined the caller was a parent or caregiver for at least one child age 0–5.18

Additionally, since 2014, First 5 LA has continued to fund First Connections, an investment to improve early identification and intervention services through education, training and support for providers and members in L.A. County. The First Connections investment is comprised of six locations across L.A. County, including three Federally Qualified Health Centers (FQHCs), two community-based family service agencies and one Family Resource Center co-located at a Regional Center. Each First Connections grantee has piloted innovative and unique approaches to strengthen early identification and intervention for children with and at risk for developmental behavioral delays and concerns.

The county can apply these learning lessons to advance and strengthen early identification and intervention efforts for young children across communities in L.A. County.

17 First Connections Task Force Meeting, October 31, 2016.
18 “211 Developmental Screening and Care Coordination Project Descriptive Study: First 5 LA Developmental Screening Environmental Scan” The Measure Group LLC. http://www.first5la.org/files/211%20Descriptive%20Study%20Report%20FINAL%20July%2024%202014%20with%20appendices.pdf
**EARLY DESIGN AND PLANNING PROCESS**

First 5 LA supported the early design and planning phase of HMG-LA in order to assess the feasibility of adopting and tailoring the National HMG model for L.A. County. As a system, HMG-LA relies on the authentic involvement and engagement of organizations and individuals whose expertise, experiences and commitment align with the goals of the HMG framework.

In mid-2015, First 5 LA conducted extensive research, analysis and partner outreach to begin preliminary planning and convene key stakeholders.

In preparation for the launch of the HMG-LA in May 2016, First 5 LA compiled a comprehensive list of potential HMG-LA planning participants with experience and expertise related to early intervention efforts and practices and who expressed interest.

First 5 LA, L.A. Care Health Plan and CNM continued to review, develop and refine this list, identifying high-priority organizations and individuals that would potentially serve on the Leadership Council and/or the Workgroups.

From September 2016 to August 2017, 124 participants representing over 60 county departments, agencies, organizations and programs across L.A. County participated in the HMG-LA early design and planning process.

Participants drew upon their professional and personal knowledge and experience related to early identification and intervention to inform this process. Subtopics and areas of expertise include:

- Community and family service provision and engagement
- Organizational management
- Cross-organizational and county collaboration
- Capacity building
- Preventive health care
- Health care administration
- Systems change
- Medical health records
- Population research

**LEADERSHIP COUNCIL AND WORKGROUP COMPOSITION**

This early design and planning of HMG-LA was intended to be carried out in parallel by two key planning bodies: (1) a Leadership Council and (2) Workgroups. There was one Workgroup for each of the four core components:

1. Centralized Access Point (CAP)
2. Community and Family Engagement (CFE)
3. Child Health Care Provider Outreach (CHPO)
4. Data Collection and Analysis (DCA)

The Leadership Council members were responsible for supporting the work of the four Workgroups, providing feedback and guidance on HMG-LA implementation, and identifying resources and mechanisms for sustainability.

The Workgroup members were primarily responsible for providing support, guidance and content area expertise to support the design of the core components of HMG-LA.

Chairs were appointed to each Workgroup and tasked with setting meeting agendas, facilitating discussions and representing their Workgroup as members of the Leadership Council.

A full list of Leadership Council and Workgroup participants can be found in the Appendix.

The relationships between these entities are illustrated in the following figure:
In assembling the Leadership Council and Workgroups, the goal was for members to collectively represent diverse sectors and systems, including, but not limited to: health provider platforms, early care and education, developmental disability services, public and private agencies, and community-based organizations.

Designations were also considered with respect to the roles and responsibilities of each of the groups.

Once Leadership Council and Workgroup designations were finalized, Workgroup co-chairs were identified from the Leadership Council. One representative from First 5 LA filled one co-chair role for one Workgroup.

**TIMELINE**

HMG-LA was launched in May 2016, offering an opportunity to introduce the HMG model to representatives from over 35 L.A. County organizations representing a diverse range of fields, including early care and education, health care and developmental services.

Response to the model was extremely enthusiastic, and participants pledged support for the development of HMG-LA through participation in the Leadership Council and/or joining a core component Workgroup.

<table>
<thead>
<tr>
<th>Month Started</th>
<th>Description</th>
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<tbody>
<tr>
<td>May 2016</td>
<td><strong>HMG-LA Launch Event:</strong> Opportunity to introduce the HMG model to representatives from more than 35 L.A. County organizations representing a diverse range of fields</td>
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<tr>
<td>August 2016</td>
<td><strong>Webinar:</strong> “An Introduction To: Help Me Grow-LA,” August 11, 2016, to provide common understanding for any individual interested in learning more about HMG</td>
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<tr>
<td>September 2016</td>
<td><strong>Leadership Council Launched:</strong></td>
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<tr>
<td></td>
<td>• Seven meetings between September 2016 and August 2017</td>
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<tr>
<td>January 2017</td>
<td><strong>Workgroups Launched:</strong></td>
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<tr>
<td></td>
<td>• Four Workgroups established</td>
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<tr>
<td></td>
<td>• Six meetings held for each Workgroup between January 2017 and August 2017 (24 meetings total across all the Workgroups)</td>
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<tr>
<td>February 2017</td>
<td><strong>Lessons Learned From Help Me Grow-Orange County and Help Me Grow-Alameda:</strong> Leadership Council and Workgroups invited to attend presentations on the development, model and evolution of HMG and lessons learned from each county:</td>
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<tr>
<td></td>
<td>• Rebecca Hernandez, MS Ed., HMG Coordinator, First 5 Orange County</td>
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<tr>
<td></td>
<td>• Loren Farrar, HMG Coordinator, First 5 Alameda County</td>
</tr>
<tr>
<td>May 2017</td>
<td><strong>“Q&amp;A Session with Dr. Paul Dworkin, Founder of Help Me Grow National!”</strong> for Leadership Council and Workgroups and hosted by First 5 LA</td>
</tr>
<tr>
<td>June 2017</td>
<td><strong>Webinar: Exploring Existing L.A. County and First 5 LA Investments and Resources:</strong> Leadership Council and Workgroup invited to learn more about programs and resources within L.A. County that may align with HMG-LA, including 211’s effort in early identification and intervention, First 5 LA’s Home Visiting and Welcome Baby, and the First Connections Investment</td>
</tr>
<tr>
<td>June 2017</td>
<td><strong>Cross-Pollination Convening:</strong> Opportunity for Leadership Council and Workgroups to come together and share best thinking regarding draft recommendations, solicit feedback, and assess areas for integration and gaps or areas for further consideration</td>
</tr>
<tr>
<td>August 2017</td>
<td><strong>Leadership Council and Workgroup Concluding Meetings:</strong></td>
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<tr>
<td></td>
<td>In total, 124 individuals from over 60 county departments, agencies, organizations and programs across L.A. County participated in the process</td>
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CNM was selected in early fall 2016 as the consultant to facilitate the HMG-LA early planning process, support stakeholder engagement and provide project management and oversight.

In total, between September 2016 and August 2017 the Leadership Council had seven meetings; between January 2017 and August 2017 each Workgroup held a total of six meetings; and in June 2017 a “Cross-Pollination” meeting convening all the Workgroups and Leadership Council was held — resulting in a total of 32 meetings throughout the planning period.

Throughout the planning process, Workgroup and Leadership Council members were provided access to an inventory of resource materials and documents related to early identification and intervention, as well as the HMG model.

A summary of key Leadership and Workgroup meetings and events is provided in the following table.
DISCUSSION AND PLANNING FRAMEWORK

Early in the planning process, First 5 LA developed a framework for structuring conversations and supporting consensus building among the Leadership Council and Workgroup members.

The Leadership Council primarily focused on providing guidance and reaching consensus on the “Who” and “Where” elements, while the Workgroups focused on addressing the “What” and “How” elements for each of the four core components.

In addition, each of the Workgroups had a set of guiding questions to help inform their discussions throughout the planning process. These questions, reflected in the table below, were presented at the first Workgroup meetings.

<table>
<thead>
<tr>
<th>Centralized Access Point</th>
<th>Family &amp; Community Engagement</th>
<th>Child Health Care Provider Outreach</th>
<th>Data Collection and Analysis</th>
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<tbody>
<tr>
<td>1. What are the key characteristics and success factors that we can learn from other HMGs regarding the Centralized Access Point?</td>
<td>1. How can HMG-LA build a robust, effective community outreach practice?</td>
<td>1. How can we ensure that providers in L.A. County understand the importance and use of a validated developmental screening tool within well-child visits?</td>
<td>1. What are our objectives for data collection and analysis for HMG-LA? How will data support effective implementation and refinement of the system and the improvements we seek in increased, effective early screening, detection and referral?</td>
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<td>2. What should the requirements be for the capabilities and capacity of a Centralized Access Point considering the unique needs for L.A. County?</td>
<td>2. How do we help families be aware so that they are creating the demand for early developmental screening?</td>
<td>2. What resources and assets exist to support providers in adopting and regularly using validated developmental screening tools with all of their families?</td>
<td>2. How do we capture the relevant data collection items to be compliant with HMG national standards?</td>
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<td>3. How should HMG-LA leverage existing resources? (i.e., Should HMG-LA leverage existing call centers? Should HMG-LA establish a new call center or establish a new integrated platform, i.e., web-based and telephonic?)</td>
<td>3. How can HMG-LA leverage existing early child development and well-childcare systems, directories and other resources and practices)</td>
<td>3. What are most significant challenges and obstacles?</td>
<td>3. What types of data should be collected by HMG-LA, and how will it be used?</td>
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<td></td>
<td>4. How can HMG-LA sustain (or develop, if necessary) a robust, reliable, current directory of referral sites in the county?</td>
<td>4. How do we minimize expectations (time and money) on providers?</td>
<td>4. What security and privacy considerations need to be built into the system?</td>
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<td>5. How will this system interface with other data collection systems?</td>
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<tr>
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<td></td>
<td></td>
<td>6. What capacities, infrastructure, and technology will be required to accomplish these objectives?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7. How can HMG-LA leverage existing data systems? What data is already being collected and by whom?</td>
</tr>
</tbody>
</table>
The recommendations for each of the core components were informed by the Workgroup participants’ collective experience and expertise. Their affiliations represent a wide range of community-based organizations, public and private service agencies, and educational institutions.

The recommendations put forth in this report will serve as a foundation for HMG-LA and offer directional guidance for the next phase of planning, exploration and evaluation.

The expectation is that this next phase of HMG-LA early implementation planning will continue to be informed by a wide range of services, programs, networks and investments delivering early identification and intervention efforts in L.A. County.

**SHARED VALUES ACROSS WORKGROUPS**

Just as the four components of the National HMG model overlap and interact in practice, a number of overarching and interconnected values and expectations emerged across the four Workgroups during the planning process. The following section presents an inventory of shared values elevated by the Workgroups:

**Infrastructure**
- **HMG-LA is a System That Integrates and Leverages Existing Assets and Resources:** L.A. County has a wide range of services, programs, networks and investments delivering early identification and intervention supports. HMG-LA will work to coordinate and integrate these services at the local level. HMG-LA will create new structures only if they add value to existing programs and/or address gaps.
- **HMG-LA is Local and Flexible:** HMG-LA should be responsive to the diverse and unique characteristics of local communities in Los Angeles. To maximize coordinated service delivery and community engagement, HMG-LA must focus efforts at the local level. For HMG-LA to succeed, the system must have the flexibility to respond to the needs and assets of local communities.
- **HMG-LA Should Evaluate System Capacity at the Local Level:** By design, HMG-LA is projected to increase the number of children identified as needing developmental services and supports. There is concern that this increased demand will not be met by a sufficient supply of services. However, there is untapped capacity in local community resources to support a broad range of children’s developmental health needs. HMG-LA should help these local community resources build capacity to be interventions for developmental health and successfully connect with families.

- **HMG-LA Data Collection and Analysis Must Be Ambitious, Yet Realistic:** Beyond the collection of data to satisfy both the HMG National and HMG California model evaluation requirements, there is also an interest in collecting data to evaluate HMG-LA’s long-term outcomes and impact at the individual, family and community levels. Furthermore, there is recognition that data collection and evaluation must not be prohibitively burdensome to service providers and families.

**Engagement**
- **HMG-LA Includes and Values Meaningful Family Participation in the Planning, Implementation and Governance of HMG-LA:** This requires intentional planning, given the diversity of families who will be served by HMG-LA. Participatory roles could include, but are not limited to, serving on a standing Leadership Advisory Committee, Family Advisory Committee, as HMG-LA family ambassadors, or providing peer-to-peer support to other families.
- **HMG-LA Partners Should Share a Commitment to HMG-LA Values and Goals:** Ongoing buy-in from partners is necessary to ensure that HMG-LA is successful. This buy-in should include a commitment to embrace, support and embed policies and practices that align with HMG-LA’s vision and mission. Buy-in must be continually cultivated among partner organizations to engage new staff at all levels in HMG-LA.
- **HMG-LA Should Engage in Advocacy at Multiple Levels:** The Leadership Council and Workgroups elevated “advocacy” as a valuable tool to promote greater awareness, education and system change practices related to early identification and intervention. Topics recommended for advocacy efforts include increased public funding of intervention services and supports, and policy change to support data collection and data sharing across service providers and within the community.
- **HMG-LA Should Deepen Cultural Competencies Within HMG-LA and Among Partner Organizations:** A culturally competent and community-tailored approach is necessary to successfully support and encourage meaningful engagement from families, service providers and community members representing diverse socioeconomic, cultural and ethnic backgrounds.
- **HMG-LA Should Establish a Common, Assets-Based Language:** An assets-based approach is broadly defined as helping people identify and focus on the skills and strengths within themselves and their communities, and supporting them to use these “assets” to make sustainable improvements in their lives. Thus, the focus is on assets as opposed to problems or issues. The Workgroups recognized that a common understanding and use of assets-based language is critical for the HMG-LA system to work efficiently.
Activities

- **HMG-LA Activities Are Family-Centered:** Parents and families are and should be supported as key partners and collaborators in the design and implementation of HMG-LA. This tenet runs throughout all aspects of the HMG-LA system, from designing training material for service providers and CAP staff, to activities related to outreach and relationship building with HMG-LA system partners.

- **HMG-LA Should Endorse Select Screening Tools:** There is strong support for the use of validated developmental screening tools, as well as tools that screen for trauma and social determinants of health. All Workgroup members agree this should be a priority in the next phase of HMG-LA planning.

**CORE COMPONENT RECOMMENDATIONS:**

**GOALS AND STRATEGIES**

**HMG-LA Centralized Access Point**

**Introduction**

The Centralized Access Point (CAP), as defined by the National HMG model, serves as the “go-to” place for family members, child health care providers and other professionals seeking information, support and referrals for young children. CAP is a “virtually-centralized” connector in the National HMG system model.

The HMG-LA CAP should also take a “virtually-centralized” approach and be accessible by a single phone number and web platform. Given the different ways in which families, service providers and communities access information and communicate, the HMG-LA CAP should be flexible and responsive. It should utilize multiple modes of communication including website, telephone, email, app, and social media platforms.
The HMG-LA CAP functions as the “glue” that strengthens partnership across systems and existing resources, including service providers, community-based organizations, public and private agencies, and communities.

Early on in the planning phase, shared interest emerged among the Workgroup members in designing and applying a “centralized-decentralized” approach for the HMG-LA CAP in response to L.A. County’s size and scale. This approach also places value on local, community-driven and community-centered activities to support the core components. Therefore, it is presumed the HMG-LA website platform, call center, and messaging and educational outreach should take a countywide, centralized approach, while service delivery, including screenings, case management, care coordination and training should be carried out by more localized organizations and agencies.

Current Landscape: As Experienced by Workgroup Members

In this Workgroup there was early recognition and appreciation that L.A. County represents an extensive region with great cultural, linguistic and socioeconomic diversity. Therefore, CAP should be designed in a way that it is responsive to the needs and norms of the county’s diverse resident populations, early childhood and health service providers, and community organizations. Furthermore, given L.A. County has existing infrastructure and various information systems and resource centers in place — including phone systems, technology, Internet hosts and data platforms, etc. — such resources and associated best practices should be leveraged to avoid duplicating existing services. Finally, there are many small-, medium- and large-size service providers in the area: CAP must establish a process to stay current on resources in all areas of the county.

HMG-LA CAP Recommendations

Overall Desired Outcomes

- Connects families and service providers to developmental screening resources (both surveillance and screenings) and provides information to families about developmental milestones, screening interpretation and early intervention services
- Connects families and service providers to appropriate entities for screenings and/or intervention services and supports for at-risk, mild, moderate or significant delays and conditions to promote children’s optimal well-being
- Provides a feedback loop to ensure that a referral of a family to a service or support was both completed and accepted, and ensures that the family received the support needed
- Engages in ongoing reflection and learning to enhance or support the CAP component and services

Goal 1: CAP Staff Assess Individual Client Needs Through Intake Process

- CAP is “virtually centralized” and can be reached via phone call, text, or web platform by any client who is looking for information about developmental and behavioral health and/or linkage to appropriate services and supports related to childhood development. CAP will not be housed in a physical site that provides face-to-face services.
- CAP staff applies a standardized intake process and triage based on the child’s needs, geography and the family’s priorities, when possible.
  - CAP intake process assesses clients’ concerns specific to the child’s development. CAP staff is equipped to discuss and respond to social determinants of health, linking families to services and programs.
  - CAP approach to screening and identification is trauma informed.21
- CAP is equipped to meet clients at any point in the process of recognizing and responding to a developmental delay or concern. CAP staff members consistently incorporate education and information related to early childhood development, screening and/or early intervention throughout exchanges with clients; these specific supports and content are tailored to clients’ background knowledge and needs. In the case that a family would benefit from peer navigation or advocacy support, CAP will facilitate a connection with these services. CAP should also help empower families by providing access to information and supports such as educational material, screening and assessment score interpretation, and appropriate intervention services.
- CAP operates with culturally responsive practices. CAP must be able to serve clients from diverse backgrounds and offer services in multiple languages. CAP should be an entry point where clients feel heard, supported and empowered.

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21 A trauma-informed program, organization or system realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization. Substance Abuse and Mental Health Service Administration. https://www.samhsa.gov/nctic/trauma-interventions
Goal 2: Facilitate Identification of and Access to Best-Fit Services

- CAP connects clients to best-fit services and resources including, but not limited to: Early Start (IDEA, Part C), Early Head Start/Head Start, School Districts, Department of Mental Health, community-based service organizations, Family Resources Centers, Public Council, Disability Rights California, Learning Rights Law Center, Department of Children and Family Services, social service agencies, home visiting programs, Office of Child Protection, health service providers, early childhood education providers, and local community-based enrichment programs at museums, zoos, libraries, etc.
- CAP houses a resource inventory to facilitate successful linkage to developmental screenings, early intervention services\(^{22}\), support networks and peer navigation\(^{23}\) for children with a spectrum of developmental health needs.
- CAP can provide screenings for clients who are unable to access them. Although the central goal of CAP is to provide linkage and referrals to already-existing resources in the community, CAP should have the ability to offer screenings as a last resort.
- CAP responds according to a tiered model of support designed to meet the needs of diverse families, practitioners and child representatives.

Goal 3: Ensure Successful Connections Between Clients and Services

- CAP referrals are electronic, if possible, and track outgoing and accepted referrals. CAP staff can ensure a link is made between the client and the resource.
- CAP, with the permission of the family, makes sure all individuals and entities involved with the child’s development (including pediatricians, early care and education providers, etc.) are informed about the screening and referrals made through CAP.

Goal 4: Complete Follow-Up on Client Progress

- CAP conducts timely follow-up with family members, providers and service agencies to assess if the needs were successfully met.

Goal 5: Adapt Function and Practice for Quality Improvement

- CAP utilizes reflective supervision\(^{24}\) to draw upon experiences with clients for quality improvement and learning. This practice improves staff members’ expertise in interpreting and responding to client needs, as well as sharing best practices across the CAP team.
- CAP calls, emails and exchanges are monitored for quality improvement purposes.

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\(^{22}\) Examples of early intervention services for children at-risk and with mild-to-moderate developmental and behavioral delays include: libraries, parent groups, kaleidoscope programs, home visiting programs, high quality childcare, etc. Examples of early intervention services for children presenting more significant delays include: Regional Centers, Early Head Start, home visiting programs, mental health services, high quality childcare, pediatricians, services provided through insurance, school nurses and counselors, etc.

\(^{23}\) Examples of peer navigation programs and models include: promotoras, patient navigators, advocacy supports, etc.

**HMG-LA Community and Family Engagement**

**Introduction**
The Community and Family Outreach (CFO) component, as defined by the National HMG model, focuses on supporting and encouraging families and communities to utilize and participate in the HMG system. This component seeks to bolster awareness of children’s healthy development through provider networking opportunities, community meetings, public events and community outreach. This component’s leading objective is to increase participation of families and service providers in HMG-LA through integrated outreach strategies tailored to the target populations’ unique needs and the unique landscape of L.A. County.

During early Workgroup discussions, it became apparent that this HMG-LA core component should provide more than just outreach to parents and families and instead emphasize “engagement with” rather than “outreach to” families and community. For this reason, the Workgroup selected to change its title to Community and Family Engagement (CFE).

In addition, there was strong emphasis that HMG-LA and this component must be family-centered/parent-driven. In partnership with service providers and community organizations, the family should be seen from the beginning as a partner, collaborator and resource. The family unit can include parents, caregivers, siblings and other relatives who have a role in nurturing and supporting a child’s development and well-being.

CFE will also strengthen the role community-based organizations and resources have in assisting families with connecting to early identification and intervention services. CFE will provide education about early identification and intervention and coordination between programs and services with the goal of empowering families and communities in the management and support of children’s developmental health.

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**Current Landscape: As Experienced by Workgroup Members**

Workgroup members reached out to families to better understand their experience accessing and utilizing early identification and intervention services. The Workgroup used a “Design Thinking” approach to document the personal family journey and experience interfacing with early identification and intervention service systems. Workgroup members participated in interviews with families to help better understand their experiences accessing information, screenings and services related to a developmental and behavioral delays and concerns.

Through this process it was noted that while many children are being screened, families may not always be appropriately informed about the screening, results and implications.

Another key concern identified was the overall dissatisfaction and frustration often experienced by families when trying to access intervention services and supports for their children. Although there are many excellent programs and services in L.A. County, families’ adverse experiences stems from making multiple calls and not having calls returned, excessive wait times to enroll in programs, difficulties transitioning to new programs, and ultimately the inability to connect to the right services to meet their children’s needs.

Furthermore, the system is disconnected, lacking a uniform or centralized record-keeping practice and platform. Families continually have to retell their story and experience to service providers, which may lead to delays and/or mismatches in the supports and interventions provided.

Finally, the language and phrases regarding developmental health used by physicians and community-based service providers often lack consistency and may not be readily understood by non-professionals or viewed as “family friendly.”

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**Community and Family Engagement (CFE)**

**Goal 1: Increase Normalization and Reduce Stigma**
- CFE elevates the importance and expectation that developmental screenings are conducted.
- CFE adopts and uses consistent language to engage and educate families and communities.
- CFE promotes that all early identification and intervention services and supports are family-friendly and welcoming.
- CFE supports and empowers families with the goal of helping them feel comfortable with and knowledgeable about child developmental health.

**Goal 2: Leverage Community Organizations**
- CFE focuses engagement efforts on leveraging existing community-based networks.
- CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services.
- CFE coordinates and/or leverages opportunities for network engagement between community partners.
- CFE promotes trainings for all levels of staff in community-based organizations.

**Goal 3: Move From Recognition To Response**
- CFE advocates for a system where the community and service providers ensure families can always access developmental screenings and appropriate intervention services and supports.
- CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services.
- CFE coordinates and/or leverages opportunities for network engagement between community partners.
- CFE provides user-friendly, family-friendly and easily accessible information and resources about child development.

**Goal 4: Engage Parents and Families**
- CFE advocates for a system where the community and service providers support families with care coordination, system navigation and linkage to the appropriate resources.
- CFE identifies community partners who are aligned with HMG-LA’s mission and vision and are best suited to function as “family liaisons.”
- CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services.
- CFE provides user-friendly, family-friendly and easily accessible information and resources about child development.

**Goal 5: Ensure Cultural and Linguistic Sensitivity**
- CFE encourages cultural competency training in early identification and intervention trainings.
- CFE provides user-friendly, family-friendly and easily accessible information and resources about child development.
- CFE respects and acknowledges cultural values and practices.
- CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services.

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**PROMOTING YOUNG CHILDREN’S OPTIMAL DEVELOPMENT:** Help Me Grow-Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members.
HMG-LA CFE Recommendations

Overall Desired Outcomes

- Engages families as partners in developing HMG-LA and in the provision of services for their children
- Respects families’ perspectives, preferences and experiences
- Empowers and supports families in developing their skills and capacity to ensure they are the best advocates for their children’s developmental health needs
- Engages community partners to have a shared role in reaching families to provide education, empowerment and coordination between programs and services

Goal 1: Increase Normalization and Reduce Stigma –
Early screening should be seen as a normal and expected practice for all children. Screenings should be easily accessible; conducted by service providers, such as a physician or early childhood education specialist; and offered through local community-based organizations or at a community event, or completed by the family directly.

- CFE elevates the importance and expectation among all families that developmental screenings are conducted in health and early care and education settings. Screening must be accompanied by an interpretation of the results, recommendations, and next steps. When necessary, children should also be connected to appropriate intervention supports and services, including CAP and community-based services and programs. Particularly, screenings should be expected as part of well-baby visits at the recommended ages.27
- CFE adopts and uses consistent language to engage and educate families and communities in discussions about child developmental health, including the value of developmental screenings and intervention services and supports.
- CFE promotes that all service providers and organizations delivering early identification and intervention-related services and supports are family-friendly and welcoming, use consistent and clear language about child developmental health, and are inclusive of families’ unique knowledge and observations. These same values should also be applied when developing engagement and outreach strategies related to trainings and community education.
- CFE promotes trainings for all levels of staff in community-based organizations. These trainings should be consistent with materials adapted for child health care providers26 and culturally sensitive regarding child developmental health.
- CFE supports and empowers families with the goal of helping them feel comfortable with and knowledgeable about child developmental health, the screening process and accessing early intervention services.

Goal 2: Leverage Community Organizations –
Partner with community organizations working with young children that are providing, or have the capacity to provide, early identification and intervention. Foster greater collaboration between the family, the child health care providers and the designated community organization.

- CFE focuses engagement efforts on leveraging existing community-based networks as a starting point for collaboration, trainings, education and promotion of HMG-LA, and should then seek organizations and agencies not part of the traditional networks.
- CFE educates community organizations about a coordinated approach between HMG-LA and local resources and services to better service children and families, elevate and normalize child developmental health (including screenings), and share a common language.
- CFE coordinates and/or leverages opportunities for network engagement between community partners including community-based organizations, health care providers, and early care and education providers.

26 See HMG-LA Core Component: Child Health Care Provider Outreach Recommendations
Goal 3: Move From Recognition To Response – Following a screening, families should be provided an interpretation of the screening results, education around child developmental health, and, if appropriate, tailored support to address the child’s needs.

- CFE advocates for a system where the community and service providers ensure families can always access developmental screenings and appropriate intervention services and supports. CFE advocates for a system where the community and service providers support families with care coordination, system navigation and linkage to the appropriate resources.
- CFE identifies community partners who are aligned with HMG-LA’s mission and vision, and are best suited to function as “family liaisons” to support families’ connection to services beyond CAP.

Goal 4: Engage Parents and Families – CFE fosters meaningful engagement with families to incorporate the parent and family voice and perspective.

- CFE includes families in the planning and implementation of CFE and HMG-LA at large. This can include participation on the HMG-LA Leadership Advisory Committee or the HMG-LA Family Advisory Committee.
- CFE encourages families to be advocates for developmental identification and intervention.
- CFE leverages and creates family-friendly spaces in the community to increase awareness of child developmental health. Locations may include, but are not limited to, existing community spaces and programs, parks, libraries, zoos, community events, etc.
- CFE provides user-friendly, family-friendly and easily accessible information and resources about child development using various communication platforms (i.e., web, smartphone apps, flyers, billboards).

Goal 5: Ensure Cultural and Linguistic Sensitivity – In partnership with community groups and leaders throughout L.A. County, outreach and engagement efforts are tailored to meet the unique needs of diverse populations across the county.

- CFE respects and acknowledges cultural values and practices to ensure that identification and intervention is successful.
- CFE encourages cultural competency training in early identification and intervention trainings to increase sensitivity to and understanding of diverse customs, preferences and needs.

The CFE Workgroup referred to the phrase “No wrong door, right service, right time” when considering this strategy and Goal 3.

The CFE Workgroup based “family liaisons” on the HMG-Alameda model, and similar in function to system-navigators.
HMG-LA Child Health Care Provider Outreach

Introduction

Child health care providers are in a unique position to identify young children at risk for and with developmental and behavioral delays and conditions. As defined by the National HMG model, this core component aims to conduct targeted outreach to child health care providers through office-based education and training to promote early identification, the use of the CAP. In addition, this component advocates for clinical practice change that aligns with the HMG model, including embedding developmental surveillance and screening in practice.31

The HMG-LA Child Health Care Provider Outreach (CHPO) component values an outreach approach that:

- Educates and motivates child health care providers to standardize the practice of conducting developmental surveillance and screenings
- Encourages conversations between providers and families about child developmental health
- Facilitates access to relevant tools, resources and trainings for providers

The first priority of CHPO should be to raise early identification and intervention standards and practices across all child health service sectors. For those sites and service providers already championing strong practices, HMG-LA should encourage the application of a holistic, whole-child approach that is trauma informed. It should also address environmental stressors and social determinants of health as they relate to children’s developmental health.

Current Landscape: As Experienced by Workgroup Members

Composed largely of experts in the field of health service delivery and care for pediatric populations, the CHPO Workgroup members acknowledged varying levels of knowledge of early identification and intervention and inconsistent practices within the health care field. Many child health care providers are not consistently using validated screening tools as recommended by the Bright Futures AAP Recommendations for Preventative Pediatric Health Care.32 33

While a growing body of literature suggests that early identification and intervention is effective for children ages 0–5, pediatricians and other providers serving young children indicate a number of challenges when incorporating developmental screenings into their practices. Challenges identified by the Workgroup members include:

- Lack of time for them or clinic/office staff to conduct developmental screening during the 9-, 18- and 24-30 month well-child visits
- Difficulties integrating developmental screening and surveillance into regular office visits and medical office workflow
- Gaps in knowledge related to how to conduct developmental screenings and interpret the results
- Varying knowledge and/or awareness of early intervention services and supports available in the community
- Limited knowledge of available reimbursements for conducting developmental screenings under specific health plans and when available, challenges in accessing reimbursement.

In addition, provider use of developmental screenings and documentation of screenings are inconsistent. Even in the case when validated screening tools are embedded into a provider’s practice, screening results and referral outcomes are not always captured and recorded. Workgroup members also perceived a lack of sufficient resources for early interventions and community services for children at risk for or categorized with a mild-to-moderate delay.

Furthermore, child health care providers are not always well-trained and fluent in communicating the value of developmental health in a sensitive, family-friendly and nonjudgmental manner. While there are opportunities to promote training around early identification and intervention though Continuing Medical Education (CME)34 and/or Maintenance of Certification (MOC)35 programs, few financial incentives exist for child health providers to conduct a developmental screening.

Understanding the perspectives and beliefs of pediatricians and other child health care providers and addressing their needs and challenges is vital to the success of a practice change initiative such as HMG-LA.

33 There are various recommended validated screening tools, including but not limited to: Ages and Stages Questionnaire-3 (ASQ-3); Ages and Stages Questionnaire: Social-Emotional-2 (ASQ: SE-2); Modified Checklist for Autism in Toddlers (M-CHAT); and Parents Evaluation of Developmental Status (PEDIs).
34 Continuing medical education (CME) refers to a specific form of continuing education that serves to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. These activities may take place as live events, written publications, online programs, audio, video, or other electronic media. Content for these programs is developed, reviewed and delivered by faculty who are experts in their individual clinical areas. Accreditation Council for Continuing Medical Education. http://www.acme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/cme-content-definition-and-examples
35 Maintenance of Certification (MOC) is a physician certification maintenance through one of 24 approved medical specialty boards of the American Board of Medical Specialties (ABMS) and the 18 approved medical specialty boards of the American Osteopathic Association. American Board of Internal Medicine. https://www.abim.org/maintenance-of-certification/default.aspx
CHPO tailors outreach and education strategies to the knowledge level of a range of service providers.

CHPO draws upon existing child developmental health training resources and programs.

CHPO endorses a select set of validated developmental screening tools.

CHPO advocates for countywide and statewide requirements for screening with a validated tool.

CHPO integrates an assets-based approach into the curriculum.

CHPO develops a training program to address the barriers and challenges of integrating recommended surveillance and screening into child health provider’s workflow.

CHPO increases the capacity of child health providers and clinic sites to manage and monitor referral status.

CHPO trains health care providers on trauma-informed practices.

CHPO trains health care providers on trauma-informed practices.

CHPO offers service providers access to current information about resources, supports, and physician and organizational champions in early identification and intervention.

CHPO respects and acknowledges cultural values and practices.

CHPO hires staff with clinical experience and expertise to design and conduct health provider outreach, training, and technical assistance.

CHPO tailors outreach and education strategy to provider networks and practice type.

CHPO develops a training program to address the barriers and challenges of integrating recommended screening and surveillance into child health provider’s workflow.

CHPO offers service providers access to current information about resources, supports, and physician and organizational champions in early identification and intervention.

CHPO leverages HMG National and HMG-CA to advocate for the integration of validated developmental screening tools with electronic health records.

CHPO shares strategies for reimbursement and/or compensation for developmental screening.

CHPO respects and acknowledges cultural values and practices.

CHPO advocates for financial incentives and increased reimbursement for conducting developmental screening, early intervention services, and care coordination supports.

CHPO ensures the build-out and sustainability of a HMG-LA system that has the capacity to develop a robust inventory of appropriate referrals.

CHPO develops a countywide campaign to promote awareness of child developmental health early identification and intervention practices.

Goal 1: Increase Providers’ Knowledge About Developmental Screening

Goal 2: Design Approaches and Standards for Providers to Embed Early Identification and Intervention Practices

Goal 3: Increase the Application of Validated Screening Tools in Accordance with AAP Guidelines

Goal 4: Improve Providers’ Ability to Ensure Continuity of Care Across the Spectrum of Developmental and Behavioral Services and Supports

Goal 5: Advocate for Systems and Policy Changes to Support Increased Access to Screening and Intervention Services
HMG-LA CHPO Recommendations

Overall Desired Outcomes

- Elevates the importance of early identification and intervention
- Increases developmental screening rates
- Connects families to appropriate resources to support their child’s development
- Fosters system and policy change that enhances resources available to support early developmental identification and intervention

Goal 1: Increase Providers’ Knowledge About Developmental Screening In Accordance With the American Academy of Pediatrics (AAP) Screening Guidelines and Use of Validated Screening Tools

- CHPO tailors outreach and education strategies and content to the knowledge level of a range of service providers, including but not limited to pediatricians, nurse practitioners, medical assistants, clinic office staff, care coordinators, early intervention specialists and, at later phases, early child care and early educators.
- CHPO tailors outreach and education strategy to provider networks and practice type (i.e., group practice, solo practice, private health plan, managed care plans, etc.).
- CHPO hires staff with clinical experience and expertise to design and conduct health provider outreach, training and technical assistance on a variety of topics, including but not limited to child developmental health, conducting surveillance and developmental screening using validated tools, integrating routine developmental screening into the practice setting and workflow, and identifying possible roles of staff in the implementation of screening, scoring and referrals.

Goal 2: Design Approaches and Standards for Providers to Embed Early Identification and Intervention Practices

- CHPO draws upon existing child developmental health training resources and programs.
- CHPO integrates an assets-based approach into the curriculum, including methods for discussing child development with families, and specifying the providers’ role in explaining the results of screening and the next steps in connecting families to resources. By establishing assets-based approaches and relationship-based practices, providers cannot only promote positive parent-child relationships, but also build stronger parent and provider relationships.
- CHPO trains health care providers on trauma-informed practices.
Goal 3: Increase the Application of Validated Screening Tools in Accordance to the AAP Guidelines for Early Identification

- CHPO endorses a select set of validated developmental screening tools for early identification to promote and standardize screenings at well-child visits for children ages 0-5.36
- CHPO develops a training program to address the barriers and challenges of integrating recommended surveillance strategies and screening tools into child health provider’s workflow management and practices.
- CHPO shares strategies for reimbursement and/or compensation for developmental screening.
- CHPO expands child health providers’ recognition of the value of developmental screenings, as well as referring children who identify with a developmental or behavioral need to the appropriate early intervention services in a timely manner.

Goal 4: Improve Providers’ Ability to Ensure Continuity of Care Across the Spectrum of Developmental and Behavioral Services and Supports

- CHPO expands child health care providers’ awareness of traditional and nontraditional community resources and supports locally available that encourage the healthy development of young children.
- CHPO increases the capacity of child health providers and clinic sites to manage and monitor referral status, including monitoring if the referral was accepted, if services are being received, and the child’s progress and outcomes.
- CHPO offers health, early childhood education and community-based service providers access to current information about resources, supports, and physician and organizational champions in early identification and intervention.
- CHPO ensures the build-out and sustainability of a HMG-LA system that has the capacity to develop a robust inventory of appropriate agencies and/or resources to refer both service providers and families.

Goal 5: Advocate for Systems and Policy Changes to Support Increased Access to Screening and Intervention Services

- CHPO advocates for countywide and statewide requirements for screening all young children with a validated tool at the recommended age intervals during well-child visits in alignment with Bright Futures AAP Recommendations for Preventative Pediatric Health Care.
- CHPO advocates for leveraging the MOC and CME platforms to increase provider knowledge on early identification and intervention practices.37
- CHPO develops a countywide campaign in partnership with public and private county agencies, including First 5 LA to promote awareness of child developmental health and early identification and intervention practices.
- CHPO leverages HMG National and HMG California to advocate for the integration of validated developmental screening tools with electronic health records and other relevant electronic health information management systems.
- CHPO advocates for financial incentives and increased reimbursement for conducting developmental screening, early intervention services and care coordination supports.


37 The HMG MOC program, approved by the American Board of Pediatrics, provides Part 4 Credit and uses a Quality Improvement methodology to guide pediatricians in implementing developmental surveillance, screening and referral to evaluation and intervention services using the HMG system. Help Me Grow National Center. https://helpmegrownational.org/affiliate-dashboard/hmg-maintenance-certification/
HMG-LA Data Collection and Analysis

Introduction
The HMG National model description of the Data Collection and Analysis (DCA) guided the Workgroup conversations about this core component’s functions and features. Consistent with the National model, DCA will collect data for the purpose of identifying gaps and barriers in early identification and intervention systems, and providing continuous quality improvement to refine the HMG system. In addition, this data can be used to advance system operations and service delivery practices, and processes across sectors.

Additionally, the Workgroup valued the opportunity to track outcomes through DCA to elevate the importance of early identification and intervention, and advocate for policy and systems change countywide. Furthermore, outcome data can help shape HMG-LA’s short-term and long-term sustainability approach.

Data should serve as a thread linking all four HMG-LA core components. In particular, collecting and tracking data must be planned and implemented in coordination with CAP. Data should also guide outreach and engagement efforts with child health providers, families and the community at large. Lastly, DCA should also encourage the use of data to support community-driven advocacy and education.

The Workgroup members also recommended the need for a HMG-LA impact study to assess long-term child and family outcomes. The selection of the data indicators identified and collected in the early stages of HMG-LA should also be influenced by these future research plans.

Current Landscape: As Experienced by Workgroup Members
The Workgroup recognized the potential opportunity to leverage and integrate existing data systems and platforms to support HMG-LA. The potential cost of building a robust system could be substantial. Therefore, it is critical to conduct a landscape analysis of already-existing data systems related to this issue area to prevent duplication, reduce cost and avoid additional burden on individuals throughout the system. It may be necessary to consult with technical experts who can provide guidance on integrating and coordinating data systems.

The Workgroup members also acknowledged challenges and inefficiencies that can impact data collection and analysis. At present, there is wide variation in terminology and definitions regarding developmental health. There is also inconsistency in data-collection practices within and across sectors including health and early care and education. In addition, data is often not shared across sectors and service providers. This creates a burden for both providers and patients to collect and re-collect data when addressing a child’s developmental health needs.

Limited financial and nonfinancial incentives act as another barrier to conducting early identification and intervention and capturing these activities through data collection.

Given the sensitive nature of medical records, technical and legal considerations also impact how data is collected and exchanged.

Lastly, the Workgroup members also recognized the importance of county partners’ commitment to developing and building out a robust DCA.

The following specific data indicators were prioritized for collection and analysis to support HMG-LA:

- **CAP data:** number of callers, profile of caller\(^{38}\), reason for call, presenting issues and needs, outcome of call and how caller learned of the CAP
- **Developmental screening:** entity conducting the screening, entity making the referral, and number/proportion of children screened and type of screening tool
- **Referrals:** number of referrals made on behalf of the HMG families and outcomes of referrals (i.e., number/proportion of times families are successfully linked to services)
- **Community outreach activities:** number of networking and training events and attendance, profile of attendees, and inventory of community programs and services
- **Provider outreach activities:** number of trainings by provider and practice type, frequency and duration of trainings, participation and attendance
- **Gaps and barriers:** type of barriers in practice across sectors
- **Systems change:** capture data about increased coordination across systems, sectors and programs

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\(^{38}\) I.e., relationship of the caller to the child (parent, caregiver, provider) and other demographic and geographic data
Data Collection and Analysis (DCA)

**Goal 1: Establish Baseline Data**
- DCA compiles a baseline of countywide and/or region-wide screening rates to better understand the children who are “falling through the cracks”
- DCA establishes an inventory of screening tools currently used by providers and practice type across LA County
- DCA applies best practices and learning from efforts collecting and utilizing early identification and intervention data
- DCA compiles an inventory of existing data systems and efforts related to identification and intervention

**Goal 2: Design and Build a Centralized Data Platform**
- DCA establishes a countywide platform to track screenings that are not captured by CAP
- DCA leverages existing data collection efforts
- DCA explores technical aspects of integrating existing data collection efforts into one countywide data platform
- DCA collects data from HMG-LA core component activities, referrals and linkages to services, and integrates them into the countywide platform
- DCA develops a mechanism to track provider trainings, community and family engagement activities

**Goal 3: Conduct Data Analysis and Make Informed Decisions**
- DCA will collect data to indicate where there are service and coordination gaps and areas of high need
- DCA leverages existing data collection efforts
- DCA explores technical aspects of integrating existing data collection efforts into one countywide data platform
- DCA collects data from HMG-LA core component activities, referrals and linkages to services, and integrates them into the countywide platform
- DCA provides training and technical assistance to providers and other partners on utilizing the countywide data platform

**Goal 4: Utilize Data for Quality Improvement and Evaluation**
- DCA uses data for quality improvement efforts
- DCA uses outcome and impact data to inform a HMG-LA policy agenda and advocacy efforts
- DCA measures short-term and long-term child and family outcomes
- DCA applies outcome and impact data to shape HMG-LA’s short-term and long-term sustainability approach
- DCA identifies if the target population is getting served

**Goal 5: Align Data Collected with the State and National HMG Indicators**
- DCA collects data aligned with state and national indicators to report to HMG National and HMG-CA and ensure model fidelity

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PROMOTING YOUNG CHILDREN’S OPTIMAL DEVELOPMENT: Help Me Grow-Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members
HMG-LA DCA Recommendations

Overall Desired Outcomes

- Allows for better data coordination and sharing across systems that collect developmental health information
- Tracks and assesses the HMG-LA system infrastructure
- Informs quality improvement, captures progress, notes challenges and helps inform decisions in each HMG-LA core component
- Develops an evaluation of child and family outcomes from HMG-LA
- Uses data to inform a policy agenda

Goal 1: Establish Baseline Data – Baseline data is critical to the design and rollout of HMG-LA. Emphasis should be placed on gaining a foundational understanding of the following: existing data platforms, existing data collected, developmental screening rates, developmental screening tools used, referrals rates and service utilization.

- DCA compiles a baseline of countywide or region-wide screening rates to better understand the children who are “falling through the cracks.” In order to determine these baseline screening rates, it is necessary to determine the “denominator,” or the number of children ages 0–5 who need to be screened at a given point in time. Data at the local level (County, Service Planning Area and Community level) will be needed to understand the current rate of developmental screening across the HMG-LA target population. In addition, data related to intervention service referrals will need to be collected to create corresponding baseline indicators about referral and service utilization rates.
- DCA establishes an inventory of screening tools currently used by providers and practice type across L.A. County. There are several validated tools that are currently recommended by the AAP, and it is important to learn the utilization rates of each tool. In addition, it is valuable to understand how many providers are (1) not using a validated tool, (2) using observation in place of screening, (3) using a modified instrument that is not validated or (4) not conducting any surveillance or screening.
- DCA applies best practices and learning from efforts collecting and utilizing early identification and intervention data. Examples include: Early Developmental Screening and Intervention Initiative (EDSI), First Connections, 211 Early Identification and Care Coordination Project, the L.A. Care Health Plan Pilot Project, and other efforts.
- DCA compiles an inventory of existing data systems and efforts related to identification and intervention.

Goal 2: Design and Build a Centralized Data Platform to Track Services and Evaluate Outcomes

- DCA establishes a countywide platform to track screenings that are not captured by CAP data collection.
- DCA leverages existing data collection efforts, including screening data from CAP, administrative data, Children’s Data Network data and Head Start data. HMG-LA enters into cooperative agreements that allow for sharing data across systems and cover all of the legal, ethical and technical concerns associated.
- DCA explores technical aspects of integrating existing data collection efforts into one countywide data platform.
- DCA collects data from HMG-LA core component activities as well as referrals and linkages to services, and integrates them into the countywide data platform.
- DCA develops a mechanism to track provider trainings, and community and family engagement activities.
- DCA provides training and technical assistance to providers and other partners on entering data into and utilizing the countywide data platform.

Goal 3: Conduct Data Analysis and Make Informed Decisions

- DCA will collect data to indicate where there are service and coordination gaps and areas of high need to drive the early rollout phase of HMG-LA.
- DCA uses data to identify disparities in access to identification and intervention services including, but not limited to, geography, language and across programs.
- DCA uses data to inform best practices and decisions about the spread and scale of HMA-LA.
- DCA identifies if the target population is getting served.

Goal 4: Utilize Data for Quality Improvement and Evaluation

- DCA uses data including early identification and intervention data, parent and provider feedback, and user satisfaction for quality improvement efforts.
- DCA uses outcome and impact data to inform a HMG-LA policy agenda and advocacy efforts to strengthen early identification and intervention systems.
- DCA measures short-term and long-term child and family outcomes.
- DCA applies outcome and impact data to shape HMG-LA’s short-term and long-term sustainability approach.

Goal 5: Align Data Collected With the State and National HMG Indicators

- DCA collects data aligned with state and national indicators to report to HMG National and HMG California and ensure model fidelity.

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29 Mention was made about the Los Angeles Network for Enhanced Services (LANES), a secure health information exchange between hospitals, community-based clinics, County Departments and L.A. Care Health Plan allowing access to specific medical record information to support better care coordination.
EARLY IMPLEMENTATION STRATEGY FOR HELP ME GROW-LA

HMG-LA ORGANIZING ENTITY

The National HMG model relies on an Organizing Entity to provide administrative and fiscal oversight, as well as facilitate coordination between service sectors to better strengthen and expand early identification and intervention.

The Organizing Entity will be responsible for recruiting and supporting the Leadership Advisory Committee, comprised of content experts and representatives from public and private agencies and county systems. The Organizing Entity is also responsible for developing the HMG Family Advisory Committee — in accordance with the recommendation put forward by the Leadership Council and Workgroups — to ensure the inclusion of the family perspective throughout the development and oversight of HMG-LA. The Organizing Entity and Leadership Advisory Committee will plan and implement several HMG-LA core components.

These HMG-LA recommendations put forward by the HMG Leadership Council and Workgroups will help to inform the Organizing Entity and Leadership Advisory Committee in early implementation, evaluation design, sustainability planning and strategies for the spread and scale of HMG-LA across the county.

Over the course of the early design and planning phase, the LACDPH held several leadership roles beginning with co-launching the countywide planning process and continuing with co-chairing the Health Care Provider Outreach workgroup. Given the LACDPH's past experience with cross-sector initiatives and their commitment in promoting and maintaining optimal health for all young children in L.A. County, they are uniquely positioned to fill the Organizing Entity role. This promising partnership also offers the opportunity for HMG-LA to leverage existing the LACDPH programs, access federal and state funding resources, and bridge connections between other county departments and agencies to expand HMG-LA.

The LACDPH will also explore opportunities to work in partnership with the Long Beach and Pasadena Public Health Departments to determine areas of program and service integration with the HMG-LA systems framework.

Public health departments have been key partners in HMG systems across the country. Ten of the 22 current HMG state affiliates and the District of Columbia (D.C.) are led or co-led by state public health departments, including: Alaska, Colorado, Delaware, D.C., Iowa, Kentucky, Minnesota, Vermont, West Virginia and Wyoming. Through broad partnerships and leadership, these public health state departments have committed to HMG’s overall aim of building a comprehensive, statewide, coordinated system of early identification and intervention for young children at risk for developmental and behavioral delays and conditions. These public health departments have worked in partnership with champion agencies including education, mental health, health services and child welfare to advance the vision and agenda of HMG.

As part of the Organizing Entity responsibilities, the LACDPH will lead ongoing Continuous Quality Improvement (CQI) engagement efforts in order to improve the overall HMG system and create a CQI Committee that includes funder representatives and key stakeholders working on each of the four HMG core components. Finally, the LACDPH will work on building a HMG-LA system that blends and braids financial and administrative resources across county agencies, and across public and private sectors as part of long-term sustainability. The LACDPH will lead the development of the HMG-LA funding model and business plan that informs opportunities, as well as spread and scale over the next five years.

HMG-LA ROLLOUT

Structural Requirement: Statewide and County Expansion

The goal for a HMG system is statewide expansion and implementation. Having a statewide vision for HMG from the beginning is an important structural requirement for states interested in adopting the HMG systems framework. A statewide system helps ensure universal access and identification of children for intervention as early as possible, and facilitates a multidisciplinary approach to service delivery.

Each state determines the best approach for developing a HMG statewide scaling and spread plan. The process depends on target populations’ needs, early intervention system infrastructure, capacity, funding and resources, and the expansion approach of each state. In California, HMG has been implemented and expanded upon using a county-by-county approach.

In 2005, HMG-Orange County became the first site to replicate HMG in the country, closely followed by Alameda and Fresno counties. Since 2011, efforts have been underway to replicate HMG across California counties and to establish HMG as a critical component of California’s efforts to ensure children’s optimal development. As of 2017, there are 17 county affiliates implementing HMG through a range of lead organizations.

40 Examples of these programs include Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPFUC), public health nurses, as well as public health nurses previously under Department of Children and Family Services (DCFS), California Children’s Services (CCS), California Children’s Services – High Risk Infant Follow-Up Program (CCS-HRIF), Childhood Lead Poisoning Prevention Program (CLPPP), Nurse Family Partnership (NFP), and various Title V funded programs under the Division of Maternal, Child and Adolescent Health (MCAH). Los Angeles County Department of Public Health. http://publichealth.lacounty.gov

PROMOTING YOUNG CHILDREN’S OPTIMAL DEVELOPMENT: Help Me Grow—Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members
Proposal for Incremental Implementation Approach for L.A. County

The Leadership Council was tasked with providing guidance on how to best plan for the rollout of HMG in L.A. County. Over several meetings, the Leadership Council provided input on how best to coordinate existing efforts, phase-in, and spread the scale of HMG-LA using existing infrastructure and resources as part of the early planning and implementation.

During early discussions related to the target population for HMG-LA, the Leadership Council discussed the value of applying a data-driven approach to both the population and rollout of HMG-LA. The Leadership Council informed the development of a set of strategies and criteria to rollout and implement HMG-LA taking into consideration the following: the density of the age 0–5 population, geographic distribution of services, complexity of different systems and the demonstrated need for developmental services.

Phased Approach

Given the unique make up of Los Angeles and the number of child- and family-serving systems that need to be part of HMG-LA, the Leadership Council and Workgroups recommended a phased rollout that takes place in select communities. This phased rollout mirrors implementation approaches used by other HMG affiliates, including HMG Connecticut and Santa Clara.

This approach provides an opportunity to launch, test and refine strategies before scaling. The planning phase of the rollout will also provide an opportunity to be more intentional and a means to identify, coordinate and build on existing early identification and intervention infrastructure. Furthermore, the rollout phase offers the opportunity for HMG-LA to be better aligned to the needs of children and families across the county.

The phased rollout should also capture identified barriers, solutions and most suitable strategies to sustain practice and systems change. The application of lessons learned from this early rollout phase can help inform the development of a spread-and-scale strategy and timeline.
Guidance on Early Implementation Community Selection

The Leadership Council provided guidance on possible population data, research methodology and criteria, as well as other considerations for selecting communities and regions for early implementation of HMG-LA activities and strategies. The following is a list of the data, criteria and considerations provided:

1. Population Data and Existing Resources
   - Use Population Data to Narrow Early HMG-LA Implementation Targets and Potential Communities. The following is a list of parental, perinatal, health and socioeconomic data supported by research as well as other compelling administrative and caseload data to inform possible population and geographic targets.4
     - Percent of total population ages 0–5
     - Percent living below poverty level ages 0–5
     - Low maternal education (mother with no high school education)
     - Percent of parents not proficient in English (speaks English “less than very well”)
     - Percent of very low and low weight births
     - Percent of teen mothers
     - Elevated blood lead levels
     - Department of Children and Family Services caseload data
     - Domestic violence/family violence reports
     - Urban Hardship Index used by the Los Angeles Unified School District Wellness Center Planning Efforts
   - Build On Existing Resources, Services and Infrastructure. In addition to population data, the Leadership Council also recommended mapping existing service agency locations and community resources as part of spatial data analysis. This includes First 5 L.A.’s diverse early childhood development investments as well as key service agencies and programs.

2. Spatial Data Analysis – Mapping
   - Conduct spatial data analysis of parental, perinatal, health, socioeconomic, administrative and caseload data identified along with existing early child development service and resource agencies and locations. Use this analysis to create maps that highlight geographic areas and communities with higher cumulative developmental risk factors for children. Analysis will also be conducted so that cumulative developmental risk factor data and areas are broken down into smaller geographic regions and boundaries with a sizable but still manageable age 0–5 population. The data presented via maps and tables will help highlight geographic areas with high- and low-risk factors and degree of available services and the variability of risk and services across L.A. County.

3. Additional Qualitative Considerations for Greater Impact
   - Identify communities, systems and/or settings with the greatest potential for success. The Leadership Council recommended that there be careful consideration and prioritization of systems and services agencies that are ready, are willing and have the capacity to participate in early HMG-LA implementation. Identify communities with “fertile ground,” which may include the concentration of developmental services within a community.
   - Leverage Existing Place-based Efforts. Integrate and build on previous planning and mapping projects targeting families. Identify and leverage place-based efforts working on improving child and family outcomes (i.e., First 5 LA Best Start Communities, Department of Mental Health’s Health Neighborhoods, The California Endowment’s Building Healthy Communities, Promise Neighborhoods, etc.). The different place-based efforts in communities have diverse existing capacities, services and programs and outreach structures that could be used to build and coordinate an early identification and intervention services pathway.
   - Identify innovators and early adaptors, motivated to transform, strengthen and optimize the system. Identify systems and agencies with senior leadership willing and committed to building a coordinated early identification and intervention system, open to systems change and doing work differently, and have flexibility and processes to accommodate change.
   - Acknowledge the landscape of early childhood developmental systems and its complexity in L.A. County when selecting an early implementation community. It is important to have understanding of this complex system, and as part of early rollout. Consider selecting communities with fewer systems to test improved and coordinated early identification and developmental services pathways.
   - Provide ongoing support and capacity to build the HMG-LA infrastructure. Building the HMG-LA system will take time, and there should be investments in infrastructure during the early rollout and implementation, including but not limited to health provider training, provider technical assistance, information technology, data collection platforms and evaluation.

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4 Population data research and data list selection was informed by a compendium of developmental relevant research conducted by First 5 Santa Clara County in 2005. Santa Clara County High-Risk Design Compendium of Relevant Research. San Jose, CA: High-Risk Research and Design Team. https://www.first5kids.org/reports/reports#sts=High-Risk Design Compendium of Relevant Research
WHERE WE ARE NOW AND NEXT STEPS

The primary focus area of this early planning phase was the development of a set of recommendations to guide the next phase of early implementation planning under the leadership of the Organizing Entity and county partners engaged in early identification and intervention efforts.

DEFINING THE WHO, WHAT, HOW AND WHERE

The Leadership Council and Workgroups used the discussion and planning framework to structure conversations and support consensus building to further define the “Who,” “What,” “How” and “Where” elements of HMG-LA.

WHO

Who is HMG-LA’s priority population?

- Children not being screened
- Children screened and not meeting thresholds for services
- Children that have been screened but are being connected to services

WHAT

What are the needs of children that HMG-LA aims to address?

- HMG-LA triages services based on the child’s needs, geography and the family’s priorities
- HMG-LA is family-centered, culturally-sensitive, and community-driven

HOW

How do we build upon existing efforts?

- HMG-LA can leverage existing LACDPH programs, federal and state funding, and connections between county departments and agencies
- HMG-LA will build upon existing care coordination capacity at the local level

WHERE

Where can we build upon existing infrastructure and resources to implement HMG-LA in its startup phase?

- HMG-LA uses a data-driven approach that considers demographic data including risk factors, current resources and capacity
- HMG-LA will be incrementally phased in
TIMELINE

The initial early design and planning phase timeline, major milestones and next steps are illustrated in the following visual. Now that the Leadership Council and Workgroup meetings have concluded, these recommendations will be presented to the First 5 LA Board of Commissioners in Fall 2017. First 5 LA will use the recommendations to inform the next phase of early implementation planning.

September 2016 - August 2017:
Leadership Council Meetings

January 2017 - August 2017:
Workgroup Meetings

HMG-LA Recommendations Presented to First 5 LA Commissioners Oct & Nov Meetings

Organizing Entity Presented to First 5 LA Commissioners Oct & Nov Meetings

HMG-LA Leadership Council & Workgroup Recommendations Finalized Aug - Sep 2017

CNM Submits Final HMG-LA Report Sep 2017

HMG-LA Implementation Planning Dec 2017 - Onwards

Cont. Stakeholder Engagement & Planning Input for HMG-LA (Advisory Board, Families, Key Partners, etc.) Sep 2017 - Onwards
ARIES FOR FURTHER CONSIDERATION

Throughout the early planning phase, Leadership Council and Workgroup members identified the following areas for further consideration and evaluation for the next phase of planning:

• How can HMG-LA successfully sustain partnerships and collaborations over time, particularly when organizations and agencies experience staff turnover and strategic change?
• What is the role of First 5 LA in guiding the implementation of HMG-LA?
• How can HMG-LA promote care coordination using a centralized/decentralized approach?
• What is the capacity of community-based agencies and resources to provide care coordination?
• What individuals are best suited to serve as HMG-LA “family liaisons”? What role can they play in communities, and how can they be most supportive to families?
• How can HMG-LA support communities where limited or scarce resources exist to leverage?
• After leveraging available resources how can and should HMG-LA support communities where additional services and supports are still needed?
• How does HMG-LA interact with families and local resources and supports that may not be equipped to send and receive electronic information and/or referrals?
• How can HMG-LA best include trauma-informed practices into HMG-LA systems?
• When and how should HMG-LA support families beyond early identification and intervention needs? Should HMG-LA be more holistic in its support, providing connections to housing, food, employment, transportation resources, etc.?
• How should HMG-LA approach long-term sustainability?

CLOSING

L.A. County is at the forefront to strengthen and expand early identification and intervention across the county and transform how service agencies, families and communities think about child developmental health. There is enormous opportunity to glean from valuable learning and best practices across L.A. County, as well as from other California counties and states implementing HMG to inform the development of HMG-LA.

This early design and planning phase is just the first step of many toward building, in-partnership, a comprehensive and coordinated system to support promoting young children’s optimal development and well-being. Over 60 county departments, agencies, organizations and programs across diverse disciplines and sectors including health and early care and education were involved in this early planning phase and contributed to developing these recommendations.

The next phase of planning, co-led by the LACDPH and First 5 LA will include the establishment of a Leadership Advisory Committee and Family Advisory Committee, ongoing collaboration with county partners and strategic research and evaluation.

The recommendations put forward in this report serve as a guide for the LACDPH, First 5 LA and county partners to explore and expand upon to transform L.A. County into a responsive HMG-driven county.
APPENDIX: LEADERSHIP COUNCIL AND WORKGROUP MEMBERS

The following individuals participated in the HMG-LA early design and planning process as representatives on the Leadership Council and/or Workgroups and attended at least one meeting.

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**PROMOTING YOUNG CHILDREN'S OPTIMAL DEVELOPMENT:** Help Me Grow-Los Angeles Early Design and Planning Recommendations from the Leadership Council and Workgroup Planning Members
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