First Connections Program Evaluation

Final Report

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harder + co | community research

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Executive Summary

First Connections Program Overview Summary

The First Connections program is a critical component of First 5 LA's larger health strategy, based on their 2015-2020 Strategic Plan, to increase the effectiveness and responsiveness of early screening and intervention programs across health, behavioral health, and substance abuse service systems.[1] Six grantees participate in First Connections to provide developmental screenings and linkages for children birth through age 5 in Los Angeles (L.A.) County. They include three Federally Qualified Health Centers (FQHCs): AltaMed Health Services Corporation, Eisner Pediatric and Family Medical Center, and Northeast Valley Health Corporation; two family service agencies: Foothill Family and Allies for Every Child; and one Regional Center: South Central Los Angeles Regional Center. Technical assistance was provided by Children's Hospital Los Angeles (CHLA).

Through technical assistance, family engagement and resource navigation support, First Connections aims to: strengthen provider capacities to conduct developmental screenings, identify delays, and connect children and families to appropriate services; improve families' access to developmental screenings and early identification and intervention (EII) services; increase parents' knowledge about healthy development and developmental delays; and strengthen support for parents of children with special needs.

Evaluation Approach Summary

First 5 LA partnered with Harder+Company Community Research in 2019 to implement an evaluation of the First Connections program. The purpose of the evaluation was to collect quantitative and qualitative data – including the perspectives of families, grantees, EII system partners, and CHLA – to document the progress towards the goals of the First Connections investment; inform the development and implementation of Help Me Grow (HMG) LA which is a network to help families find child development services, and identify ways to strengthen and inform other systems change efforts as aligned to First 5 LA's new 2020-2028 Strategic Plan. In addition, First 5 LA intended for the evaluation to explore and strengthen the EII data available for L.A. County.

Three core areas of inquiry were identified for this evaluation: family access, knowledge, and support; systems learnings and implications; and technical assistance and provider capacity. To capture the information needed to address the three core areas of inquiry, the evaluation team relied on quantitative and qualitative analyses to synthesize and triangulate the multiple findings collected through the different data sources in this evaluation including data review, grantee data, journey mapping, focus groups and the First Connections Forum.

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[1] First 5 LA. (2014). *Focusing for the future: First 5 LA strategic plan 2015-2020.* First 5 LA.

Primary findings for each area of inquiry include successes and challenges that could provide learnings for future improvements, as well as insights from the First Connections Forum held with grantees and other EII system partners in Summer 2020.

Key Takeaways

This report presents findings from the First Connections program evaluation by providing information about the implementation and effectiveness of the program that can inform the sustainability of First Connections, development and implementation of HMG LA, and strengthen EII practices across L.A. County. Findings are organized by the areas of inquiry and are informed by the experiences of grantees and parents/caregivers and through the grantee data review.

Family access, knowledge and support

The First Connections program works to engage families in discussions about healthy child development, supports them to navigate between programs and services across service sectors, and connects them to local Regional Centers, school districts, and community supports.

First Connections grantees conducted more than 50,000 developmental screenings with children birth through age 5 in L.A. County as part of the First Connections program. Slightly more than two-thirds (68%) of screenings suggested that screened children were "developing on schedule" at the time the screening was conducted, with 16% in the monitor range, and 17% in the referral range. When examining the individual domain results for screenings in the referral range, the most common area of concern was the Communication domain.

Overall, parents had positive experiences with the developmental screening process; although, some reported long wait times specifically related to scheduling appointments for further assessment. Parents also reported improving their knowledge of child development and developmental supports and learning about the importance of developmental screening and early intervention services through their participation in First Connections.

The main challenge families and grantees reported in this area is the stigma surrounding developmental delays. Some parents reported not always having support from family members. However, they reported that learning how intervention services would support their child's development gave them the motivation and confidence to advocate for their child. Parents also reported sometimes encountering gaps in communication or information when attempting to access services or resources, both within and outside of First Connections.

Systems learning and implications

First Connections program offers an important learning opportunity to leverage promising practices and lessons learned to advance and strengthen countywide EII system change efforts, such as Help Me Grow LA (HMG LA). Evaluation findings include outreach strategies to engage diverse families, the successes and challenges of developing external partnerships, and the critical role of care coordination in EII systems.

While grantees experienced some challenges engaging diverse families, they aimed to be responsive to the cultural nuances and needs of all the families in their catchment area. Grantees report often shifting their outreach strategies to better engage children and families of diverse backgrounds. Grantee data showed that First Connections screened American, Asian, Latinx, multiracial and White children and those of other race/ethnicities, with the vast majority of children screened identifying as Latinx (76%).

In addition to tailoring the outreach strategies, grantees indicated that having collaborative relationships with Regional Centers, school districts, and other mental and behavioral health providers is a critical component to ensure at risk children are connected to needed services. Grantees reported that developing relationships with external service providers requires frequent and consistent communication and follow-up, as well as garnering buy-in and trust with partners at the decision-making level.

Since most grantees generally rely on external partnerships for referrals and linkage, care coordination is another critical factor in guaranteeing that families are able to navigate the system and connect to needed intervention services and supports. Parents reported that care coordinators helped them connect to referral agencies when they did not hear back or when they needed to advocate for their child to receive services. Additionally, grantees reported implementing bridging services such as providing telephone education and support to the parents, providing families with developmental homework, and conducting ongoing follow-up to check-in on the child's development to support families when a service gap existed.

Technical assistance (TA) and provider capacity

Understanding TA impact on grantee practices and workflow is foundational to evaluating the extent to which grantees were able to achieve family and system level outcomes. These findings can help inform the ways in which TA could benefit from better design investments upfront.

Grantees reported the most helpful aspects of TA were training, workflow development and refinement, as well as developmental screening tool selection. TA was also effective in building the capacity of grantees to facilitate both core and internally developed trainings on an ongoing basis.

Within the first three years, the TA team facilitated over 60 trainings with First Connections grantees designed to increase staff knowledge regarding developmental screening implementation, linkages to resources and services, and understanding developmental disabilities and interventions for young children. As grantees capacity increased, the TA team encouraged them to develop and utilize a "train the trainer" approach so grantee staff could deliver the basic trainings on their own with limited support.

Additionally, the TA team assisted grantees with developmental screening tool selection which led to grantees using the ASQ®:SE-2 to ensure that children who experience social emotional issues are identified, referred and connected to intervention services.

Though outside of the TA team's scope for First Connections, grantees would have benefited from additional support related to trauma-informed care and grant reporting and data tracking, which impacted their ability to evaluate their programs.

Recommendations for HMG LA and EII Providers

As First 5 LA transitions the First Connections program and acts on their 2020-2028 Strategic Plan, they will begin to implement HMG LA, in addition to continuing to support EII providers in L.A. County more broadly, so that families optimize their child's development and children receive developmental supports and services as early as possible.[2] This evaluation provides an opportunity to translate key findings into actionable recommendations anchored to HMG LA's core components:

Centralized Access Point (CAP) to help families and providers access needed resources

- Train staff to use **relationship-based, culturally responsive** approaches when working with children and families.

- Ensure that families are connected to **one consistent staff person** throughout the entire process

- Proactively plan for ways that staff will **stay connected with families** who are unable to access services or resources due to waitlists or delays.

- Develop pathways to help ensure referrals to EII providers are **appropriate and accessible**.

- Develop **formal partnerships** with MOUs for referral pathways and data sharing.

Community + Family Engagement (CFE) on child development and available resources

- Design **family engagement strategies** to reduce stigma via normalization, education, and awareness work that takes into consideration the needs of diverse families especially related to language and culture.

- Incorporate time to **garner buy-in and trust** when conducting outreach to community organizations.

- Provide **parent support and education** services, including peer groups.

Data Collection + Analysis (DCA) to measure success and improve the system for families

- Provide **education and ongoing support** to providers on the recommended data elements and provide **standardized definitions** to ensure consistency in data collection.

- Adopt or design a **countywide data system** that can integrate with, or be compatible with, other data systems that EII providers currently use.

- Develop **trainings and resources** to build the capacity of EII providers to collect and report data and evaluate implementation and outcomes in a consistent and meaningful way.

Child Health + Provider Outreach (CHPO) to support detecting delays and connecting families to resources

- Engage TA providers that have **deep expertise** and the ability to provide customized trainings, services and supports to work with a wide range of EII providers.

- Incorporate **trauma-informed practices** into EII provider outreach, training and TA.

- Aim to build the capacity and sustainability of EII providers by leveraging the "**train the trainer**" approach.

Introduction and Background

Why is Early Identification and Intervention important?

Critical development occurs between birth through 5 years of age

Early childhood is a critical stage for human development as almost 90 percent of the brain develops by age five.[3] The experiences and environment a child is exposed to during those early years lay the foundation for the rest of their lives.[4] For children with and at risk for developmental delays, early intervention can drastically impact their developmental trajectories.[5] Although research has shown that high-quality services provided to infants and toddlers before age three produce the highest return of investment (13 percent per child per year), many children with developmental concerns do not receive their first screening or intervention until after they enter the school system.[6,7] Given the importance of the earliest years of a child's life, it is imperative for early childhood systems to implement effective strategies to identify and address children's developmental needs, delays and challenges in order to better support their healthy development and long-term success.

EII services are key to reducing the adverse effects of developmental delays and disabilities and to providing support for families and children. Certain EII services are mandated by the Federal Government under Parts B and C of the Individuals with Disabilities Education Act (IDEA) and through health care plans under the Affordable Care Act (ACA) while others are offered in settings outside these federal mandates.[8] Research shows that early developmental screenings constitute the first step in identifying children who might need a formal development assessment[9] and are fundamental to connecting children to needed services and supports as early as possible.[10]

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[3] Koestner, L. (2015) *Effective systems in early identification of developmental delays.* First 5 Association of California.
[4] Shonkoff, J.P. & Phillips, D.A. (2000). *From neurons to neighborhoods: The science of early childhood development.* National Academies Press.
[5] Vaivada, T., Gaffey, M.F., & Bhutta, Z.A. (2017). Promoting early child development with interventions in health and nutrition: A systematic review. *Pediatrics, 140*(2). Doi: 10.1542/peds.2016-4308
[6] Hunt, N. (2020). *Identifying young children for early intervention in California.* Policy Analysis for California Education.
[7] Goode, S., Diefendorf, M., & Colgan, S. (2011). *The importance of early intervention for infants and toddlers with disabilities and their families.* The University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center.
[8] Ibid.
[9] Koestner (2015).
[10] Hunt (2020).

EII services in California and Los Angeles County

Despite the importance of developmental screenings and early intervention services, only 4.7% of California children birth through age 5 received early intervention services.[11] Additionally, only 3% of California's children receive early intervention services before age three even though 18% of children have a developmental delay or disability.[12] According to the American Academy of Pediatrics (AAP), children should be screened three times by age three. In California, only 26 percent of children are screened at the recommended frequency.[13] In addition to the lower screening rates in California, data show evidence of racial disparities. Screening rates are lower for Latino, African American and Asian children in California compared to their White peers.[14]

To address these gaps and inequities, various efforts have been implemented throughout the state as well as in L.A. County to improve coordination and communication between agencies and providers that serve young children and their families. Taking a systematic approach by coordinating between all providers serving children birth through age 5 maximizes effectiveness in addressing developmental delays and disabilities early and addresses needs at the family, provider and system level. The coordinated EII efforts of the system will contribute to the healthy social and cognitive development of the children served.[15] However, multiple barriers including lack of coordination and data sharing between agencies that provide EII services, eligibility requirements that are not straightforward, and complex referral process,[16] have prohibited children and their families from effectively accessing EII services. In 2014, the First Connections program emerged as an effort from First 5 LA to address these systematic barriers and decrease disparities in developmental screenings.

First 5 LA's EII Strategy

First 5 LA has been committed to investing in EII since 2005, beginning with the implementation of Early Developmental Screening and Intervention investment to empower physicians and early care and education providers, connect communities and create sustainable change (Exhibit 1). During implementation of the 2015-2020 Strategic Plan, First 5 LA outlined a focus on policy, advocacy and systems change via investing in systems, advocacy and policy work, and leveraging the strength and expertise of partners and others working towards shared goals for collective impact.[17] This focus continues with the new strategic plan that includes results for children and families that families optimize their child's development and children receive early developmental supports and services.[18]

[11] First 5 LA. (2020). *Pathways to progress: Indicators of young child well-being in Los Angeles County.*
[12] Rosen, N., Parma, A., & Crow, S. (2020). *California's early identification and intervention system and the role of Help Me Grow.* First 5 Center for Children's Policy. https://first5center.org/assets/files/hmg-paper-v4-WEB.pdf
[13] Ibid.
[14] Parma, A. Peña, C. & Green, K. (2019). *Issue brief 1 – Early identification: Surveillance and screening.* First 5 LA.
[15] Guralnick, M. (2011). *Why early intervention works: A systems perspective.* NIH Public Access.
[16] First 5 LA. (2019). *Health Systems: Early Identification and Intervention.* First 5 LA. https://www.first5la.org/uploads/files/eii-summary_133.pdf
[17] Peña, C. (2019, July 18). *First Connections program evaluation kick-off meeting presentation.* First 5 LA.
[18] First 5 LA (2019).

Exhibit 1.   First 5 LA's History Strengthening EII[19]
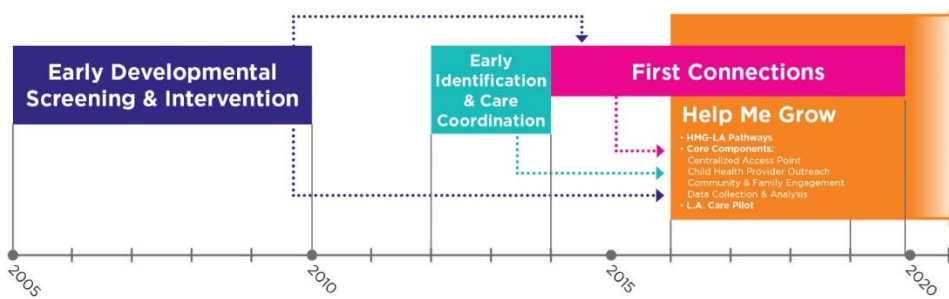
To further this strategy, First 5 LA launched the First Connections program. Specifically, First Connections aimed to strengthen coordination between child and family serving organizations in the County, and to assist families in accessing timely screenings and early intervention services. The First Connections program partnered with six community-based providers to embed developmental screening and referral processes into their existing workflows. This approach intended to identify children who need early intervention services and support families and children to connect to appropriate services on cultural and linguistical needs.[20] This report describes the First Connections program elements and presents findings from an evaluation of the program after six years of implementation.

Connection to Help Me Grow LA (HMG LA)

In addition to implementing the First Connections program, First 5 LA partners with the Los Angeles County Department of Public Health to support the implementation of the national Help Me Grow (HMG) model in L.A. County. HMG helps families find services that can support their child's development and helps improve the coordination of programs and services in local communities. In recognition of the continued learning and promising practices that translate from First Connections program to HMG LA, First Connections program was extended to inform the planning and implementation of HMG LA. This collaboration between First 5 LA and other county partners and stakeholders is part of the systems and policy approach required to address the challenges families and children face when accessing early intervention services. The HMG model operates through four core components that aim to increase screening rates in L.A. County (Exhibit 2).[21]

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[19] Ibid.
[20] First 5 LA. (2019).
[21] Parma, Peña, & Green (2019).

Exhibit 2.   **HMG Four Core Components**[22]

First Connections Program Overview

Program description, goals, and intended outcomes

Established in 2014, the First Connections program is a critical component of First 5 LA's health strategy to increase the effectiveness and responsiveness of early screening and intervention programs across health, behavioral health, and substance abuse service systems. Six grantees participate in First Connections program including three FQHCs, two family service agencies, and one Regional Center (Exhibit 3). A technical assistance component was provided by Children's Hospital Los Angeles (CHLA) to provide each funded organization with assistance and trainings to support the implementation of the program. Through technical assistance, family engagement and resource navigation support, First Connections aims to:

- Strengthen provider capacities to conduct developmental screenings, identify delays, and connect children and families to appropriate services

- Improve families' access to developmental screenings and EII services

- Increase parents' knowledge about healthy development and developmental delays

- Strengthen support for parents of children with special needs

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[22] Ibid.

The intended program outcomes include an increase in screening rates, changes to practices to strengthen EII within agencies and early childhood systems, and increase capacity of partners to embed developmental screenings and referrals into their workflow.[23] From April 2014 to December 2019, more than 50,000 screenings were completed for children ages 1 month to 5 years as part of the First Connections program. Children participating in the First Connections program were screened multiple times to track development over time. For more information about children and family outcomes see Family Access, Knowledge, and Support section starting on page 13.

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[23] Peña (2019, July 18).

Description of grantees

To achieve these outcomes, First 5 LA funded six grantees (Exhibit 3) to expand their EII programming and partnered with Children's Hospital Los Angeles (CHLA) to provide each funded organization with technical assistance and trainings to support implementation.

As presented below, each type of grantee implemented developmental screenings through a unique approach to achieve their goals. Additional information about grantees is provided on Appendix B.

Exhibit 3.   First Connections Grantees

Grantee type	Agency name	Services offered[24]	Screening tools[25]	Interventions[26]	Care Coordination Approach[27]	Agency Service Area
Federally Qualified Health Centers	AltaMed Health Services Corporation	Medical, Dental, Urgent Care, Pharmacy Integration, Senior Care, HIV services	ASQ®-3 and M-CHAT-R on tablet, integrated in electronic health record (developed own platform)	• Case management and follow-up • Spread and scale screening workflow to 3 additional sites • Trainings for providers and staff • Integration of screening tools into electronic health records (EHRs) • Data review and optimization of screening workflow at 6 sites	• Data tracking • Case management • Engagement with Regional Centers Community service providers • Follow-ups with pediatric providers	Countywide
	Eisner Pediatric and Family Medical Center	Medical, Dental, Vision, Behavioral Health, Enrollment and Benefits, Case Management	ASQ®-3 and M-CHAT-R on paper, completed in waiting room	• Case management into pediatric clinics • Expanded referral system and relationship building • Opened a new clinic with staff trained and a case manager on-site • Scaled to include children at Eisner Health Family Medicine Center at California Hospital	• Relationship building with pediatric providers, Regional Centers, and education attorneys specialized in Individualized Education Programs (IEPs).	South Los Angeles, Downtown LA, San Fernando Valley

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[24] First 5 LA. (2019, June 11). *First Connections: Homegrown lessons and promising practices*. First 5 LA.
[25] Williams, M. Wheeler, B. Poulsen, M. Zamora, I. & Harley, E. (2018, April 3). *First Connections: Early identification and linkages to intervention for autism and other developmental disabilities in young children*. Children's Hospital Los Angeles. USC University Center for Excellence in Developmental Disabilities.
[26] First 5 LA (2019, June 11).
[27] Ibid.

	Organization	Services	Screening Tool	Successes/Plans	Facilitators	Area
Family Service Agencies	Northeast Valley Health Corporation	Medical, Dental, Specialty Services for Homeless and persons living with HIV/AIDS. Special programs and services: Health Education, WIC, Homeless outreach and health care services, DUI program, school-based clinics	ASQ®-3 and ASQ®:SE-2 on paper, mailed to home before appointment	• Expansion of the program to 6 health centers • Developing a pilot site • Offering trainings • Developing a workflow chart and referral algorithm	• Scripts for phone outreach • Follow-ups, and warm hand-offs • Strong relationships with external agencies	Service Planning Area (SPA) 2
	Foothill Family	Community-based behavioral health and social services to at-risk children and families	ASQ®-3 and ASQ®:SE-2 on tablet (Brooke's Publishing platform)	• Expansion to larger access models • Creation of Mental Health and Disabilities Program Assistant Position • Internal EHR updates for internal referrals	• Streamlined referral process • Community partnerships • Collateral visits with First Connections staff and referring staff	SPA 3
	Allies for Every Child	Early education programs (center-based, home based, licensed community-based providers), child welfare initiatives, developmental screenings and advocacy, IECMH consultations/therapy, health services, family/community hub	ASQ®-3 and ASQ®:SE-2 on paper	• Tailoring implementation procedures to be program-specific • Embedding protocol and monitoring in program requirements • Screenings and capacity building with community organizations	• Performance and quality improvement • Expertise to support staff in multiple areas • Collaboration with caregivers and internal behavioral health referrals	SPA 5, 6, 8
Regional Center	South Central Los Angeles Regional Center	Early Start, Lanterman Services, Case Management, and supportive programs such as respite, community integration, behavioral supports	ASQ®-3 and ASQ®:SE-2 on paper	• Screening to children using a network of community locations and partner programs • Support to caregiver for referrals, milestones information, and activities to support development • Connecting parents with support and education opportunities	• Staff to coordinate referrals and follow-ups with families • Parent follow-up timeline • Follow-up with service providers • Ongoing support for families to access services	SPA 6

Evaluation Approach

Evaluation goals and design

First 5 LA partnered with Harder+Company Community Research in 2019 to implement an evaluation of the First Connections program. The purpose of the evaluation was to collect quantitative and qualitative data – including the perspectives of families served, grantees and CHLA – to document the progress towards the goals of the First Connections strategy; inform the development and implementation of the HMG LA, and identify ways to strengthen and inform other systems change efforts. In addition, F5LA intended for the evaluation to explore and identify EII data available for L.A. County.

Based on the evaluation goals, Harder+Company identified three core areas of inquiry for this evaluation (Exhibit 4):

Exhibit 4.   Core Areas of Inquiry

Family access, knowledge, and support. Understanding how First Connections grantees implemented family engagement practices and how they are working to improve parent access, knowledge, and support affects EII system efforts.

Systems learnings and implications. Understanding the promising practices and lessons learned of using a system-level approach to advance and strengthen countywide EII efforts.

Technical assistance (TA) and provider capacity. Understanding TA impact on grantee practices and workflow and the extent to which grantees have the knowledge and capacity to achieve family and system level outcomes.

Together, these areas constitute a holistic evaluation lens that supports a learning practice and orientation; accounts for the complexity, scale, and context at play in the First Connections program (e.g. at the different client, partner and system levels); and that considers the multiple barriers that providers and systems efforts face when implementing EII screening and referral systems.

Methods and Limitations

To capture the information needed to address the three core areas of inquiry, the evaluation team relied on the following sources: grantee background documents and reports, grantee performance data, data from grantee journey mapping sessions and focus groups with families, and sensemaking with EII providers during a virtual forum. Appendix A presents the methods used to capture the specific evaluation questions of each area of inquiry. The information below details each data source:

- **Document and data review.** The evaluation team conducted a review of key initiative documents including background information, performance matrices, and progress reports.

- **Grantee performance data.** Demographic, screening and referral data was analyzed to assess program outcomes within and across grantees.

- **Grantee journey mapping.** The purpose of journey mapping was to develop an in-depth perspective of the impact of First Connections activities on EII efforts, document changes to organizational processes and workflow, and identify successes and lessons learned. A total of six journey mapping sessions were conducted with various program staff (e.g. site leads, care coordinators, and physician champions), one session per grantee.

- **Family focus groups.** Findings from the focus groups helped capture families' experiences participating in the First Connections program by gathering information on the screening and referral process as well as the different activities agencies implemented to engage families, to normalize developmental screening and to support them with the services that parents need. The evaluation team conducted a total of four focus groups with parents of children participating in the First Connections program, one at each of the following sites: Allies for Every Child, Eisner Health, Northeast Valley Health Corporation, and South Central Los Angeles Regional Center.

- **First Connections Forum**. The First Connections Forum, held virtually on July 14, 2020 provided an opportunity for over 60 First Connections' grantees and EII service providers to hear preliminary evaluation findings and participate in small group discussions to "make sense" of and reflect on the findings in the context of their own practice. References to insights from EII partners throughout this report are based on the discussions held during the Forum.

The evaluation team conducted quantitative and qualitative analyses to synthesize and triangulate the multiple findings collected through the different data sources in this evaluation. Each type of analysis used by the evaluation team is explained below.

Qualitative Analysis

The evaluation team used Atlas.ti – a computer assisted qualitative data software program – to conduct the content analysis for all qualitative data sources. Content analysis is a systematic approach for organizing, analyzing and interpreting narrative data that is grounded in a primarily deductive framework. The evaluation team also developed comprehensive codebooks containing broad and specific codes used to identify themes and nuances within and across grantee journey mapping sessions and parent/caregiver focus groups. Limitations of the qualitative analysis include:

Uniqueness of grantees. Given that grantees are unique with respect to agency type, type of services offered, geographic location, and familiarity with early intervention services, the evaluation team ensured that findings generally spoke to the successes and challenges experienced across all grantees, as well as providing insight into the experience shared by subsets of grantees when similarities exist.

Low attendance to parent/caregiver focus groups. On average, four parents attended each focus group, which is much lower than the participant target of eight individuals. Although there was low attendance, parents were able to provide details of their journey accessing developmental screening services and receiving referrals and care coordination services. It is important to keep in mind that due to low attendance, experiences from parents cannot be generalized for all the families served by each grantee.

Quantitative Analysis

As part of the First Connections program, grantees conducted developmental screenings using The Ages & Stages Questionnaire®, Third Edition (ASQ®-3), The Ages & Stages Questionnaire®, Social Emotional (ASQ®-SE) and/or The Modified Checklist for Autism in Toddlers (M-CHAT).[28] To assess program outcomes, the evaluation team examined 52,656 ASQ®-3 developmental screenings completed from April 2014 to December 2019.[29] Given the retrospective nature of the evaluation, data availability limitations, and reporting inconsistencies, the ASQ®-3 data included in this report may include duplicate participants and does not represent the total number of screenings completed by grantees.[30]

Grantees extracted demographic, screening, referral and service data from their systems including EHRs, online data collection platforms and/or administrative records to share with the evaluation team. All extracted data was cleaned and checked for accuracy before being merged into one dataset. The resulting dataset was analyzed using Statistical Package for the Social Sciences (SPSS).

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[28] Based on the data shared by grantees, the ASQ®-3 was the most frequently tool used to assess the development of children engaged in the First Connections program.
[29] The evaluation team was unable to determine the total number of ASQ®-3 completed as grantees reported the combined number of ASQ®-3, ASQ®-SE, and M-CHAT screenings completed during the grant period in progress reports.
[30] The total number of children included in the evaluation may include duplicate participants as children engaged in the First Connections program could be screened multiple times at different points in time.

The quantitative analysis approach involved running descriptive analyses such as frequencies and mean calculations and comparisons (e.g. Chi-Squares and t-tests) to explore differences in screening and referral practices. Data stratifications were determined by data availability and sample size. Sample stratifications included the following:

- Age

- Race or ethnicity

- Gender

- Grantee type

- Fiscal year (July-June)

Statistical significance was assessed using the most appropriate test for the data and findings were considered to be significant if they achieve p-value less than or equal to 0.05, meaning the probability of the finding occurring by chance is less than or equal to 5 percent. Limitations include:

Missing Data. All variables were reviewed to determine the amount of missing data. In order to increase our sample size, we included all data available for the analyses.

Data Availability. The data available for the evaluation varied greatly by grantee:

- Screening results were available for five of the six grantees: 2 FQHCs, 2 family serving agencies and 1 Regional Center.

- Referral data did not distinguish between internal and external referrals and was only available for four of the six grantees: 2 FQHCs, 1 family service agency and 1 Regional Center.

- Service data was only available for three of the six grantees: 1 FQHC, 1 family service agency and 1 Regional Center.

Reasons for limited data included:

- Grantees had varying levels of capacity to access and provide the data needed for the evaluation.

- Screening and referral data was available in different formats (paper and electronic). The evaluation only analyzed data available electronically.

- Variables of interest were not collected or were not linked to screening and referral data.

- Grantees varied in the way they documented or defined connection to services.

- COVID-19 pandemic impacted the ability of grantees to secure and share their referral and service data.

- This evaluation report only includes data received by 4/17/20.

The data available for the evaluation limit our capacity to assess differences across grantees.

Report Overview

This report presents findings from the First Connections program evaluation by providing information about the implementation and effectiveness of the program that can inform the sustainability of First Connections, development and implementation of HMG LA, and strengthen EII practices across L.A. County as aligned to First 5 LA's new 2020-2028 Strategic Plan. Findings are organized by the areas of inquiry: family access, knowledge, and support; systems learnings and implications; and technical assistance and provider capacity and are informed by the experiences of grantees and parents/caregivers and through the grantee data review. In addition to the primary findings, each area of inquiry includes successes and challenges that could provide learnings for future improvements, as well as insights from the First Connections Forum held with grantees and other representatives from EII systems consisting of early childhood providers, health plans, and county agencies.[31] The final section includes lessons learned and recommendations.

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[31] The First Connections Forum was held on July 14, 2020 with over 60 EII systems partners.

Family Access, Knowledge, and Support

EII screening and referral efforts often focus on engaging providers more than families,[32] and family engagement is often measured via referral tracking alone. Research suggests that the most impactful EII system efforts expand family engagement to include educating families on how to navigate EII systems and addressing family risk factors, such as perinatal depression and family stress, to provide more holistic family support.[33,34]

The First Connections program works to engage families in discussions about healthy child development, supports them to navigate between programs and services across service sectors, and connects them to local Regional Centers, school districts, and community supports. Family engagement, education, and support are critical to HMG system efforts.[35] It is important to understand how First Connections grantees implemented these family engagement practices and how working to improve parent access, knowledge, and support affects EII systems efforts.

Key Findings

- Grantees conducted more than 50,000 developmental screenings for children birth through age 5 in L.A. County as part of the First Connections program.

- Parents increased their knowledge of age appropriate child development and developmental supports and resources.

- Children demonstrated improvements in skills and abilities, most notably communication and social skills, after receiving developmental services.

- The strategies implemented by grantees, namely relationship development, education and awareness building, were important to help parents overcome the stigma associated with special needs.

- Parents sometimes encountered gaps in communication or inconsistent or inaccurate information when attempting to access services or resources, both within and outside of First Connections, such as lack of consistent information about resource availability or having to repeatedly follow-up with referral organizations.

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[32] Spark Policy Institute. (2013). *Early childhood health integration evaluation brief report #4: Screening and referral systems for early childhood health.* http://www.coloradotrust.org

[33] Ibid.

[34] Kaye, N. & Rosenthal, J. (2008). *Improving the delivery of health care that supports young children's healthy mental development update on accomplishments and lessons from a five-state consortium.* National Academy for State Health Policy. https://www.commonwealthfund.org

[35] Harder+Company Community Research. (2018). *Early identification and intervention systems in California: Bright spots and lessons learned.* https://www.packard.org/wp-content/uploads/2018/03/Early-Identification-and-Intervention-Systems-in-CA-Full-Report.pdf
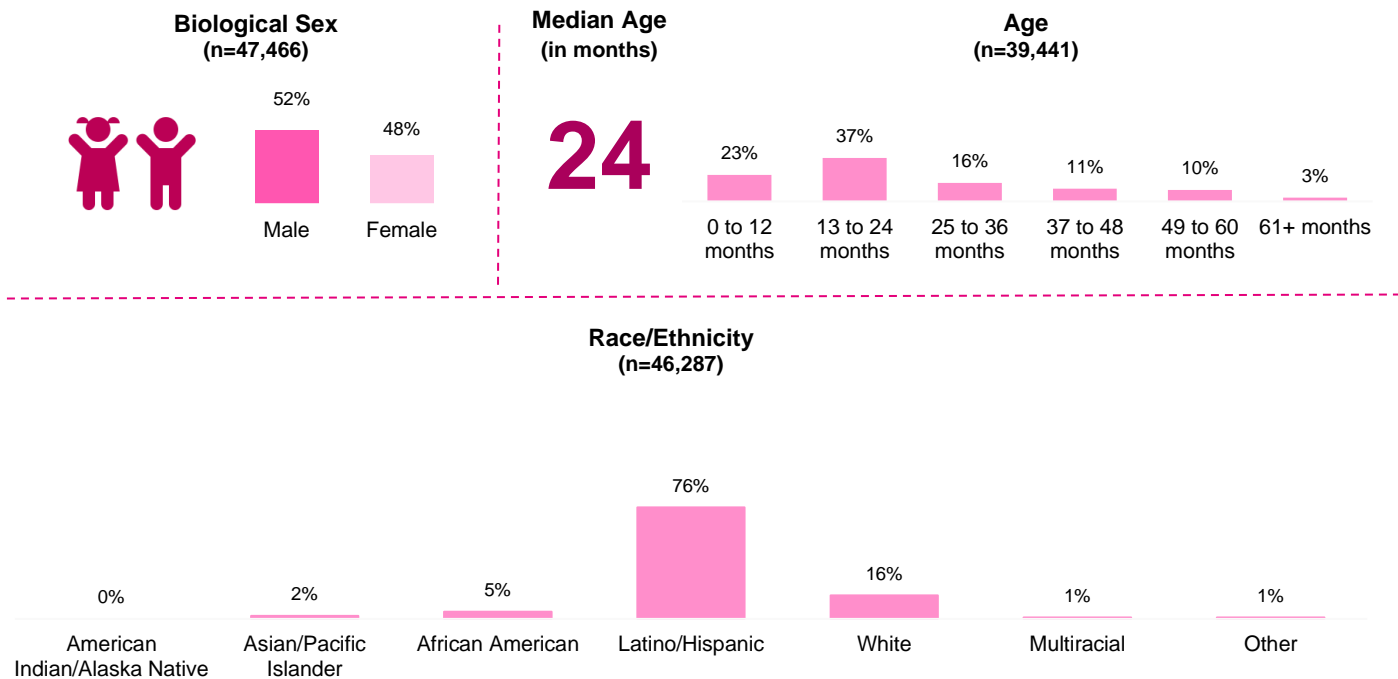
As part of this efforts, First Connection grantees conducted developmental screenings using ASQ®-3, ASQ®-SE and/or the M-CHAT. Across grantees, the ASQ®-3 was the most commonly instrument used to screen for devevlopemental delays. Findings presented in this section are based on ASQ®-3 screenings.

More than 50,000 screenings were conducted through First Connections.
The ASQ®-3 is designed to assess children's development at specific age points across five domains: communication, gross motor, fine motor, personal/social and problem solving. From April 2014 to December 2019, 52,656 ASQ®-3 screenings were completed for children ages 1 month to 5 years. Children participating in the First Connections program may have been screened multiple times to track their development over time. This practice aligns with the AAP's recommendation of three developmental screenings by the age of three.[36] Additionally, children at risk of developmental delays may be screened more often than the recommended discrete ages (i.e., at 9, 18 and 30 months) to monitor their development. ASQ®-3 best practices suggest rescreening children that score in the monitoring zone in 2 to 3 months from their last screening.[37] Due to this practice as well as diferences in data reporting across organizations, the total number of unduplicated children screened was unable to be determined.

Exhibit 5 provides an overview of the characteristics of screened children. Further analysis of the race and ethnicity of children screened through First Connections is included in the Ensuring Equitable Service Delivery section starting on page 22.

Exhibit 5.   Demographics of Children Screened with ASQ®-3[38]

Biological Sex (n=47,466)
Male 52% Female 48%

Median Age (in months)
24

Age (n=39,441)
0 to 12 months: 23%
13 to 24 months: 37%
25 to 36 months: 16%
37 to 48 months: 11%
49 to 60 months: 10%
61+ months: 3%

Race/Ethnicity (n=46,287)
American Indian/Alaska Native: 0%
Asian/Pacific Islander: 2%
African American: 5%
Latino/Hispanic: 76%
White: 16%
Multiracial: 1%
Other: 1%

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[36] Lipkin, P., & Macias, M. (2010*). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*,*145*(1), 1-19. https://pediatrics.aappublications.org/content/145/1/e20193449
[37] Ages and Stages. (2015). Kids in the monitoring zone: What to do next. https://agesandstages.com/wp-content/uploads/2017/04/Kids-in-the-monitoring-zone.pdf
[38] Sample sizes for demographic characteristics of screened children varied by indicator due to differences in data availability.

Parents learned about the First Connections program through multiple channels. When asked how they learned about the developmental screenings and referral services offered by First Connections grantees, parents reported a wide variety of sources, such as through community events, healthcare providers, staff at social service agencies, childcare providers, teachers, social workers or therapists. In some cases, parents initiated conversations about developmental concerns with doctors, specialists or staff before being offered developmental screening services. Other times, parents learned about the services while receiving other routine services with First Connections grantees, such as well-child visits.

Overall, parents had positive experiences with the developmental screening process; however, some reported long wait times specifically related to scheduling appointments for further assessment. Parents appreciated that grantees provided information during and after the screening services. They shared that grantee staff explained the developmental domains measured by the screening tool as well as how developmental services, such as speech therapy, can be beneficial for their child's development if a delay is identified. Parents reported screening results were usually shared with parents in-person or over the phone, and the time frame for receiving results varied from immediately following the screening to one or two weeks later. However, some parents expressed frustration with the process for scheduling appointments for follow-up developmental assessments. In some cases, it took days, weeks or more than a month for referral organization staff to call them to schedule these appointments.

Parents' improved their knowledge of child development and developmental supports through their participation in First Connections. Through the screening process and subsequent services (e.g. speech classes and therapy), several parents reported learning which behaviors might be indicative of developmental delays. Based on these behaviors, parents reported learning how to stimulate their children to make progress on milestones. Parents also reported paying more attention to their child's development with more patience and a better understanding of the appropriate stages of child development.

Parents also reported learning about the importance of developmental screening and early intervention services. This increase in knowledge led to parents taking initiative and advocating for screening and services for their children earlier on, instead of waiting to receive guidance from providers (psychiatrists, teachers, therapists, etc.). Finally, several parents reported learning about services and resources available in their communities, eligibility requirements, costs and even changes in state laws that affect their ability to access to services.

EII partners agree that prioritizing parent education about child development plays a large role in determining whether parents accept services for their children. EII partners also recommend providing opportunities for families to meet and bond with each other, share resources, and overcome stigma.

" I think he'll just do better academically in school because he had an early start, and we were able to address his needs early.

– Parent/Caregiver

Stigma surrounding developmental delays is difficult to overcome. Some parents reported not always having support from family members – especially those unfamiliar with developmental delays or EII services. However, parents reported that learning how screening services and therapies to address delays would support their child's development, as noted above, gave them the motivation and confidence to advocate for their child.

Grantees shared that shifting stigma related to development delays is a time-intensive process. They acknowledged it is important that staff interact with families in a way that does not cause them to be reluctant to seek services. They shared the importance of considering education and awareness when communicating with parents to ensure they understand their child's development and the positive outcomes that could result from seeking developmental services. Grantees also worked to reassure parents that their child would not be labeled or stigmatized if they had a developmental delay or special need. Grantees found that investing time to develop trust and rapport with a family helped encourage those who were hesitant to accept a referral.

EII partners recommend holding active listening sessions to hear directly from parents about what they are going through and what is important to them as it relates to developmental concerns and to use the session as an opportunity to answer questions before providing screening services. This will help promote buy-in from families from the beginning and help providers better understand the specific barriers and stigma that the families are facing. EII partners also suggest sharing successful stories of children and families engaging in developmental services, working with faith-based organization or cultural champions, and including male figures in marketing materials as best practices for normalizing EII services and shifting stigma.

Developmental Screening Results and Referrals

Slightly more than two-thirds of screenings conducted as part of the First Connections program suggested that screened children were "developing on schedule" at the time the screening was conducted. ASQ®-3 scores fall into one of the following 3 categories: developing on schedule, in need of monitoring, or in need of referral for additional assessment and services. Out of the 41,695 screenings for whom overall results were available, 68% fell in the developing on schedule category, 16% in the monitor range, and 17% in the referral range. While the majority of screenings indicated that screened children were on track developmentally at the time of screening, a third (33%) of the screenings identified children with or at risk for developmental and behavioral delays (see Exhibit 6).[39] The total percentage of screenings that fell in the monitor or referral range is within the range of children estimated to be at risk for developmental delays in in L.A. County. Approximately 30 to 40% of children residing in L.A. County would benefit from early intervention services and support.[40]

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[39] A child is considered to be in the referral range if she or he scores below the cutoff score (2 standard deviations below the mean performance) for at least one of the five ASQ®-3 domains. The monitor zone includes scores that are between 1 and 2 standard deviation below children's mean performance in each developmental area. Being in the referral range indicates that further assessment is recommended to identify developmental delays but does not necessarily indicate a diagnosis or eligibility for EII services.

[40] Campbell, H. (2012). *Early developmental screening and intervention initiative (EDSI): Lessons learned*. First 5 LA.

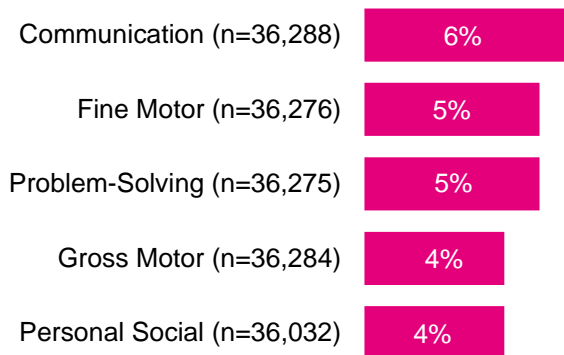**Exhibit 6.   Overall ASQ®-3 Results (n=41,695)***

Developing on Schedule	68%
Monitor Range	16%
Referral Range	17%
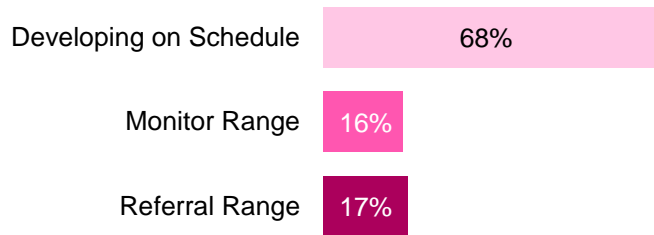
* Due to rounding percentages may not add up to 100%

Communication was the most common area of concern on the ASQ®-3.
When examining individual ASQ®-3 domain scores of screenings, 6% of screenings had concerns in two or more domains.[41] Based on individual domain results, the most common area of concern was communication (Exhibit 7). This finding is lower than the prevalence of communication disorders reported in other studies. Research has shown that the communication disorders affect 11% of children ages 3 to 6 in the United States.[42]

Exhibit 7.   ASQ®-3 Domains in the Referral Range

Communication (n=36,288)	6%
Fine Motor (n=36,276)	5%
Problem-Solving (n=36,275)	5%
Gross Motor (n=36,284)	4%
Personal Social (n=36,032)	4%

Most referrals were made to Regional Centers or Early Head Start/Head Start. In addition to sharing and explaining screening results, grantee staff discussed with families the need for further assessement and intervention services with families of children that scored in the referral range. Referral organizations included Regional Centers, school districts, Early Head Start/Head Start, behavioral health and health services (e.g. occupational, physical therapy).[43]

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[41] ASQ®-3 individual domain results were not available for one of the FQHCs and the Regional Center. "More than one domain" category is inclusive of any of the ASQ®-3 individual domains (i.e., communication, gross motor, fine motor, problem solving and personal social).
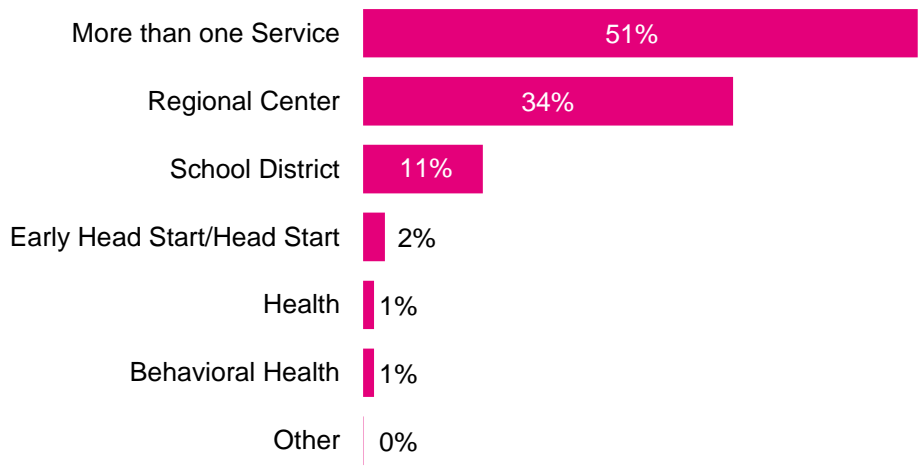[42] Black, L.I, Vahratian, A. and Hoffman, H.J. (2015). *Communication disorders and use of intervention services among children aged 3 -17 years: United States, 2012.* NCHS data brief (205). Hyattsville, MD: National Center for Health Statistics.
https://www.cdc.gov/nchs/products/databriefs/db205.htm#children_age
[43] Referral data was available for two FQHCs, one family serving agency and Regional Center.

Across all grantees for whom referral data was available, over half (55%) of the screenings in the referral range resulted in referrals.[44] The proportion of screenings that resulted in referrals aligns with the percentage reported by pediatricians. In 2016, pediatricians reported referring 59% of children at risk for developmental problems.[45] Many factors impacted referral rates including families not being receptive to services; services not being available; and children being already connected to services. Some families were not ready to seek services, in which case grantees continued to monitor the child's development and advocate for the need for additional services. Additionally, some of the families resided in areas where early intervention services such as Head Start or Early Head Start were not available or were planning to move out of the County or the State.

Children could be referred to multiple services depending on the areas of concern identified during their screening. Approximately half (51%) of the referrals were to two or more services, followed by 34% to Regional Centers solely and 11% school districts solely (see Exhibit 8). Of the screenings that resulted in two or more referrals, 89% included referrals to Regional Centers and 65% to Early Head Start or Head Start. The large number of referrals to the Regional Center reflects the age distribution of screenings with scores in the referral range, as approximately four-fifths (79%) of screenings were conducted with children 3 years of age or younger and the Regional Centers are designated as the agencies that serve children under the age of 3 with special needs.[46]

Exhibit 8.   Referrals to Early Intervention Services by type of service (n=2,598)[47]

More than one Service	51%
Regional Center	34%
School District	11%
Early Head Start/Head Start	2%
Health	1%
Behavioral Health	1%
Other	0%

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[44] Please interpret referral and service data findings with caution as children participating in the First Connections program could have been screened multiple times during the grant period but may have only been referred to a particular resource once.

[45] Lipkin, P., Macias, M., Chen, B., et al. (2020). Trends in pediatricians' developmental screening: 2002-2016. *Pediatrics*, 145(4). https://pediatrics.aappublications.org/content/pediatrics/145/4/e20190851.full.pdf

[46] Legislative Analyst's Office. (2018). *Evaluating California's system for serving infants and toddlers with special needs*. https://lao.ca.gov/Publications/Report/3728
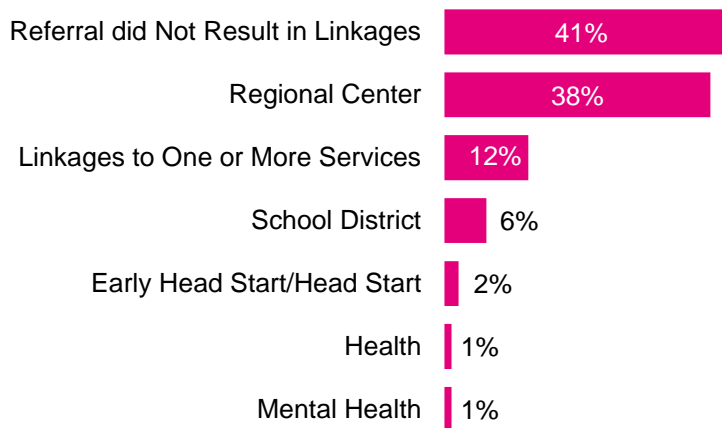
[47] "More than one service" category is inclusive of any of the following services: Regional Centers, school districts, Early Head Start/Head Start, health, behavioral health and other intervention services.

Linkages and Access to Developmental Services

Success of linkages to early intervention services varied by referral type.
For the purpose of this evaluation, successful linkage to services refers to referrals made by First Connection Grantees for children in the referral range that resulted in being found eligible for and/or receiving at least one early intervention service. On average, 59% of referrals resulted in linkages to at least one early interventions service.[48] Exhibit 9 below shows the percentage of referrals that resulted in linkages to a specific early intervention service. Parents who partcipated in focus groups shared the following reasons for not linking to services: stigma, parent disagreeing with results, lack of understanding, lack of financial resources, lack of time, long waiting lists, and limited availablility of local resources.

Exhibit 9. **Referral Outcomes by type of service (n=2,598)[49]**

Referral did Not Result in Linkages	41%
Regional Center	38%
Linkages to One or More Services	12%
School District	6%
Early Head Start/Head Start	2%
Health	1%
Mental Health	1%

Parents sometimes encountered gaps in information or communication when attempting to access services or resources. Parents reported feeling like they had to advocate for their children, both within First Connections and with organizations external to First Connections. They shared that some grantees and service providers did not always willingly share the services or resources they knew of or had access to unless parents asked for them specifically. In other instances, parents felt as though they had to push the process and repeatedly contact the service providers they were referred to in order to make progress towards scheduling an appointment and accessing services. Parents also expressed that more accurate and complete information needs to be disseminated about available developmental services and resources in the community, eligibility requirements for services (e.g. Medical, IEP) and the process to access services for children.

> " *I didn't know that they learn about [using] scissors [at that age]. I do like knowing where he's behind and where I can help him to also progress.*
>
> *– Parent/Caregiver*

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[48] The reported percentage of successful linkages does not reflect instances where, upon further assessment, the child is found to be developing typically and does not require intervention services.
[49] Service data was only available for one FQHC, one family serving agency and Regional Center.

Attending services can be both time and resource intensive for families, which was a challenge for parents – especially for those who work. Parents reported facing several challenges in accessing needed services, including not being able to fit appointments into their work schedules, having to drive long distances for an appointment, and the cost of services for parents accessing intervention services through private insurance who have the additional financial burden of co-payments for services. Parents also shared they would prefer longer-term coordinated services that do not require their child to be moved around based on eligibility (e.g. ECE providers, Regional Center, school system) to avoid changing routines for children and schedules for parents.

Children improved their communication and social skills after receiving developmental support services. Children who were able to be successfully linked to services demonstrated improvements as a result of the early intervention they received. For example, some parents noticed their children enhanced their vocabulary, improved their social skills at school and the park, and expressed less frustration when trying to communicate. Many parents also felt the services helped their child prepare for school and succeed in the next stage in their lives. Parents expressed confidence that their children will do better at school because their needs were addressed earlier and felt hopeful about the long-lasting benefits of early intervention services in their child's future.

First Connections Forum Highlights

The First Connections Forum, held virtually on July 14, 2020 provided an opportunity for over 60 First Connections' grantees and EII service providers to "make sense" of preliminary evaluation findings and reflect on the findings in the context of their own practice. After discussing the positive outcomes and challenges children and families experienced in First Connections, attendees were asked to share best practices for successfully engaging families. Grantees and service providers shared the following strategies:

- Share successful stories of children and families engaging in services.

- Hold active listening sessions to hear from parents what they are going through and what is important to them as it relates to developmental concerns and use the session as an opportunity to answer questions before providing screening services – which will help promote buy-in from families from the beginning.

- Provide opportunities for families to meet and bond with each other, share resources, overcome stigma.

- Prioritize parent education about child development – this plays a large role in determining whether parents accept services for their children.

- Work with faith-based organization or cultural champions to reduce stigma, develop trust, and help connect families to services.

- Include male figures, such as fathers and grandfathers, on marketing, communication, and education materials, especially for Asian and Latinx communities, to help normalize services and reduce stigma.

System Learnings and Implications

First Connections is one of a series of First 5 LA investments contributing to the advancement of system and practice change efforts, including HMG LA.[50] First Connections offers an important learning opportunity to leverage promising practices and lessons learned to advance and strengthen LA's countywide EII efforts. EII pilots and demonstrations, such as First Connections, have proven fertile grounds to inspire and test policy and practice changes.[51]

The systems learnings and implications from First Connections can inform the activities, spread, and scale of future EII efforts in L.A. County.

Key Findings

- Overall, First Connections grantees screened children of varying racial and ethnic backgrounds. Grantees attempted, with varying level of success, to engage children and families of diverse backgrounds. However, more information is needed to determine if all the diverse families in their catchment area are able to access developmental screening services.

- Care coordination is key to guaranteeing that families are able to navigate the system and connect to needed services.

- Multiple grantees reported developing approaches to providing bridging services, such as telephone education and developmental homework, when a service gap existed. These services helped build relationships and helped parents better understand their child's development, often resulting in connecting their children to needed services.

- Grantees reported varying levels of success with developing external partnerships for the purposes of generating referrals and linking families to needed services. New partnerships required trust and buy-in, and engaging champions and key decision makers.

- When possible, grantees took advantage of in-house programs for referrals, such as Early Start, Head Start, Early Head Start and medical specialists.

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[50] For example, Early Developmental Screening and Intervention Initiative and the Early Identification and Care Coordination Project (see https://www.first5la.org/files/HelpMeGrow-LA%20Recommendation%20Report.pdf)

[51] Kaye & Rosenthal (2008).

Background

The evaluation of the First Connections program will inform the HMG LA model by identifying system-level lessons learned based on the innovative approaches that First Connections grantees have used to strengthen, embed and expand EII practices in their organizations. The findings that follow illustrate systems-learning and implications meant to inform planning and implementation of HMG LA in the future, based on findings from providers' journey mapping sessions, caregiver focus groups, and grantee performance data. This section outlines systems learnings and implications with respect to 1) equity in serving children and families from diverse backgrounds, 2) service referrals and care coordination, and 3) partnerships and collaboration in the EII system.

Ensuring Equitable Service Delivery

Overall, First Connections grantees conducted ASQ®-3 screenings with children of varying racial and ethnic backgrounds. Based on the data available,[52] across all grantees, the largest proportion of ASQ®-3 screenings were with Latinx children, accounting for 76% of the overall total screenings completed from 2014 to 2019 (see Exhibit 10). The race/ethnicity for children 0-4 years old in L.A. County in 2019 is included in Exhibit 10 as a comparison point. This analysis, which is intended to shed light on equity in screening practices, is not without limitations. For example, the overall racial and ethnic background of screened children would suggest an underrepresentation of African American, Asian/Pacific Islander, Multiracial and White children served by First Connections when considering the demographics of L.A. County[53]; however, the specific geographical catchment areas that each grantee serves may have a different racial/ethnic makeup than that of the overall County. Further analysis is needed to understand whether the racial/ethnic make up of children screened through First Connections mirrors the racial/ethnic make up of their catchment areas more generally. While the available race/ethnicity data of screened children indicates that the findings from the First Connections program may not be generalizable to all families across the full spectrum of L.A. County's racial and ethnic make-up, the high proportion of Latinx children screened for developmental delays reflects the proportion of Latinx individuals being served at grantee organizations (67% to 84%).

"Getting partner buy-in or even just knowing who the partners were and getting the right person to connect with to build that partnership [is critical], like a decision maker who can say 'yes, we want to do this'. A lot of times [staff at organizations] will be like, 'Yeah, we'll get your information and we'll pass it on'.

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[52] The screening data presented does not include every ASQ®-3 screening completed through the First Connections grant. Race and ethnicity data was not available for one of the family serving agencies and ASQ®-3 results were not available for one of the FQHCs.

[53] U.S. Census. (2019). Annual county resident population estimates by age, sex, race and Hispanic origin: April 1, 2010 to July 1, 2019. Retrieved from https://www.census.gov/newsroom/press-kits/2020/population-estimates-detailed.html

Exhibit 10.   Race/Ethnicity of Children Screened by First Connections and L.A. County Children[54]
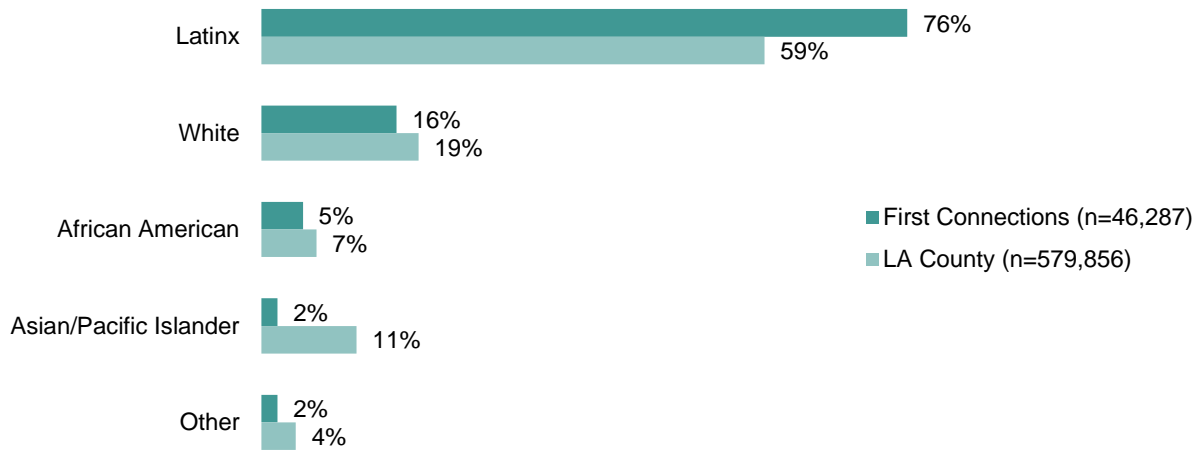
Overall, screenings conducted with Latinx children were significantly less likely to fall in the referral range.[55] When examining the ASQ®-3 screening results for each of the racial and ethnic categories, screenings of African American children (18%), White children (18%) and children of other racial and ethnic categories (21%) had higher proportions of results falling in the "referral" range than Latinx children (see Exhibit 11).

Exhibit 11.   ASQ®-3 Overall Screening Results, by Child's Race/Ethnicity[56]

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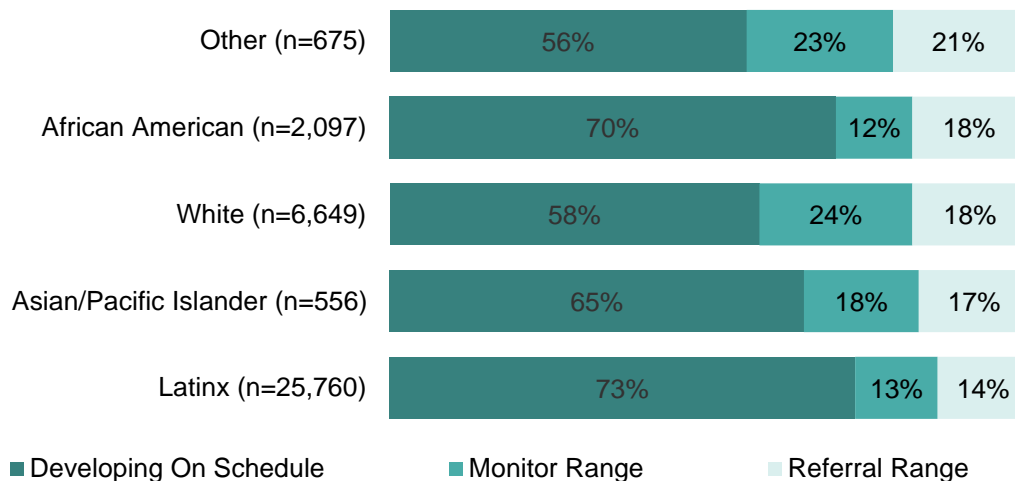
[54] As a point of comparison, race/ethnicity for children under 5 (0-4) residing in L.A. County in 2019 is shown in this graph. Other race/ethnicity category includes multiracial children, American Indian/Alaska Native and non-specified other race and/or ethnicity.

[55] *p*-value < 0.01

[56] Screening results by race/ethnicity were not available for slightly less than a third of screened children (32%, n=16,919). This was due to race/ethnicity data not being linked to their screening results or race/ethnicity information not being captured in the dataset. Other race/ethnicity category includes multiracial children, American Indian/Alaska Native and non-specified other race and/or ethnicity.

There were significant differences in the proportion of ASQ®-3 domains that fell in the referral range based on the race and ethnicity of screened children, with screenings of Latinx children being significantly less likely to be identified as needing further assessment and referral than White children in each of the ASQ®-3 domains (Exhibit 12).[57]

- **Communication:** Screenings conducted with Asian (9%) and White (8%) children were significantly more likely to be in the referral range than those completed by African American (5%) and Latinx (5%) children.

- **Gross Motor:** Screenings conducted with White (7%) children were significantly more likely to be in the referral range than those completed by African American (4%) and Latinx (3%) children.

- **Fine Motor:** Screenings conducted with Asian (7%), White (7%) and African American (6%) children were significantly more likely to be in the referral range than screenings of Latinx (4%) children.

- **Problem Solving:** Screenings conducted with Asian (9%) and White (7%) children were significantly more likely to be in the referral range than those completed by African American (5%) and Latinx (3%) children.

- **Personal Social:** Screenings conducted with Asian (7%), White (6%) and African American (4%) children were significantly more likely to be in the referral range than screenings of Latinx (3%) children.

Exhibit 12. **Percentage of ASQ®-3 Screenings with Domain Results that Fell in the Referral Range, by Child's Race/Ethnicity**

Race/Ethnicity	ASQ®-3 Domain Results in the Referral Range				
	Communication	Gross Motor	Fine Motor	Problem Solving	Personal Social
African American/Black (n=1,715 - 1,729)	5%	4%	6%	5%	4%
Asian/Pacific Islander (n=517 - 523)	9%	6%	7%	9%	7%
Latinx/Hispanic (n=21,690 - 21,776)	5%	3%	4%	3%	3%
White (n=6,377 - 6,520)	8%	7%	7%	7%	6%
Other (n=460 - 466)	7%	4%	4%	7%	5%

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[57] *p*-value < 0.01

While the specific reasons for these racial differences in screening results between First Connections participants are unknown, research has shown that African American and Latinx children are less likely to be diagnosed for behavioral and developmental conditions.[58] A possible factor related to these findings for Latinx children is a common complaint that the Spanish translation of the ASQ®-3 is inaccurate, as discussed further below. Linkage data was not reliable enough to analyze by race/ethnicity.

Higher proportion of screenings of African American, Latinx and children of other races and ethnicities that fell in the referral range resulted in referrals to the Regional Center when compared to screenings of Asian and White children. On average, 44% of children who were identified as needing further assessment and/or referral were referred to the Regional Center. Based on the referral data available, there were significant differences in the percentage of children referred to the Regional Center across racial and ethnic groups. Compared to Asian (23%) and White (18%) children in need of further assessment and intervention services, African American children (51%), children of other races and ethnicities (51%) and Latinx children (50%) were significantly more likely to be referred to the Regional Center (see Exhibit 13).[59]

Exhibit 13. Referrals to Regional Center, by Child's Race/Ethnicity[60]

Race/Ethnicity	Percentage
African American (n=304)	51%
Other (n=132)	51%
Latinx (n=2,537)	50%
Asian/Pacific Islander (n=83)	23%
White (n=1,194)	18%
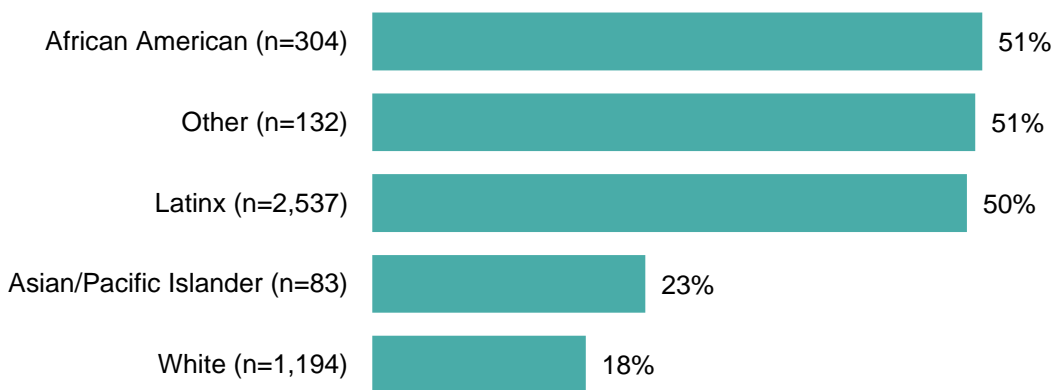
Higher proportion of screenings of Asian and White children fell in the referral range resulted in referrals to the health intervention services such as occupational and physical therapist when compared to screenings of Latinx children. Based on available data, 4% of children who were identified as needing further assessment and/or referral were referred to services such as physical therapy and occupational therapy. There were significant differences in the percentage of children referred to health intervention services such as occupational therapy, physical therapy, and medical specialists (e.g., audiologist) across racial and ethnic groups. Asian (11%) and White (8%) children were significantly more likely to be referred to this type of services than Latinx (3%) children (see Exhibit 14).[61] Referrals to other organizations could not be analyzed by race/ethnicity due to small sample size.

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[58] Zuckerman, K., Mattox K., Sinche, K., Blaschke G., & Bethell, C .(2014). Racial, ethnic, and language disparities in early childhood developmental/behavioral evaluations: a narrative review. *Clinical Pediatrics* (Phila). 53(7):619–631. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3955219/
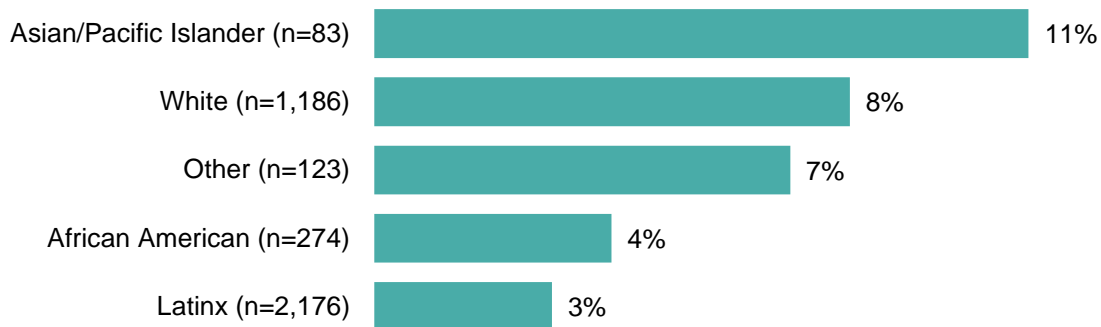
[59] *p*-value < 0.01

[60] Other race/ethnicity category includes multiracial children, American Indian/Alaska Native and non-specified other racial category.

[61] *p*-value < 0.01

Exhibit 14. Referrals to Health Intervention Services, by Child's Race/Ethnicity[62]

Asian/Pacific Islander (n=83)	11%
White (n=1,186)	8%
Other (n=123)	7%
African American (n=274)	4%
Latinx (n=2,176)	3%

Grantees shifted their outreach strategies to better engage children and families of diverse backgrounds. While grantees experienced challenges engaging all families, they aimed to be responsive to the cultural nuances and needs of all the families in their catchment area – especially as it is related to race, ethnicity and language. For example, one grantee reported initial challenges engaging the African American community, thus they adjusted their outreach and communication strategy to increase the opportunities to engage with families in spaces they frequently visit, such as partnering with specific community resource centers that serve higher proportions of African American families. Similarly, another grantee reported challenges in reaching the local Asian American population, thus they incorporated ways for the entire organization to be more embedded and connected to that community, such as conducting additional outreach efforts and bringing in staff who speak Chinese and Vietnamese. Grantees acknowledged that engaging certain populations in EII was often more difficult than others and required them to be thoughtful and creative. These efforts further demonstrated their commitment to serving children and families of diverse backgrounds and aligned with EII partners recommendations to hire specialists that speak the native languages present in the surrounding community and partner with other organizations to conduct outreach to under-engaged populations.

Grantees experienced challenges engaging children and families of with diverse cultural and linguistic needs. Multiple grantees reported challenges engaging Latinx, African American, and Asian American families. Barriers included stigma related to child development issues, fear of engaging with providers and public agencies due to issues such as immigration, as well as grantees not having a strong presence in certain communities. Two grantees also reported challenges working with Spanish-speaking parents and parents with low literacy levels. They reported that education and language barriers can create challenges since the Spanish version of the ASQ®-3 was described as "not great" by parents and required them to read and respond to various items that do not translate well conceptually. This lowers willingness to engage honestly because it made parents feel uncomfortable and likely relates to the findings above around the lower likelihood of Latinx children falling in the referral range. One grantee responded to diverse child and family needs by modifying the workflow to spend more time with parents who needed more assistance completing the screening due to language barriers or low literacy levels.

EII partners recommend developing a parent education model that considers cultural and linguistic differences to help break down stigma and get parents to understand the importance of developmental services, as well as providing tools and maps for providers to understand the demographics of the areas they serve.

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[62] Other race/ethnicity category includes multiracial children, American Indian/Alaska Native and non-specified other racial category.

First Connections Forum Highlights

The First Connections Forum provided an opportunity for First Connections grantees and EII service providers to "make sense" of preliminary evaluation findings and reflect on the findings in the context of their own practice. After discussing the demographics of children and families served by First Connections, grantees were asked to share their best practices for engaging underrepresented groups. Grantees and service providers shared the following insight or strategies:

- Hire specialists who speak native languages present in the surrounding community and partner with other organizations to conduct outreach to under-engaged populations.

- Develop a parent education model that considers cultural and linguistic differences to help break down stigma and get parents to understand the importance of developmental services.

- Develop tools for providers to understand the changing demographics of the surrounding areas, for example, develop maps that show the real time changes in the racial/ethnic makeup of an organization's catchment area.

Impact of Service Referrals and Care Coordination

Care coordination is key to guaranteeing that the referral for developmental services is successful. Grantees reported that referral, linkage and care coordination is generally a time and resource-intensive process, but worthwhile for ensuring that children and families are connected with appropriate supports after a developmental delay has been identified. Some grantees reported care coordination most often consists of assisting the parent in reaching out to an external service provider and following up to ensure they were moving towards receiving services. Some grantees reported their care coordinators followed up directly with the referral organizations as well, although some organizations, such as most Regional Centers, required the parent to initiate an initial assessment and consultation.

Parents felt supported by grantees when attempting to access external services. Parents reported that grantees supported them in connecting to other agencies when they did not hear back or when they needed to advocate for their child to receive services (i.e. when children fell in the "gray" area on the ASQ®). Parents reported feeling as though staff at grantee organizations were generally helpful when it came to referrals and care coordination and were persistent in following up to ensure a linkage had been made.

EII partners agree that a point person for families is key for successful communication, warm handoffs and follow through to maintain feedback loop between agencies and among children and families. They also advocated for embedding care coordination or parent navigators into the EII infrastructure, rather than an add on that depends on level of funding.

When we first started, our care coordination was even more robust. [We helped] parents fill out Regional Center applications. This assured it was sent in, and then we tried everything to hear from Regional Center about what services they received. Overtime, we realized that we were not able to access their records, so we would ask the parents [instead]."

–Grantee

Grantees took advantage of programs internal to the organization for service referrals, when possible. Some grantees, specifically the Regional Center and family service agencies, reported leveraging internal programs such as Early Start and Early Head Start for referrals when appropriate. One grantee noted that, looking back, more planning work would have been beneficial for "really mapping out a flow of how we want things to look, and then putting procedures in place to follow that flow" to increase efficiency between internal programs. This reiterates the fact that it is important to ensure First Connections is integrated within the organization's core programs and services to have maximum impact.

Multiple grantees provided bridging services when a service gap existed. Grantees acknowledged that children and families are not always able to access services due to general lack of availability or ineligibility. In other cases, parents are hesitant to accept a referral for services due to stigma or fear their child will be labelled. Grantees reported implementing bridging services such as providing telephone education and support to the parents, providing families with developmental homework, and conducting ongoing follow-up to check-in on the child's development to support families in those situations. Grantees reported that providing these bridging services helped staff develop rapport and trust with parents, and in some instances, parents who refused a referral previously would accept it later down the road after becoming more comfortable with grantee staff.

First Connections helped parents connect with each other. In addition to the support from their care coordinators, parents shared appreciation for the opportunity to meet and learn from other parents with similar experiences. For example, parents who had successfully navigated services would share their experiences, such as information on how to request additional services from different agencies. This knowledge sometimes resulted in parents successfully accessing services using the "tips and tricks" they learned from each other. EII partners emphasized the need for parents to be supported in order for their children to succeed.

The inability to share data and receive timely follow-up information from referral organizations was a major barrier to care coordination. Grantees acknowledged that obtaining information about the status of a referral for the purpose of care coordination is incredibly difficult. One grantee noted that this was due to lack of responsiveness on the referral organization's end, which resulted in shifting their practice to follow-up with parents instead. Grantees reported that establishing data sharing agreements and practices with commonly referred to organizations would have made it much easier to ensure children and families are linked to services. Although some grantees were able to develop MOUs with partners, others shared difficulties in coordinating an MOU with partners and there was limited information about whether the formal agreements made the partnerships more effective.

Parents reported wishing for a centralized resource with accurate service and eligibility information given that sometimes referrals were not successful, and they ended up going to multiple places and wasting time and resources. Similar to care coordinators, and as discussed in the referral section above, parents reported feeling like they had to be persistent and frequent in their attempts to connect with organizations they were being referred to. In some instances, parents felt as though they had to push the process and repeatedly contact the external providers they were referred to in order to make progress towards accessing services – either because the provider was unresponsive or because progress towards initiating services, such as an intake, was not scheduled in a timely fashion.

Parents reported that they would like to have a faster and more centralized process from the time of referral, given the urgency of wanting to enroll their child as soon as possible in services to begin addressing their child's developmental delays. For example, two parents reported they would like to be referred to a single entity that held all of the accurate service information related to developmental interventions for their child. This would avoid situations where parents would reach out to multiple organizations and receive conflicting information about the services available and the intake process. In response to this finding, EII partners also recommended co-locating care coordinators or similar roles across organizations that commonly share referrals (e.g. school district and Regional Center) to streamline the care coordination process.

First Connections Forum Highlights

The First Connections Forum, held virtually on July 14th, 2020, provided an opportunity for EII system partners to discuss the implications of preliminary evaluation findings and reflect on ways that the findings might be relevant beyond the scope of First Connections. After discussing findings related to the successes and challenges with developing partnerships and the impact of care coordination, system partners were asked to reflect on the implications these findings have for the design and implementation of similar investments and/or strategies to embed developmental screening and linkages into practice. System partners shared the following insight:

- A point person for families is key for successful communication, warm handoffs and follow through to maintain feedback loop between agencies and among children and families.

- Co-locate care coordinators or similar roles across organizations that commonly share referrals (e.g. school district and Regional Center).

- Supporting the whole family is key – for example, parents might be struggling with behavioral health issues such as maternal depression or substance abuse which can affect the whole family. Parents are essential partners to their children's success.

- Make care coordination or parent navigators part of the infrastructure, not an add on that depends on level of funding.

Developing Partnerships and Collaboration in the EII System

Grantees reported varying levels of success with developing external partnerships. Since most First Connections grantees rely on external partnerships to connect children with needed intervention services and supports, having collaborative relationships with referral organizations such as Regional Centers, school districts, and other mental and behavioral health providers is critical step in ensuring successful referrals and linkages. Grantees reported that developing relationships with external service providers is usually not an easy or fast process, as it requires frequent and consistent communication and follow-up, but can certainly be done. Most grantees reported having established relationships with several of the organization types mentioned previously, and even having some formal partnerships in place via memorandums of understanding (MOUs) or other written agreements.

EII partners recommend that EII providers should not hesitate to overcommunicate with new potential partners, for example sending follow-up emails and reminders, which can demonstrate commitment to establishing a relationship and expanding referral pathways.

Garnering buy-in and trust from external partners can help tremendously with partnership development and eventually program implementation. Grantees reported that developing partnerships and strong working relationships with external organizations was much easier when there was acceptance of, and willingness to, support the goals of First Connections, as well as trust among all parties. This inevitably required extensive communication, education and awareness work on the issue of EII and timely developmental screening, referral and linkage, as well as relationship-building to ensure external partners understood the significance of First Connections and its potential to positively impact children and families. One grantee also reported that having direct communication with a decision maker at the external organization is helpful for expediting partnership development.

EII partners recommend identifying a point-person at partner agencies to maintain streamlined and consistent communication when in the initial stages of partnership development.

Some grantees reported already having partnerships with external organizations in place, which allowed them to very easily partner for the purpose of First Connections. Grantees reported leveraging relationships that were in place prior to receiving the First Connections grant, such as relationships with FQHCs, clinics, and pediatrician's offices. Since grantees had already established relationships with key staff at these organizations, they were more likely to commit to supporting the initiative without having to go through a formal outreach and education process to explore what a First Connections partnership might look like.

Nearly all grantees reported having challenges with engaging and building relationships with new partners, despite investing significant time and resources to expand their referral pathways. Many grantees noted that external organizations, most often certain Regional Centers or school districts, can be especially challenging to establish relationships with, and even sending and coordinating referrals, following up on the status of a referral or obtaining data on whether children were assessed and connected to services is often times difficult to nearly impossible. Grantees reported that challenges developing external partnerships include a variety of factors such as lack of responsiveness, difficulty gaining buy-in around the issue or identifying a single point person and decision maker.

EII partners recommend reinstating interagency councils where cross sector representatives come together to share updates, keep each other informed of changes in services or resources, and build trusting relationships with each other that would improve system coordination.

> *"School districts, that's been the hardest one. To this day, I am waiting for an MOU […] They've been very challenging to establish a relationship with in order to create a referral pathway for kids who are aged out of Regional Center early intervention. I think it's low on their priority list.*
>
> *–Grantee*

First Connections Forum Highlights

First Connections Forum participants discussed the challenges grantees experienced with building partnerships and referral pathways and shared the following recommendations for approaching partnership development with new organizations:

- Identify a point-person at the agency to maintain streamlined and consistent communication when in the initial stages of partnership development.

- Be aware that developing a partnership with an external agency usually requires buy-in from decision makers at higher levels. If that buy-in is not gained with decision makers, the partnership is not likely to succeed.

- Don't hesitate to overcommunicate with new potential partners, for example sending follow-up emails and reminders, which can demonstrate commitment to establishing a relationship and expanding the referral pathway.

- Reinstate interagency councils where cross sector representatives come together and form relationships that would improve system coordination.

Technical Assistance (TA) and Provider Capacity

Developmental screening, care coordination, referral and tracking require multiple implementation systems.[63] Providers face many organizational and time demands that might impede effective implementation of required systems, and research has found that "implementation of a screening and referral system [...] requires training for the providers, ongoing support materials, and other types of support, such as direct assistance with redesigning office workflow."[64] TA providers must be knowledgeable about the field, comprehend organizational context, and effectively address stakeholder needs in order to gain buy-in and influence practice.

Understanding TA impact on grantee practices and workflow is foundational to evaluating the extent to which grantees were able to achieve family and system level outcomes. This area of inquiry aimed to understand which aspects of TA were most impactful on grantees and their capacity to implement the program as well as what aspects are areas of opportunity to support providers in the future. These findings can help inform the ways in which TA could benefit from better design investments upfront.

Key Findings

- Within the first three years, the TA team facilitated over 60 trainings with First Connections grantees.

- Core trainings were effective for laying the foundation for program implementation.

- TA beyond training, especially with workflow development and tool selection, supported grantees' implementation of First Connections.

- Some grantees did not understand the full scope of TA supports and did not realize additional support was available.

- Although outside the scope of First Connections' TA, grantees would have benefited from support with grant reporting and data tracking.

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[63] King, T., Tandon, S., Macias, M., Healy, J., Duncan, P., Swigonsky, N., Skipper, S., & Lipkin, P. (2010). Implementing developmental screening and referrals: Lessons learned from a national project. *Pediatrics,125*(2), 350-360. https://pediatrics.aappublications.org
[64] Kaye & Rosenthal (2008).

Background

As the first and largest pediatric hospital in Southern California and a recognized leader in the field of developmental disabilities, Children's Hospital Los Angeles (CHLA) provided training, education and ongoing TA for the First Connections grantees. The TA approach included:

- Training First Connections grantee staff to conduct developmental screening with children ages birth to 5 years using ASQ®-3, ASQ®:SE-2, and M-CHAT-R

- Developing workflows and algorithms[65] to ensure universal screening and linkage for underserved and ethnic minority children living in poverty

- Supporting grantees to provide parent education, using Centers for Disease Control and Prevention's Learn the Signs Act Early, ZERO TO THREE publications, and other materials

- Developing relationships between medical and family service providers, family-run resource agencies, and ethnic minority parent organizations

- Developing strategies to link young children with early intervention and reduce access barriers

Early Screening, Better Outcomes: Developmental Screening & Referral Toolkit for Pediatric Medical Clinics. The "Early Screening, Better Outcomes: Developmental Screening & Referral Toolkit for Pediatric Medical Clinics", authored by USC's University Center of Excellence in Developmental Disabilities at Children's Hospital Los Angeles, was developed as part of the First Connections initiative and builds on the work of First Connections' FQHC grantees.

This toolkit is designed as a practical guide to support pediatric medical clinics in accurately implementing or refining a high-quality approach to developmental screening and linkage.

Although developed for providers in California, most of the information provided in the toolkit is relevant to other states and can be adapted to fit a range of settings. The toolkit is designed to be useful to clinics that are implementing a new developmental screening initiative, as well as for clinics that already conduct developmental screening but want to review and refine their program.

This toolkit was published in July 2020, and can be found at: first5la.org. As of September 2020, toolkits for Family Serving Agencies and Family Resource Centers are also in the process of being developed.

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[65] Workflows or algorithms refer to the articulated process and steps that each organization follows to implement developmental screenings.

The findings that follow speak to the implementation and outcomes of TA on provider capacity to implement the First Connections program, based on provider report during journey mapping sessions and an interview with the TA provider. This section outlines TA and provider capacity outcomes with respect to 1) supports accessed by grantees, 2) TA successes and 3) challenges and areas of opportunity to support grantees.

Technical Assistance and Provider Capacity Findings

Supports Accessed by Grantees

Within the first three years, the TA team facilitated over 60 trainings with First Connections grantees. These trainings were designed to increase staff knowledge regarding developmental screening implementation, linkages to resources and services, and understanding developmental disabilities and interventions for young children. While a core set of trainings was offered to all grantees, the TA team tailored the content to the audience, using a different approach depending on the participants (e.g. medical providers, medical assistants, preschool teachers, home visitors, behavioral health professionals, etc.), number of attendees, experience with the screening tool(s)/subjects, as well as specific agency needs. In addition to core content, the TA team also provided grantees with a list of topics on which training was available and encouraged them to generate other requests for training to meet their agency's unique needs.

Grantees levels of engagement with the TA team varied over the span of the First Connections grant. Most grantees reported receiving more support from the TA team at the beginning of the grant, with engagement tapering off as grantees built their internal capacity to facilitate their own trainings and solidified their program implementation. Grantees also reported leveraging the TA team with various levels of intensity based on their needs at any given point in time. For example, some grantees reported the TA team provided training supports (especially in the initial phases of First Connections), but there was less overall engagement in other areas such as workflow development and refinement. Another grantee reported already having EII expertise in-house when the grant was initially received, thus they did not need as much support upfront.

Technical Assistance Successes

Grantees reported having overall positive experiences with the TA team. Grantees described the team as "wonderful", "friendly", "consistent" and "approachable". It was evident that the TA team was successful at creating positive relationships and rapport with the grantees, to the extent that one grantee even consulted with them outside of the scope of First Connections at various points in time.

[The technical assistance team] was really good, if something came up and I had a question that I needed to get answered, they would get back to me very quickly. That was incredibly helpful.

–Grantee

[The technical assistance team] came out and did our [initial] training. That expertise being transmitted to providers was really powerful and valuable, so that was really important.

–Grantee

Trainings were effective for laying the foundation for program implementation and building internal capacity of grantees. Grantees reported the core trainings, which were initially focused on the technical aspects of developmental screening implementation, connecting with community resources, and strategies for developing culturally-friendly parent education materials, ensured that program and agency staff had baseline knowledge for implementing First Connections' core activities. One grantee reported it was helpful for the initial trainings to be delivered by a team with such deep expertise on the subject matter, which made the trainings more powerful.

Grantees noted ongoing training and support for frontline staff as important mechanisms for ensuring the program was being implemented with quality and fidelity. Grantees most often cited ongoing training as essential for reinforcing the importance of developmental screening, ensuring staff understand the technical aspects of implementing screening, and helping prepare staff to have sensitive developmental conversations with parents and families. During the second year of First Connections, the TA team encouraged grantees to develop and utilize a "train the trainer" approach so grantee staff could deliver the basic trainings, such as administering the ASQ®-3, ASQ®:SE-2, M-CHAT-R, on their own with limited support. Grantees reported the TA team helped First Connections staff develop internal trainings based on their organization's unique needs and helped build their capacity to facilitate both the core and internally developed trainings on an ongoing basis. EII partners agreed that the "Train the Trainer" approach is a good idea for future TA practices to build provider capacity, especially since staff turnover is something that organizations experience on a regular basis, thus the need for training is ongoing.

TA, especially as it related to screening tool selection and workflow development and refinement, supported grantees' implementation of First Connections. Some grantees reported the TA team consulted on how best to integrate developmental screening into their core services and identifying the best tools to conduct developmental screening for different age groups. A few grantees also reported the TA team assisted with developmental screening tool selection – particularly as it relates to the added benefit of using the ASQ®:SE-2 for children over the age of two, since the ASQ®-3 is not likely to detect certain behavioral health or social-emotional issues for this group of children. This recommendation from the TA team shifted some grantees' workflow to incorporate the ASQ®:SE-2 to ensure identification of children who experience social emotional issues, even if they do not show concerns on the ASQ®-3.

Technical Assistance Challenges and Areas of Opportunity to Support Grantees

Some grantees were not aware of the full scope of TA supports. Some grantees reported they did not realize the TA team could support them in other ways, thus they solely relied on the team for conducting training. One grantee mentioned it was not clearly communicated what additional support, outside of training, the TA team could offer, which would have probably increased the extent to which they engaged the team on various aspects of program design, implementation, and evaluation.

Grantees Capacity to Screen Increased over Time

Across all grantees, the number of ASQ®-3 screenings conducted increased over time, with slightly over a quarter (26%) of the total screenings conducted during the 2018-2019 fiscal year.

I don't know that their role – the technical assistance team – was ever fully explained, everything that they could do. I took it as just that they were available for trainings.

–Grantee

Grantees identified a few additional areas of support that would have been beneficial. Grantees reported there were a few areas that, in hindsight, the TA team may have been able to help them with but were not a focus of the support they received. Grantees mentioned the identification and vetting of existing written resources and materials to share with families, since this can promote parents' understanding of child development, age appropriate milestones, and ways to stimulate their child at home. One grantee specifically mentioned identifying and assessing the quality of written resources and developmental homework for Spanish-speaking families, which makes up a large portion of the families they serve.

Additionally, there were certain elements of TA support that could not be provided because of scope of work limitations. For example, one grantee reported they would have liked support with identifying the link, both conceptually and in practice, between developmental screening and trauma-informed care – which happened to be an organization-wide focus and goal for their practice. TA related to trauma-informed care was considered during contract renewals in 2018, but was ultimately deemed to be outside of the scope of First Connections by First 5 LA.

Grantees could have benefited from capacity building support with grant reporting and data tracking from First 5 LA. Some grantees reported feeling unclear about the metrics or information required for grant reporting and accountability to First 5 LA, which made it difficult to develop robust systems to track data earlier in the life of the grant. Grantees would have appreciated having more guidance on the contract monitoring required, in addition to the performance matrices, as well as support with developing or adapting systems to capture data over time.

Nearly all grantees reported challenges throughout the life of the grant with capturing and utilizing data more generally. Some grantees attempted to use a more sophisticated approach to tracking, such as integrating First Connections data elements into their EHRs or client information system. Some grantees reported there were challenges with getting the appropriate fields integrated into the existing health records or client information system or that the system could not support the ideal method of data input, which led to "work arounds" – for example, uploading a PDF version of the completed ASQ® screener, which made pulling or analyzing that data impossible. Other grantees reported using Excel templates to track program implementation and client results, which evolved over time as the need to track new elements or track existing elements differently became a necessity.

Limitations with respect to data tracking left some grantees without the means to pull data in an efficient manner or in a desired format, which impacted their ability to successfully evaluate program performance and outcomes. Some grantees reported it would be ideal to integrate developmental screening, referral and linkage data into systems that their organization already uses, but also acknowledged that it can be challenging to configure existing systems to capture this information. EII partners discussed the importance of developing and maintaining robust systems for keeping records and data that is consistent and easily able to be aggregated at an EII system-level in the future.

A lesson learned, and this is still a challenge, is to figure out a way to incorporate the [First Connections] data you want to collect into the existing databases – that would be ideal.

–Grantee

First Connections Forum Highlights

First Connections Forum participants discussed grantees' experience with the First Connections TA component and reflected on the implications these findings have for the design and implementation of similar investments and/or strategies to embed developmental screening and linkages into practice. System partners shared the following insight:

- The "Train the Trainer" approach is a good idea for future TA practices to build provider capacity.

- The "Train the Trainer" approach is important, especially since staff turnover is something that organizations experience on a regular basis, thus the need for training is ongoing.

- Developing and maintaining robust systems for keeping records and data that is consistent and easily able to be aggregated will be important at an EII system-level.

- Trainings that help prepare staff to build trust and have difficult conversations with parents are a high

Conclusion and Recommendations

Key Learnings

First Connections offered a valuable opportunity to learn about developmental screening, referral and linkage best practices which further inform and strengthen EII practices across the County. The insight gained from this evaluation resulted in the following key learnings:

Family Access, Knowledge, and Support

Overall, children and families experienced positive outcomes as a result of their participation in First Connections. In addition to receiving developmental screenings, referrals and linkages to developmental services, parents reported noticeable improvements in their child's communication and social skills, as well as increases in their own knowledge and awareness of child development. While parents reported overall positive experiences with First Connections and their engagement with grantees, they also reported challenges such as gaps in communication with referral organizations and receiving inconsistent or inaccurate information about accessing intervention services and resources, overcoming stigma associated with developmental delays, and finding it challenging to access services due to logistical challenges.

Systems Learnings and Implications

Overall, First Connections helped uncover learning about three key systems level topics including 1) equitable service delivery, 2) care coordination, and 3) partnerships.

Ensuring equitable service delivery. While analysis of grantee data showed that grantees were able to screen and refer children and families of varying racial and ethnic backgrounds, grantees reported challenges with engaging diverse families. Stigma, fear of engaging with professionals and systems, as well as cultural and linguistic barriers all impacted grantees ability to effectively engage families of all types.

Impact of service referrals and care coordination. Grantees and parents alike reported that care coordination is important for ensuring families are connected to developmental services and resources. While care coordination was reported to be time and resource intensive on the grantee's end, parents benefited immensely from having a staff member who could help them navigate the complexities of the EII system.

Developing partnerships and collaboration in the EII system. Grantees reported that developing external partnerships for the purposes of expanding referral pathways was possible but did require a large investment of time and effort. Grantees reported that garnering buy-in and trust among decision makers are key to developing new partnerships.

Technical Assistance and Provider Capacity

Overall, TA was effective in helping grantees lay the foundation for embedding developmental screening, referral and linkage practices into their organizations' services. Grantees reported the most helpful aspects of TA were training, workflow development and refinement, as well as developmental screening tool selection. TA was also effective in building the capacity of grantees to facilitate both core and internally developed trainings on an ongoing basis. Though outside of the TA team's scope for First Connections, grantees would have benefited from additional support related to trauma-informed care and grant reporting and data tracking, which impacted their ability to evaluate their programs.

Recommendations for HMG LA and EII Providers

As First 5 LA transitions the First Connections program and pivots to implementing HMG LA and supporting EII providers in L.A. County more broadly, this evaluation provides an opportunity to translate key findings into actionable recommendations anchored to HMG-LA's core components: Centralized Access Point (CAP), Community and Family Engagement (CFE), Data Collection and Analysis (DCA), and Child Health and Provider Outreach (CHPO). The following table highlights recommendations for funders, providers, and system partners of EII efforts in LA, including the implementation of HMG LA, based on the evaluation findings.

Recommendation	Description
Centralized Access Point (CAP)	
Train staff to use a relationship-based, culturally responsive approach when working with children and families.	Grantees reported that developing relationships with parents was a key strategy for reducing stigma, and in some instances, helped move parents to accepting a referral they had initially declined. Consider intentional ways that staff can build rapport with parents early in the process (especially for HMG LA, since communication through the CAP will largely be virtual).
Ensure that families are connected to one consistent staff person throughout the entire process – from entry into the EII system to accessing services and through follow-up.	Grantees, as well as EII partners, emphasized that connecting families with a consistent staff person throughout the screening, referral, and linkage process was important. Consider designing staff caseloads so families are in contact with a single staff member throughout the process and embed care coordinators/patient navigators into the system permanently, when possible.
Proactively plan for ways that staff will stay connected with families who are unable to access services or resources due to waitlists or delays.	Grantees reported the success of providing "bridging services", such as telephone-based education or developmental homework, for families who either decline a referral or were not able to access services due to waitlists. Consider how staff will keep connected to families who cannot access services more immediately to ensure they do not "fall through the cracks".

Build processes to help ensure referrals to EII providers are appropriate and accessible.	Parents reported that not all referrals were appropriate nor accessible for their family. For example, some referrals required driving long distances or the service modality (for example, virtual speech therapy) was not appropriate for the child. Consider how HMG LA and EII providers throughout the County will inventory and stay updated on EII services and resources to ensure they are appropriate and accessible for families in terms of service type, modality, geographic location, cost, etc. Interagency councils or other regular network building activities may help the staff stay updated on the available resources.
Develop formal partnerships or MOUs for referral pathways and data sharing.	Grantees shared the difficulties of developing new partnerships with external organizations due to lack of responsiveness and lack of buy-in from decision makers. Support the EII providers who are part of HMG LA, as well as those who are not, in developing formal partnership agreements and referral pathways by bringing together the decision makers at those organizations and understanding the value add for all involved.
Community + Family Engagement (CFE)	
Design family engagement strategies to reduce stigma via normalization, education, and awareness work.	Grantees reported that education and awareness work regarding child development and developmental delays with parents takes time and often repeated follow-ups to normalize their experience. Consider how family engagement strategies can most effectively build parents' knowledge and awareness, but also normalize developmental delays using consistent and repeated messaging and "family friendly" language. EII partners recommended holding active listening sessions as an opportunity to answer questions before providing screening services and to hear about parents' experiences. EII partners also suggested sharing successful stories of children and families engaging in developmental services, working with faith-based organization or cultural champions, and including male figures in marketing materials as best practices for normalizing EII services and shifting stigma.
Develop family engagement strategies that consider the needs of diverse families especially related to language and culture.	Grantees reported challenges engaging diverse families due to a variety of reasons. Consider ways that family engagement strategies will account for the needs of diverse families with respect to language and cultural beliefs, such as hiring staff who speak native languages, creating educational materials that feature images of diverse families, and creating consistent messaging to address commonly held beliefs about developmental delays across cultures.
Incorporate time to garner buy-in and trust when conducting outreach to community organizations.	Grantees reported that developing successful external partnerships requires garnering buy-in and trust. Consider incorporating models such as promotoras and cultural brokers/champions to ensure that outreach to community organizations is culturally appropriate and factors in time for ongoing conversations to develop relationships with point-persons and decision makers.
Provide parent support and education services, including peer groups.	Both parents and grantees reported the value of increasing parents' knowledge about age appropriate child development in decreasing stigma and committing to getting their child to needed services. Consider investing in evidence-based parenting curricula that focuses on child development as well as provides opportunities for parents to build relationships and support networks with each other.
Data Collection + Analysis (DCA)	
Provide education and ongoing support to providers on the recommended data elements and provide standardized definitions to ensure consistency in data collection.	Grantees and the First Connections TA provider reported that grantees could have benefited from additional support with grant reporting and data tracking, such as guidance on what metrics to track, how to commonly define those metrics and how best to capture them. Consider how to provide education and ongoing support to providers to make sure metrics are tracked correctly and consistently.

Adopt or design a countywide data system that can integrate with, or be compatible with, other data systems that EII providers currently use. If that is not possible, create a process to streamline the sharing and transfer of data.	Grantees expressed a desire for data integration with systems they already use at their agency, such as EHRs and client information systems. Consider adopting or designing a platform that is compatible with systems already in use to reduce burden on providers. If this is not possible, consider developing backend solutions such as periodic data transfers to stay updated while avoiding double data entry.
Develop trainings and resources to build the capacity of EII providers to collect and report data and evaluate implementation and outcomes in a consistent and meaningful way.	Grantees reported that limitations with data tracking sometimes left them unable to evaluate their programs in meaningful ways. Consider developing ongoing trainings and resources to support providers with program evaluation and quality improvement efforts that will ultimately help improve the quality of their services and interactions with families.
Child Health + Provider Outreach (CHPO)	
Engage TA providers that have deep expertise and the ability to customize their approach to the wide range of EII providers.	Grantees expressed gratitude for the deep knowledge and expertise of the TA team, especially in their delivery of core trainings. Engage experts to deliver TA to EII providers that is both consistent, yet tailored to each providers' settings, knowledge level, and previous experience with EII services/resources.
Incorporate trauma-informed practices into EII provider outreach, training and TA.	Some grantees expressed the desire to further explore trauma-informed care via TA, however that was not possible due to contract limitations. Consider how trauma-informed practices can be incorporated into the outreach, training and TA that EII providers will receive.
Aim to build the capacity and sustainability of EII providers by leveraging the "train the trainer" approach.	Grantees reported that the CHLA TA helped build their internal capacity to facilitate core trainings by leveraging the "train the trainer" approach. Consider how to continue to leverage this approach to build the capacity of EII providers, especially since they are susceptible to experiencing staff turnover thus have an ongoing need for training.

Appendices

A. Matrix – Evaluation areas of inquiry, questions and methods (from evaluation framework)

Area of Inquiry	Evaluation Questions	Document + Data Review	Grantee Performance Data	Grantee Journey Mapping sessions	Parent/ Caregiver Focus Group
Family access, knowledge and support	What impact did activities have on families (e.g. knowledge, support, access to services)? To what extent have First Connections services been responsive to the diverse needs of children and their families? What challenges did agencies face when connecting with and engaging parents? How did they navigate those? What worked and what did not when trying to address those challenges?	X	X	X	X
Systems learning and implications	What proved effective to address different organizational capacity needs and close service gaps within the network of EII service providers? What cross-sector collaborative relationships were built and how? How have grantees navigated and shaped system dynamics as they've experimented with new practices, approaches and partnerships?	X	--	X	--
Technical assistance and provider capacity	In what ways did TA strengthen the capacity of grantees to implement multiple EII systems? To what extent did TA help elevate issues, influence engagement, mobilize grantees, and shift organizational practices and workflows?	X	--	X	--

B. Additional information about First Connection Grantees

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) screen children during well-child visits and connect families and children to community resources when assessment results indicate a possible developmental delay. FQHCs follow-up with families to monitor subsequent visits over time.[66] The following three grantees are part of this group:

AltaMed Health Services Corporation. AltaMed Health Services Corporation provides multiple services including pediatric care, developmental screening and referrals to Regional Centers[67] and other community agencies. This grantee uses health information technology for staff to implement and track developmental screening results. Their implementation of the program included:

- Integration of screening tools into electronic health records (EHRs)

- Trainings for providers and staff on dynamic screening workflow at three clinical sites

- Early intervention referrals with case management and follow-up

- Spread and scale screening workflow to 3 additional sites

- Data review and optimization of screening workflow at 6 sites

Their approach to care coordination and linkage to services included data tracking, case management, engagement with Regional Centers, community service providers, implementing innovative contracting for services, and follow-ups with pediatric providers.[68]

Eisner Health. Eisner Pediatric and Family Medical Center is a nonprofit community health center dedicated to improving the physical, social and emotional well-being of children and families within the communities they serve, regardless of income. Eisner Health provides multiple pediatric services including individual and family therapy, trauma-focused cognitive behavioral therapy and parenting programs. Their implementation program approach included:

- Integration of case management into pediatric clinics

- Expanded referral system and relationship building

- TLC Speech Therapy provided on-site through warm hand-off and visit with parents

- Opened a new clinic in 2015 with staff trained on the Ages & Stages

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[66] Williams, M. (2019, May 29). *First Connections/Children's Hospital Los Angeles.* AAP-CA2 and First LA Strategic Forum. First 5 LA.

[67] Regional Centers are nonprofit private corporations that contract with the California Department of Developmental Services (DDS) to provide or coordinate services and supports for individuals with developmental disabilities. https://www.dds.ca.gov/RC/

[68] First 5 LA (2019, June 11).

Questionnaire® (ASQ®) and a case manager on-site

- Scaled to include children at Eisner Health Family Medicine Center at California Hospital

Their approach to care coordination and linkage to services included relationship building with pediatric providers for buy-in, with Regional Centers to familiarize with intake coordinators, through pre-existing relationships (e.g. TLC Speech Therapy), and with education attorneys specializing in Individualized Education Programs (IEPs). Eisner Health also developed the BRIDGE program to help parents navigate the early intervention system.[69]

Northeast Valley Health Corporation. Northeast Valley Health Corporation is a community health center that provides dependable health care to medically underserved residents of L.A. County, particularly in the San Fernando and Santa Clarita Valleys. Northeast Valley provides health services to children, including developmental screening and age-specific education regarding child development and growth. The implementation approach of the program included:

- Developing a pilot site

- Offering trainings to pediatric providers to identify and refer children and families to early intervention services and support

- Developing a workflow chart and referral algorithm

- Expansion of the program to 6 health centers

Their approach to care coordination and linkage to services included developing workflow, roles and responsibilities, scripts for phone outreach, follow-ups, warm hand-offs, and strong relationships with external agencies.[70]

Family Serving Agencies

Family Service Agencies implemented First Connections program through screenings for all children from birth to 5 at intake and every 6 months; and linking families to community resources and to other agencies.[71] Two grantees are part of this group.

Foothill Family. Foothill Family Services is committed to improving infant, child, youth, and family development by providing comprehensive behavioral health care, early childhood development and social services. In addition to conducting developmental screenings, Foothill Family provides parent education, home visiting services and family therapy. Their implementation approach of First Connections included:

- Starting small with their internal Early Head Start Program, Developmental, Individual-differences, Relationship (DIR)/Floor time and FQHCs before expanding to larger access models including all internal

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[69] Ibid.

[70] Ibid

[71] Williams (2019, May 29).

birth through age 5 programs

- Creation of Mental Health and Disabilities Program Assistant Position

- Internal EHR updates for internal referrals

- Large community outreach and building partnerships

Their approach to care coordination and linkage to services included having a streamlined internal First Connections referral process, building community partnerships, and having collateral visits with First Connections staff and referring staff. [72]

Allies for Every Child. Allies for Every Child provides critical, high-quality early education programs, interventions to strengthen families at risk of abusing or neglecting their children, foster care and adoption services, and multiple integrated services, including developmental screenings/advocacy, parenting classes and pediatric health consultations. Their First Connections implementation approach included:

- Tailoring implementation procedures to be program-specific

- Embedding protocol and monitoring in program requirements

- Screenings and capacity building with community organizations

Their approach to care coordination and linkage to services included a disabilities team, performance and quality improvement, support to staff in multiple areas such as nutrition, social work, among others, collaboration with caregivers, and internal behavioral health referrals.

Regional Center

Family Resource Centers screen children under age 3 when families reach out to a Regional Center, facilitate the connection with Early Start and other resources, and conduct screenings in multiple settings such as libraries, health fairs, among others.[73] One First Connections grantee is part of this group.

South Central Los Angeles Regional Center. The South Central Los Angeles Regional Center, co-located with a Family Resource Center that provides support and referrals to families, provides a wide range of services including one-to-one peer counseling support for families and caregivers, ongoing outreach and public awareness in the community, parent support groups and a range of other services. Their implementation of the program included:

- Providing developmental screening to children ages birth to five using a network of community locations and partner programs. From 2017-18, grantee shared information about the importance of developmental screenings through 16 resource or health fairs.

[72] First 5 LA (2019, June 11).
[73] Williams (2019, May 29).

- Reviewing results with caregiver and discussing needed referrals, providing milestones information as well as age-appropriate activities and tips to support development

- Connecting parents with support and education opportunities

Their approach to care coordination and linkage to services included dedicated staff to coordinate referrals and follow-ups with families to ensure connection to services, developing a parent follow-up timeline that includes summary letters within a week of the screening, calls to parents within 2 weeks, following up with service providers, and providing ongoing support for families to access services.[74]

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[74] First 5 LA. (2019, June 11).

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