

**Appendix J
HMG LA Pathways Community Organizational Chart**

Instructions: List each agency proposed for the HMG LA Pathways community; for each agency listed, describe their position they will be engaged in during the project, as well as background on the sector(s) they represent and type of EII services they provide. By marking YES, on the “Certify” column, proposers are certifying that the minimum requirements for Collaborative Agencies listed in *Section VIII Summary of Desired Qualifications* have been met.

Agency Name	Position*	Certify	Sector**	EII Continuum Categories							
				Check the category(ies) provided for each listed agency							
		For CAs only: Meets Minimum Guidelines		Developmental screening / surveillance	Behavioral screening / surveillance	Assessment	Care coordination	Developmental delay prevention services	Behavioral delay prevention services	Developmental delay intervention services	Behavioral delay intervention services
	<input checked="" type="checkbox"/> UA <input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* UA=Unifying Agency; CA=Collaborating Agency; SP=Supporting Partner.

**CW=Child Welfare (Department of Children and Family Services HUBS and Vendors, etc.); EC=Early Care and Education Site; SD=School District; MD=Health (Federally Qualified Health Centers, Community Health Clinics, Department of Health Service Clinics, etc.); MH=Mental Health Clinics and Programs; DD=Developmental Disability (Regional Centers, Family Resource Centers, etc.); Other.

Appendix J
HMG LA Pathways Community Organizational Chart

Agency Name	Position*	Certify	Sector**	EII Continuum Categories							
				<i>Check the category(ies) provided for each listed agency</i>							
		<i>For CAs only: Meets Minimum Guidelines</i>		<i>Develop-mental screening / surveillance</i>	<i>Behavioral screening / surveillance</i>	<i>Assessment</i>	<i>Care coordination</i>	<i>Develop-mental delay prevention services</i>	<i>Behavioral delay prevention services</i>	<i>Develop-mental delay intervention services</i>	<i>Behavioral delay intervention services</i>
	<input checked="" type="checkbox"/> UA <input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> CA <input type="checkbox"/> SP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CW <input type="checkbox"/> EC <input type="checkbox"/> SD <input type="checkbox"/> MD <input type="checkbox"/> MH <input type="checkbox"/> DD <input type="checkbox"/> Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* UA=Unifying Agency; CA=Collaborating Agency; SP=Supporting Partner.

**CW= Child Welfare (Department of Children and Family Services HUBS and Vendors, etc.); EC=Early Care and Education Site; SD=School District; MD=Health (Federally Qualified Health Centers, Community Health Clinics, Department of Health Service Clinics, etc.); MH=Mental Health Clinics and Programs; DD=Developmental Disability (Regional Centers, Family Resource Centers, etc.); Other.