

**Integrated Systems for Children with Special Needs Intent to Negotiate (ITN):
Lead Agency Announcement and ITN Q&A
Issued March 20, 2020**

Lead Agency:

Per the recommendation of our ITN Review Panel, we are happy to announce the recommendation of Gatepath as the Lead Agency for the Integrated Systems for Children with Special Needs Strategy.

As a reminder to interested partners... for those who submitted a Letter of Intent (LOI) by the March 16th deadline, we will be sharing those with the recommended Lead to help inform their outreach and planning with each of you. If you did not submit an LOI but may still be interested in serving in a funded or unfunded capacity as a partner, please email eroberts@smcgov.org.

ITN Q&A:

The questions below include all questions asked during ITN Conference #1 as well as any questions submitted by email by the March 16th deadline.

Q: Would a partner agency who intends to *subcontract* answer Yes or No to the question "Does your agency intend to seek funding for the service strategies selected above?" I'm just a little unclear because as a partner we would not be receiving funds directly from F5, but through the lead agency.

A: If a partner agency intends to receive funding through this process, they would answer YES to the question noted above. The question is intended to gauge whether the partner hopes to be a funded or unfunded partner in this process, regardless of whether the funding would come directly from F5SMC or via a Lead Agency.

Q: Does a joint proposal also mean one lead agency? Or could there be multiple leads on the single joint proposal?

A: If you are interested in the Lead Agency role, please submit the LOI for Lead Agency. The number and role of lead(s) will be based on the Review Panel recommendation.

Q: Can you please define what a full-scale multidisciplinary medical case conference model is vs a multidisciplinary case conferencing?

A: Note: The ITN document contains more information.
The purpose of multidisciplinary case conferencing is to discuss and think together across disciplines and service sectors about select individual cases where there are systems barriers to accessing services. Medical case conferencing involves the

participation of multiple medical specialty providers and not within the purview of this ITN.

The F5SMC rationale for not continuing to support in full the currently funded full-scale medical case conference model (i.e. WMG Collaborative Roundtable) is the expense of supporting the high-cost of multiple medical staff. Though we aren't able to sustain the current model in its entirety, we are very much committed to continuing to include health care providers and others in the health sector as a part of the multidisciplinary case conference model. We are looking for a more streamlined and sustainable option and for "outside the box" thinking about how to deliver this type of service, for example, combining functions of the WMG Roundtable and WMG Child Study Team. We are interested in your careful thinking about how to deliver this service.

Q: Re: "infants and toddlers 0-3". Is this (ITN) only for children at risk, with ACEs, poverty, etc.?

A: We're seeing infants and toddlers as its own intentional population with a focus. Certainly, infants and toddlers with other risk factors are a priority. However, they do not need to be the focus of every proposed service strategy.

Q: Children with complex medical risk factors are not mentioned as a risk. Is this intentional?

A: Yes, children with complex medical risk factors are not identified as a target population for this initiative. While we are acutely aware that children with complex medical risk factors and their families certainly face challenges in accessing and coordinating services, these children have already been identified with medical risk factors and are being tracked and receiving care coordination or case management services within a medical system based on their diagnosis and need. Through this initiative we are looking for our resources to go the furthest for populations not otherwise prioritized and where research indicates that inequities exist in access to early identification and early intervention services.

Q: How might First 5 SMC address the timeline out of compliance by the two mandated agencies? i.e. GGRC and special ed timelines

A: Through the ITN for ISCSN, First 5 San Mateo County (F5SMC) continues to address barriers to service for children with special needs. When systemic barriers are identified, there are opportunities to address the barriers on an individual case level through education and legal advocacy and to address systems level barriers by documenting the challenges and advocating for policy change at the appropriate level. Because IDEA Part B and Part C are federally mandated services and are administered and regulated in California through different state agencies, effective advocacy for change is a complex process and best achieved in collaboration with other advocacy organizations.

Q: What are the 8 key questions that you said that subcontractors over \$25K must answer and what document is that in?

A: Please see the ITN document: Section Proposal Contents, Page 29 - Partnership Structure and Subcontractor Capability, I-VII

Q: How much marketing and communications work will be held by First 5 for HMG and how much should a Lead Agency expect to hold?

A: Please feel free to submit the communications and marketing functions you would like to hold in your proposal. Without the full scope of your proposal, it's difficult to fully answer this question.

Q: it is the Medical Community connection that they all need

A: Not sure if this is a question so unable to answer.

Q: First 5 funding was not intended to focus on just low SES groups like public health. This proposal seems focused on that.

A: The ITN required elements include implementation of the local Help Me Grow system which provides universal access for all families with children 0-5 years and providers. While remaining mindful of the target populations as populations at greater risk, this does not necessarily mean that each target population needs to be covered in every service strategy.

Q: "limited in person support" - for families that need more intensive support does this mean they can only receive it on the phone?

A: No. You can propose a triage system of care coordination and the use of a centralized access point as separate strategies. Some care coordination will be provided through the centralized access point as a first step. The ability to triage within the system can include some direct and in-person support with the acknowledgement of the cost of service provision and the scope of what we can offer.