



THE EARLY IDENTIFICATION AND INTERVENTION SYSTEM IN SAN MATEO COUNTY: AN ENVIRONMENTAL SCAN *EXECUTIVE SUMMARY*

First 5 San Mateo County invests in early childhood development issues through combined financial investments in direct services and systems level work.

Most recently, First 5 SMC launched Help Me Grow San Mateo County, a special needs initiative bolstering the continuum of services

that identifies and treats young children with special needs as part of an ongoing effort to address systemic issues that impact access to and quality of services. Timely access to early intervention services was an issue raised in the planning process for the 2020-2023 funding cycle. The information gathered as a part of this scan highlights critical barriers and opportunities for local stakeholders to consider in efforts to mitigate these barriers.

Figure 1: Early Identification and Intervention System Components



Despite a well-established EII system and collective efforts to find and support children with special needs, there is still a significant gap between the estimates of children with significant delays and the number of children receiving EII services.

This gap clearly indicates that many more children would benefit from services to promote their optimal development during the critical early years and highlights the need to improve how children are being identified and connected to the EII system in San Mateo County.

Described below are key barriers identified as impacting children's access to EII services and some potential opportunities to address these barriers at a local level.

BARRIER:

Children with delays are not being identified early.

The CDC estimates that 1 in 5 or 17% of children have developmental delays. However, only 7% of children ages 0-5 receive developmental services in San Mateo County. Developmental screenings are recommended for all children at 9, 18 and 24 months, although only 1 in 5 or 21% of children receive developmental screenings in San Mateo County.

OPPORTUNITY 1:

Expand early identification through shared responsibility for Child Find and increased access to developmental screenings for all children in primary care, early care and learning and family support settings.

Strategies to consider might include collaborative partnerships with GGRC to further expand Child Find efforts; leveraging existing screening resources, such as online ASQ screenings through Help Me Grow; or expanded outreach to pediatric practices to increase developmental screenings.

BARRIER:

Barriers to access are based on a model that relies on IDEA mandated services and overlooks a network of invaluable community-based interventions and services available to serve children in inclusive and family-centered settings.

OPPORTUNITY 2:

Shift our concept of EII from detect and refer to a focus on providing a continuum of services for children at-risk and matching services to the unique needs of children and families. Moving to a framework that includes a system of tiered interventions available to meet the needs of all young children and their families has the potential to serve many more children at risk, including those with mild to moderate delays, while continuing to serve children with significant delays.

BARRIER:

When children are referred for early intervention services, their families and referring providers encounter barriers to accessing services.

Families may find the referral process confusing or may not understand how their child would benefit from these services. Sixty percent of pediatric providers surveyed indicated that the referral process was challenging or particularly challenging.

OPPORTUNITY 3:

Make high quality care coordination available to all young children with special needs to ensure they receive timely and appropriate developmental services.

Pediatric and community care coordination for families seeking services for their child with special needs ensures that children are linked to services.

BARRIER:

Even when referrals for early intervention are successful, the assessment process for early intervention often extends beyond the mandated 45-day timeline.

In 2018, 60.61% of infants received timely services (45 days) for IFSPs from GGRC in comparison to the California average for timely services of 82.44%.



OPPORTUNITY 4:

Support families to receive timely access to assessment through 1) targeted care coordination to support linkage to services, 2) an alternative dispute resolution process, and 3) increased collaboration with GGRC to better understand the mechanisms to address systemic barriers such as timelines more expediently and partner on solutions.

Due to their rapid growth and brain development from 0-3 years, timely access to EII services is of critical importance for young children. While parents have rights to pursue legal action for delays and disagreements, enhanced care coordination and access to a transparent alternative process to resolve disagreements could provide quicker resolution and access to services.

BARRIER:

In complex systems such as the EII system, transparency of metrics and sharing of data across agencies is needed to accurately describe how well the system is doing in meeting goals, to plan improvements, and to measure their effectiveness and continue to adjust.

OPPORTUNITY 5:

Promote transparency and interagency data sharing to fully understand the current landscape of EII services, make informed decisions where to target systems improvement efforts and to ensure that children with special needs are being connected to services. For example, a shared screening database countywide would provide accurate baseline data, reduce duplication of services, and provide a way to measure progress towards the goals of identifying children early in order to connect them to developmental services.

NEXT STEPS

If systems change means “shifting the conditions that keep problems in place,” the conditions that we most need to shift will need to address resource flows to ensure coordinated policies for a high quality EII system. The next steps in addressing systemic barriers will require collaborative development of shared priorities and action for local system change efforts. Aligning our local efforts with organizations advocating for policy, budget and legislative change addressing systemic barriers with transparency and accountability at the state level, such as the First 5 Center for Children’s Policy is highly recommended.

“CHILDREN DESERVE OUR COLLECTIVE ATTENTION AND ACTION. WE LOOK FORWARD TO CO-CREATING SOLUTIONS THAT MOVE THE EII SYSTEM TO A MORE ROBUST AND SUSTAINABLE REALITY FOR CHILDREN, FAMILIES AND PROVIDERS.”

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