Help Me Grow
Inland Empire

Strategic Plan 2019-2022

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INTRODUCTION

Early childhood is the most important period of mental and physical development in our lives. It is also a time when concerns may arise and parents and caregivers may wonder if what they observe in their child is typical development. In fact, as many as 25% of children ages 0-5 are at risk for developmental delays. However, when delays are identified and addressed early, it can have a life-changing impact for children and families. Appropriate supports in the early years can set children on track to succeed in school and beyond.

Unfortunately, in California 70% of children with developmental delays go undetected until kindergarten, much later than in other states. The risk of delays going undetected increases for Black and Latino children. All of these children miss out on years of early intervention supports that would help them be ready for kindergarten, be successful in school, and thrive as adults. Early intervention can make all the difference in a child's life.

In Riverside and San Bernardino Counties, First 5 Riverside and First 5 San Bernardino have joined with community partners to focus on identifying developmental delays early. Using the national Help Me Grow systems model they are working together to support the healthy development of nearly 370,000 children ages 0-5 across the two counties, encompassing the Inland Empire. Both counties share similar demographics, at-risk populations, geographical expansion, and social determinants of health, allowing for alignment and solutions within the same context. The Help Me Grow approach focuses on connecting existing resources and identifying critical early intervention and service gaps to improve the system of supports, all with similar challenges and objectives.

Help Me Grow Inland Empire is a cross-county approach to build a strong, aligned early intervention system to best support children and families. The planning and design of Help Me Grow Inland Empire has been launched through a joint investment from First 5 San Bernardino and First 5 Riverside, in partnership with Loma Linda University Children's Health. Between July 2018 and May 2019, key community stakeholders came together in a strategic planning process that resulted in the Help Me Grow Inland Empire Strategic Plan. This strategic plan establishes the goals and priorities for the design and implementation of Help Me Grow Inland Empire over the next 3 years.

Key Facts

California ranks **30th** in the country for its rate of developmental screenings for infants & toddlers.[1]

Just one in four (28.5%) of the children in California receive timely developmental screenings.[2]

One in four (28.1%) of children under the age of 6 in California are at moderate- or high-risk for developmental, behavioral, or social delays.[3]

One in 68 children are at risk for an autism spectrum disorder.[4]

40% of parents with children age 5 and younger report having concerns about their child's physical, behavioral, or social development.[5]

WHAT IS HELP ME GROW?

Help Me Grow is a national model for promoting cross-sector collaboration in order to build efficient and effective early identification and intervention systems for families and communities. Help Me Grow is not a program, but rather a mechanism for aligning services in a more systematic way for improved access.

The Help Me Grow concept was launched in Connecticut in 1997 by a pediatrician who was concerned with the need to refer children for follow up but no methodical way to ensure this occurred. In 2005, Orange County became the first site to replicate the system. Help Me Grow now has a national network of 29 affiliates across the country. California became an affiliate member of the national Help Me Grow network in 2011.

In California, the First 5 Association leads the Help Me Grow effort in the state, supporting statewide expansion of Help Me Grow. As of 2019, 45 of California's 58 counties are operating, or in the planning process, for developing local Help Me Grow systems. Help Me Grow Inland Empire is the first regional Help Me Grow effort in the state.

The Help Me Grow model recognizes that a collective, systemic approach is needed to ensure that screening becomes widespread and families can access the services they need.

Per the Help Me Grow National Center, the Help Me Grow Model focused on the following priorities:
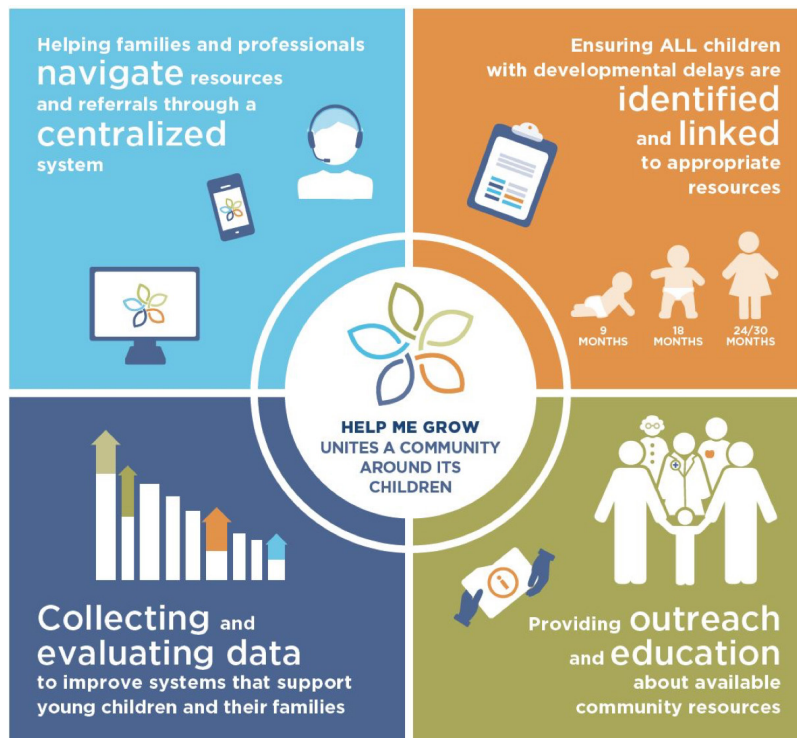
"Help Me Grow is not a stand-alone program, but rather a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to early childhood system-building in any given community. Successful implementation of the Help Me Grow model requires communities to identify existing resources, think creatively about how to make the most of existing opportunities, and build a coalition to work collaboratively toward a shared agenda."[6]

WHY HELP ME GROW

The Need

The value of widespread early identification and intervention is well-documented. More than one in four (28.1%) children under age 6 in California are at moderate- or high-risk for developmental, behavioral, or social delays.[7] Delays during this critical time for brain development mean that, if unsupported, these children are likely to start kindergarten behind their peers. Supporting such delays early, through appropriate interventions, can prevent long-term challenges and enable these children to reach their full potential.

In California, 12,000 three-year olds who are eligible to participate in California's special education system do not participate, due to not being identified early.[8] For these children, developmental risks are only identified when they are enrolled in the formal education system. In the interim, parents experience uncertainty, frustration, and do not know where to turn for help.

Demographic factors also play a factor. Circumstances in which children are born and grow up—as well as larger structural forces such as economics, institutions, and policies—strongly influence their health and wellbeing. Decades of research demonstrate inequities in children's wellbeing by race/ethnicity, parent education level, socioeconomic status, and other social characteristics. San Bernardino County and Riverside County have significantly lower educational levels compared to the state. Approximately, 40% of the families in the Inland Empire live in poverty with the highest representation in Latino and African American families. While developmental delays cross all demographics, children who experience the most hardship can be disproportionately affected by the systemic barriers that prevent early identification and connection to resources.

Inland Empire Facts at a Glance

- Approximately 1 out 8 children ages 0-5 in California reside in the Inland Empire (369,899 children ages 0-5 in Inland Empire).[9]

- A large percentages of children ages 0-17 living in poverty, 15.9% in Riverside County and 23% in San Bernardino County.[10]

- Of the 58 counties, Riverside ranks 26th and San Bernardino ranks 38th respectively, in relation to overall health outcomes. For health factors such as physical environment, social and economic factors, health behaviors and clinical care, Riverside ranks 35th and San Bernardino ranks 47th of the 58 counties.[11]

- There are eight (8) Health Resources and Services Administration (HRSA) designated Medically Underserved Areas (MUA) in Riverside County and 11 designated MUA in San Bernardino County.[12] This equates to one primary care provider for every 2,390 persons in Riverside County and one primary care provider for every 1,750 persons in San Bernardino County.[13]

Screening and Early Intervention Requirements

Developmental screening and intervention that occurs early and consistently is a hallmark of care for a child and are considered best practice. The American Academy of Pediatrics recommends developmental screenings using a well-validated tool at 9, 18, and 24 or 30 months of a child's life or whenever a parent concern is raised. In addition, an autism specific screening is recommended at 18 and 24 months.[15] These recommendations are recognized as best practice and have been incorporated into the Affordable Care Act, as well as some state Medicaid EPSDT (Early and Periodic Screening Diagnosis and Treatment) periodicity schedules, including that of the California Medi-Cal Program.

Early identification and intervention is not only linked to medical and health settings. With so many children enrolled in early care and education programs, early learning providers are key partners. Nationally, the Child Care and Development Block Grant Act (CCDBG) and Part C of the Individuals with Disabilities Act (IDEA) require agencies to provide information to providers, family, and the general public about developmental screenings. The Administration for Children and Families (ACF) is working to expand the accessibility of developmental screenings to all child care settings. Nationally and in California, quality rating improvement systems (QRIS) for early care and education have integrated developmental screenings, as part of the measures of quality. In some instances across the State, there is no systematic approach in coordinating referrals for families once a concern has been identified, even though services are available. As a result, families have considerable challenges in connecting with a fragmented service system and providers continue to experience obstacles when navigating the health system as well as facilitating referrals that support a whole child centered approach to address complex concerns relating to behavioral, social, emotional, and physical needs of children.

Help Me Grow enables for various early childhood systems such as early care and education, pediatricians, behavioral health specialists, and other community based services to connect and integrate service provision for families.

First 5 Commissions including public and private community health, behavioral health, and education partners in Riverside and San Bernardino counties have been investing in and providing screening and early intervention supports for a number of years. Help Me Grow provides an opportunity to build upon these foundations and better connect these services and partners, and to ideally move the needle on improved outcomes for children in the Inland Empire.

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HELP ME GROW INLAND EMPIRE

Help Me Grow Inland Empire is an ambitious undertaking given the sheer size geographically of the Inland Empire, covering more than 28,000 square miles, as well as being home to a significant portion of the children in California. It is also ambitious in terms of the service delivery landscape, with multiple systems intersecting to support various aspects of child, family and community wellbeing. Help Me Grow Inland Empire was conceived based on a shared commitment from First 5 San Bernardino and First 5 Riverside to prioritize early identification and intervention. The two First 5 Commissions and their funded partners, have been operating in parallel and increasingly in coordination, through their investments around early identification. These investments and partnerships have laid the foundation for the development of a Help Me Grow in the Inland Empire.

First 5 San Bernardino Investments

Since 2004, the First 5 San Bernardino Commission has invested in the comprehensive Screening Assessment Referral and Treatment (SART) Initiative, a comprehensive effort toward building systems of care for children in San Bernardino County. The SART program serves children between the ages 0-5 who are experiencing social, physical, cognitive, behavioral, developmental, and/or psychological issues. SART is an intensive multidisciplinary program that serves at-risk children, many of whom have been exposed to abuse, neglect, and/or substances in utero. SART is a collaboration between, Department of Behavioral Health (DBH), Children and Family Services, Department of Public Health, First 5 San Bernardino and Children's Network. In 2013, the SART Initiative was expanded to include Early Identification & Intervention Services (EIIS) to alleviate wait lists in the system of care and curtail any gaps in services to children exhibiting mild developmental or social emotional delays. These services are available for children who do not qualify for the intensive services offered through the SART program.

In an effort to screen for developmental delays in all children, First 5 San Bernardino invested in a universal screening initiative in 2012. Utilizing the Ages and Stages Questionnaire, all First 5 contracted providers conducted developmental screenings on every child participating in program. If a concern was identified, referrals were made to resources within the community. Simultaneously, First 5 San Bernardino began exploring opportunities to implement Help Me Grow to expand services for all children to access early developmental screening.

First 5 Riverside Investments

First 5 Riverside has also invested significantly in early identification and treatment. Riverside has contracted with Riverside University Health System (RUHS) Behavioral Health and Family Services Association since 2004 to administer developmental screenings resulting in referrals and treatment. They are currently investing in Set-4-School model, operated by Riverside University Health Systems Behavioral Health Program to provide screenings, guidance, therapy, and treatment services to assist parents/caregivers of children ages 0-5 with behavioral problems to manage challenging behaviors and aggression while building and strengthening healthy relationships. In 2015, First 5 Riverside convened partners to explore the potential for a Help Me Grow model in Riverside County.

Developing a Regional Partnership

In 2016, the two First 5s jointly funded a feasibility study, conducted by Altmayer Consulting, to explore different models in the region. Through this process, the decision was made to collectively launch an Inland Empire Help Me Grow that would include Riverside and San Bernardino counties.

In 2017, First 5 Riverside and First 5 San Bernardino invested in a planning process, with Loma Linda Children's Health as an operational partner, to begin to develop the regional model. Previous experiences with implementing Help Me Grow in other States and counties identified a children's hospital as a critical partner in this endeavor. In 2018, VIVA Strategy + Communications was brought on to lead a strategic planning process with community stakeholders and to work with various partners to continue the development of the model and support building the collective vision amongst the diverse stakeholder group.

The Help Me Grow Inland Empire effort is based on the belief that greater impact will result from a collective approach.
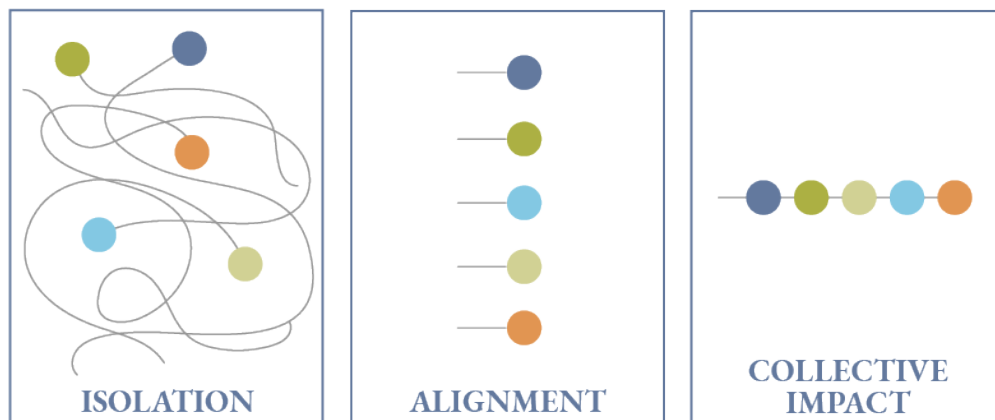
Help Me Grow Inland Empire is committed to creating a community-driven system that aligns and strengthens existing resources. By developing a cross-county model, Help Me Grow Inland Empire can:

- Better leverage resources, leadership, and data
- Create stronger and more effective referral pathways
- Ensure that there is no "wrong door" for families seeking support

Partnership is the key towards integration of services, ensuring services are seamless for families. Help Me Grow Inland Empire is the first regional Help Me Grow effort in California. It is built on a long history of partnership and thus partnership and collaboration have been embedded in the strategic planning process and model development. The Help Me Grow model cannot operate without a partnership foundation. Building connections is at the core of its successful impact. Sustainability of this model is an ongoing commitment by all partners, primarily shaped by the need for short and long-term financing of the Help Me Grow infrastructure. Strong partners are critical in this solution with the ongoing vision to increase and stabilize the capacity of community services to support any identified needs.

DEVELOPING THE STRATEGIC PLAN

The Strategic Planning Process

The Help Me Grow Inland Empire Strategic Planning process was developed through a Design Team, facilitated by VIVA Strategy + Communications, in partnership with First 5 Riverside, First 5 San Bernardino and Loma Linda University Children's Health.

The process gathered extensive community input into all aspects of the regional Help Me Grow model, and its vision, goals, and strategies. These insights were used to develop the Help Me Grow Inland Empire Strategic Plan. Additionally, national, state and county-level data, research, reports and key informant interviews were used to inform the strategic plan and the development of the local Help Me Grow model for the Inland Empire.

Three community-wide summits were held over the course of the strategic planning process. Representatives from the health, education, and family support agencies in both counties were invited to attend. The summits were sequenced to:

1. Gather a broad understanding of the current landscape, including strengths, challenges, and opportunities
2. Learn from existing efforts in other Help Me Grow counties in California and develop priorities for the Inland Empire's system
3. Provide input on draft elements of the strategic plan and identify priority areas for the implementation pilot

Summit attendees were invited to participate in three working committees, Community and Family Outreach, Health Provider Outreach, and Systems and Sustainability. These committees developed draft goals, objectives, and strategies which were then reviewed and refined as part of Summit 3.

Early Intervention Summits

197 Participants

85 Organizations

12 California Help Me Grow county experts

7 Working Committee Meetings

3 Early Intervention Summits

2 counties

1 Help Me Grow

The HMGIE Strategic Planning Process

November 2018	February 2019	March 2019	May 2019	FY 2019-2020
Summit #1	**Summit #2**	**Summit #3**	Draft Strategic Plan Finalized	HMGIE System Pilot Launched
Understand the landscape, challenges, and opportunities	Learn from existing efforts and develop Inland Empire system priorities	Provide input on draft strategic plan and implementation pilot priorities		

Barriers, Strengths & Opportunities

A significant result of the strategic planning process was capturing the system barriers, strengths and opportunities. The planning process includes both an analysis of national, state and local information and input from Inland Empire stakeholders.

Barriers
Systemic challenges exist which prevent all children in California, and in the Inland Empire specifically, from receiving screenings and getting connected to needed services.

Overall System Barriers	Locally Identified Barriers
These barriers have been synthesized from national, state, and county research. • There is not widespread adoption of formal developmental screenings by pediatricians, due to a range of reasons, including: reimbursement structures, lack of training, lack of information on referral resources, and feeling that a formal tool is unnecessary. • There is a lack of behavioral services for children and a lack of services for children with mild-to-moderate support needs; the service landscape as a whole is underfunded. • Families face numerous barriers to accessing services, including: understanding the processes, difficulties in navigating referrals and services, access (transportation, language, literacy), and insurance restrictions. • It can be difficult to effectively track screenings, referrals, and follow-up, due to limited and siloed data collection and analysis.	The following barriers were identified stakeholders during the strategic planning process. Refer to the appendix for full notes on identified barriers. • Outreach and messaging to families is inconsistent and not widespread or well-coordinated. • Location, language, and stigmas are hurdles to awareness and access for families. • The current screening landscape is fragmented; effective screening does happen, but not consistently across the region. • There is a lack of funding, staff, tools, and processes for conducting screenings among providers. • There is a void of sufficient, effective linkages between referrers and service providers. • The current system does not have enough capacity, leading to families experiencing delays or lack of follow up. • The path from screening to referral to service is not clear to providers or families. • There is no centralized data system, and no expectations or structures for data sharing. • Fragmented data makes it difficult to be used effectively to support referrals or follow up. • There is not sufficient towards supporting the development of the system and increase service capacity.

Local Strengths & Opportunities

The counties of Riverside and San Bernardino, in addition to their geographical proximity and similar demographics, also share a number of system-level strengths as a region. These were reinforced throughout the strategic planning process by the hundreds of voices that participated in the planning summits. Those that were called out specifically by community partners are highlighted below:

- **Partnership-Focused:** The region is partnership- and relationship-based and has a culture of collaboration between the counties of Riverside and San Bernardino. There are numerous established relationships and collaborative partnerships serving children and families in both counties.

- **Culture of Support for Healthy Child Development:** Supporting healthy child development is deeply embedded in the Inland Empire. There are a multitude of long-standing resources, investments, capacity building efforts, and infrastructure to support child development.

- **Foundation of Early Intervention in Health & Education Systems:** Screenings are occurring in parts of the region and in diverse settings, from health care to education. Several early childhood systems and programs administer and promote developmental screenings with families, including quality rating systems in both counties.

- **Champion Readiness:** There are physician, behavioral health, education and family support champions who are willing to be part of the early adopters of Help Me Grow.

THE HELP ME GROW INLAND EMPIRE STRATEGIC PLAN

Vision
All children achieve their full potential.

Mission
To serve and connect all children and families in the Inland Empire with prevention and early intervention services.

Guiding Principles

The following principles will guide the work of the Help Me Grow Inland Empire partners as they design and launch the system:

Equitable
prioritizes equitable access, ensuring that all children receive developmental check-ups and receive identified needed services.

Child & Family Focused
is empowering for parents so that they gain an understanding of their child's development and feel confident in seeking help when they have concerns.

Accessible & Culturally Competent
is easily accessible for families, regardless of their financial status, home language, cultural background or location where they live.

Partnership & Relationship-Driven
nurtures mutual cooperation and collaboration between partnerships, organizations, providers and families.

Community Asset Based
facilitates connections and linkages between existing community assets, rather than building a new program and then identifies gaps in services.

Sustainable
leverages fiscal and cross-system resources so that the system of support is embedded in communities for the long-term.

Centralized & Localized
is both centralized so that there is consistency in awareness, access and training and localized so that services are responsive to community needs.

Holistic
ensure that developmental screenings are available in a wide range of settings that touch families (e.g., education, health and family support).

Fosters Continuous Improvement
is intentional in its design to be informed by data that captures impact, and areas of opportunity for growth and refinement.

Strategic Goals

The following goals will guide the Help Me Grow Inland Empire through the design, testing and early implementation of Help Me Grow in the Inland Empire. These have been organized based on the 6 core components:

Goal 1: **Community Awareness And Engagement**
Community members understand the importance of child development, the benefits of early intervention and the role of Help Me Grow Inland Empire.

Goal 2: **Early Identification & System Linkages**
Young children in the Inland Empire receive developmental screenings and are successfully connected to community services.

Goal 3: **Central Access Point & Care Coordination**
Children are connected to early identification and intervention services through a centralized system of referrals and care coordination.

Goal 4: **Data Collection & Analysis**
Stakeholders have accessible reliable and valid data to make informed decisions at both individual and systems levels to improve child and family outcomes.

Goal 5: **Systems Alignment & Sustainability**
Services and resources are aligned for an effective and sustainable early childhood development system of care for young children.

Goal 6: **Leadership & Governance**
There is an effective partnership model for the operation and governance of Help Me Grow Inland Empire as a collective impact initiative.

COMMUNITY AWARENESS AND ENGAGEMENT

GOAL 1:

Community members understand the importance of child development, the benefits of early intervention and the role of Help Me Grow Inland Empire.

OBJECTIVES

1. Increase health, education and family support providers understanding of the importance of early intervention and screenings.

2. Increase health, education and family support providers' knowledge and awareness of HMGIE.

3. Leverage community agencies as outreach partners.

4. Increase families' awareness of HMGIE.

5. Increase families' understanding of the benefits, and reduce the stigma, of receiving early identification and services.

STRATEGIES & ACTIVITIES

1. Develop criteria to prioritize highest-need communities for education/outreach.

2. Develop a communications and marketing plan for the design and launch phases of HMGIE.

3. Engage active community-based programs and initiatives to promote the HMGIE system.

4. Identify and train a core network of community members to serve as community outreach champions for HMGIE.

5. Create and distribute standardized educational toolkits/resources on developmental delay and screenings to help promote the benefits of HMGIE.

6. Develop and implement a comprehensive, multi-faceted, participatory and county-wide public awareness campaign.

7. Establish an aligned digital presence through website, social media and advertising.

EARLY IDENTIFICATION & SYSTEM LINKAGES

GOAL 2:

Young children in the Inland Empire receive developmental screenings and are successfully connected to community services.

OBJECTIVES:

1. Increase the number of medical offices and clinics that conduct formal developmental screenings, consistent with American Academy of Pediatrics (AAP) guidelines.

2. Increase the number of education providers that conduct formal developmental screenings.

3. Increase the number of physicians, and other health care, education and family support providers that refer families of children with developmental concerns to HMGIE IE and community resources.

4. Increase coordination between physicians and other programs that serve young children (i.e., child care providers, mental health, behavioral health, home visiting, and family support services) to support continuity of care across services and supports.

STRATEGIES & ACTIVITIES:

1. Work with health plans to increase medical provider's knowledge and use of formal developmental screenings.

2. Offer widespread trainings for child health, educators, social service, and other family support providers regarding the importance of early childhood screenings and use of formal developmental screening tools.

3. Launch an outreach effort/recruitment of physicians, other child health providers, behavioral health, educators, social service and other family support providers to encourage participation in HMGIE IE.

4. Provide training and office support and resources for implementation of developmental screenings.

5. Develop a standardized process for referrals to resources for at-risk children.

6. Ensure technology is optimized/utilized to facilitate coordination and communication.

7. Partner with programs with standard funding resources, in addition to other innovative strategies such as home visiting and case management.

CENTRAL ACCESS POINT & CARE COORDINATION

GOAL 3:

Children are connected to early identification and intervention services through a centralized system of referrals and care coordination.

OBJECTIVES:

1. Establish bidirectional, community-focused referral pathways for referrals and care coordination.

2. Increase the number of children who are connected to services through HMGIE .

3. Increase the number of referrals with successful follow-up with families.

STRATEGIES & ACTIVITIES:

1. Develop a strategic partnership with community health and education partners to develop a 'Pilot Demonstration Site' that demonstrates an effective 'System of Care' for children and families.

2. Conduct family interviews in identified HMGIE IE pilot communities to better understand the awareness and experience of families.

3. Map the referral pathways for regional, county and community level services.

4. Build the referral data system and connections to existing database of resources.

5. Develop communication protocol with referral entities who can provide feedback on services rendered.

6. Connect with identified resource directories to deliver resources to children and families.

7. Establish a centralized system that can be accessed through a central phone number and web-based platform.

8. Establish MOUs with existing community service providers for care coordination

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DATA COLLECTION & ANALYSIS

GOAL 4:

Stakeholders have accessible reliable and valid data to make informed decisions at both individual and systems levels to improve child and family outcomes.

OBJECTIVES:

1. Utilize data to guide system design and implementation.

2. Increase the ability of providers to share client data.

3. Streamline, coordinate, or centralize data systems to ensure fidelity and access of information.

4. Identify opportunities to coordinate between health and education systems regionally and statewide.

STRATEGIES & ACTIVITIES:

1. Design, test and launch a data solution accessible to the entire range of providers to track need and identify resources.

2. Develop a data collection, management and analysis solution that supports effective service delivery.

3. Develop data sharing agreements for partner agencies.

4. Develop protocols for collecting, reporting and utilizing data and train partners in how to use them.

5. Develop universal consents for families, systems, and providers to enable data sharing & program execution.

6. Develop a local reporting framework that is aligned with HMG State and National indicators.

7. Utilize population data and conduct additional research as needed to identify potential disparities in access that can guide system roll-out priorities.

8. Design an evaluation plan that measures the progress and impact of HMGIE.

9. Establish baseline data and targets for outcomes and operational performance measures.

SYSTEMS ALIGNMENT

GOAL 5:

Services and resources are aligned for an effective and sustainable early childhood development system of care for young children.

OBJECTIVES:

1. Increase collaboration across strategic partners.

2. Identify opportunities to align and leverage new and existing federal, state and local funding through the efforts of other collaborative initiatives, partnerships and programs to launch, expand and sustain HMGIE's reach and impact.

3. Secure diverse funding partners to ensure the HMGIE system is financed and sustained.

4. Establish permanent braided funding across systems .

STRATEGIES & ACTIVITIES:

1. Map existing early intervention programs and initiatives across Riverside and San Bernardino counties.

2. Develop an inventory of existing funding and services for early identification and intervention services and systems administration.

3. Develop a sustainability plan/business plan to ensure continued coordination of the HMGIE system.

4. Convene a Systems & Sustainability Committee charged with contributing and identifying partnerships for sustainability and financing.

5. Designate a "funding ambassador" to keep an updated and relevant inventory of existing funding, resources, leveraging opportunities and reimbursement options, etc. for HMGIE.

6. Develop an advocacy plan to support policy changes and funding for the early intervention and treatment services and the HMG system.

LEADERSHIP & GOVERNANCE

GOAL 6:

There is an effective partnership model for the operation and governance of HMGIE as a collective impact initiative.

OBJECTIVES:

1. Ensure that the partnership has the necessary capacity to support the daily management of the partnership, as well as data needs, facilitation, communication and community engagement

2. Engage families in the planning and leadership of HMGIE

3. Develop a staffing structure that supports both a successful HMG service model and a collective impact approach.

4. Establish and document the operational and governance structures necessary for effective design and implementation of HMGIE

STRATEGIES & ACTIVITIES:

1. Create a governance structure for the ongoing operation of HMGIE

2. Develop a partnership-based, operational structure with consistent practices and protocols across the region

3. Establish clear roles and responsibilities for current and emerging HMGIE strategic partners, including operational leads, funders, service providers and families.

4. Create a partnership agreement between HMGIE operational leads that captures the operational structure, decision-making processes and communications protocols for the system

5. Develop a budget process for the HMGIE organizational leads and contractors

6. Work in partnership with other family strengthening and engagement partners to engage families in the testing, design and leadership of HMGIE

IMPLEMENTATION STRATEGY

Designing and launching a Help Me Grow initiative, or any other large-scale systems change endeavor, is a multi-year process. Help Me Grow is not a program, but rather an approach that is designed to serve as a connector between what already exists. "Help Me Grow leverages existing resources, maximizes existing opportunities and advances a coalition working collaboratively towards a shared agenda."[16] The success of Help Me Grow Inland Empire will be highly dependent on building and strengthening connections within a partnership model.

The Help Me Grow National model depends on three Structural Requirements:[17]

1. Backbone or Organizing Entity to provide support, oversight, continuity, and facilitation of collective impact activities.
2. Strategies for Scale and Spread to ensure that systems serve optimally, to meet the needs of children and families.
3. Continuous System Improvement or constant efforts to enhance, refine and innovate.

Help Me Grow Inland Empire will be building a collective impact model, while designing and testing a system model for scale and spread. Help Me Grow will use an intentional and diligent approach to continuous improvement throughout these efforts.

Collective Impact

"Collective impact is an approach that brings together different sectors for a common agenda to solve large, complex social problems at scale."[18]

The success of Help Me Grow in the Inland Empire will be highly dependent on cross-sector partnership and leadership to achieve each of the goals captured in this strategic plan. This will be accomplished by advancing the common agenda of Help Me Grow through a leadership committee, working committees and a backbone organization or organizations. Collective impact relies on a backbone structure that guides vision and strategy, supports aligned activities, establishes shared measurement practices, builds public will, advances policy and mobilizes funding. Over the course of this strategic plan, the Help Me Grow partners will continue to look at how best to ensure that this backbone structure meets the needs of the initiative.

Designing the Help Me Grow Inland Empire Model

To develop its model, Help Me Grow Inland Empire will use a design cycle approach that is focused on innovation, learning and testing the model with those who will use the system to ensure that the system meets their needs. The following captures the model, key activities and the approach for the design of the Help Me Grow Inland Empire Model.

Design Cycle Model[19]

DESIGN QUESTIONS	KEY ACTIVITIES	HMGIE ACTIVITIES
What is?	Gather information to understand the landscape, including where the need is, the participant experience in order to come up with the design criteria.	Information gathering from state, local and national sources inform the strategic planning and model design process. Results of this process included design criteria for the HMGIE Model.
What if?	What if anything were possible? Brainstorm many ideas. At this stage themes start to emerge of options.	Through three large-scale community stakeholder summits, three working committees and a Design Team, the visioning of what could be possible in the Inland Empire was captured.
What wows?	Identify which ideas hit the "sweet spot" that incorporate the ideas that emerge from the "What if" process. These are then translated into prototypes through visuals, i.e. storyboarding.	In FY 2019-20 there will be concept testing to test the emerging design ideas with stakeholders in communities, including providers and families that would be part of the system.
What works?	The prototypes are tested with stakeholders and then refined. Refined models are then tested through a learning launch and then expanded (design on-ramp).	The prototypes will be tested in FY 2019-20 with an expanded launch to a series of communities through a learning launch or pilot that begins in 2019-20 with one pilot and is tested, refined and expanded to others in FY 2020-21.

Selecting Pilot Communities

During the strategic planning process, there were consistent themes and priorities that emerged that will be used to guide the selection of where the HMGIE Model can be tested. This testing will include both prototype concept testing, as well as a learning launch or pilot in select communities.

Selection Criteria:

1. **High Risk Factors:** use parental, perinatal, health and socio-economic data to identify and target "hot spots" of need.

2. **Existing Resources, Services and Infrastructure:** focus on areas where there is existing infrastructure with the capacity to participate.

3. **Alignment Opportunities:** identify areas where there are initiatives and agencies that are priorities for alignment, such as early care and education, child welfare, and mental health.

4. **Readiness & Willingness:** focus on communities with agencies and system partners who are willing to participate as partners in the design and testing phase.
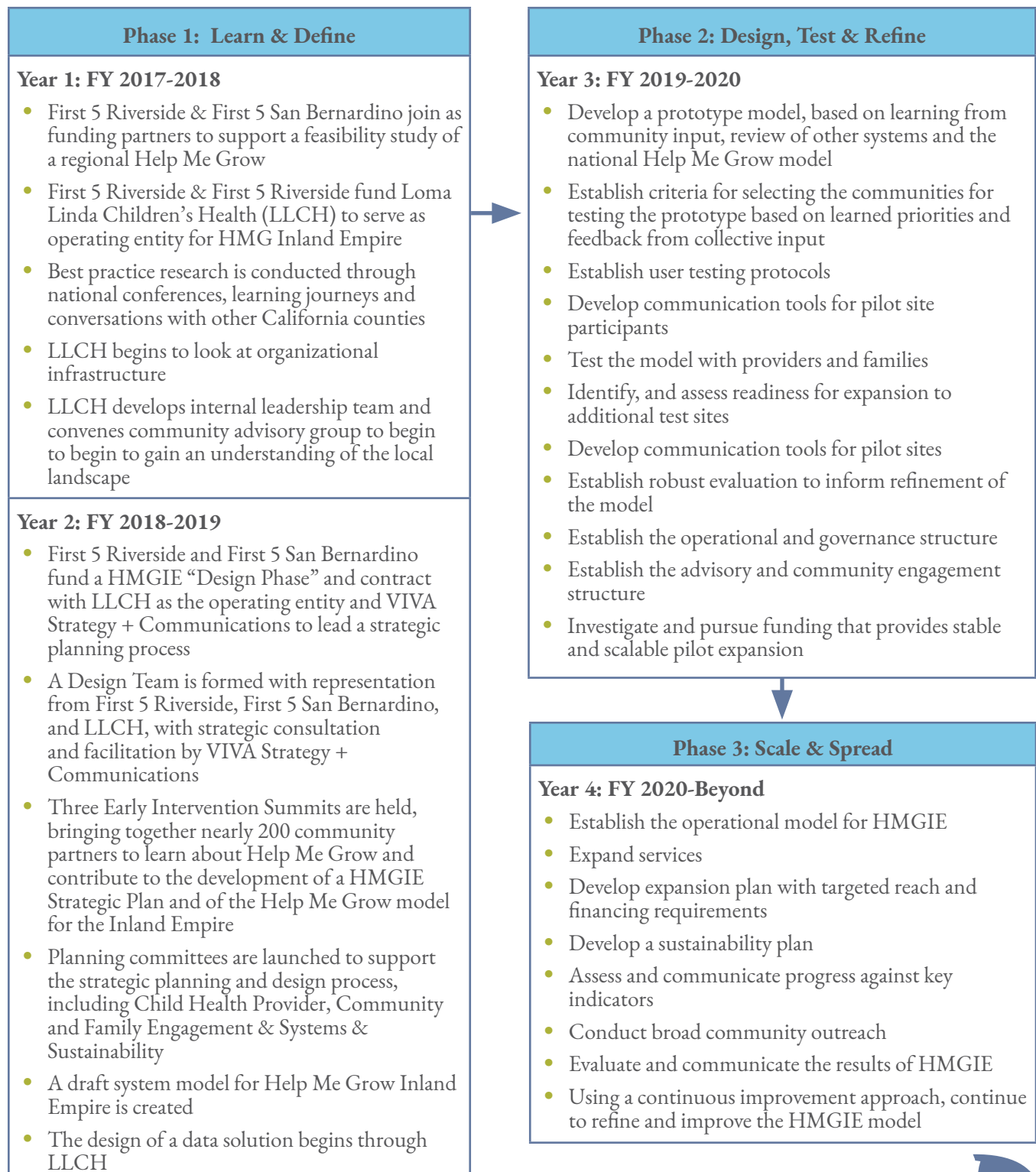
A Phased Approach

The proposed launch of Help Me Grow in the Inland Empire is phased over a 5 year period, with two years contributing to the current plan and the coming three years aimed at:

1. designing and testing the HMGIE model
2. building systems leadership and infrastructure as a collective impact initiative.

The specific sequencing of strategies and activities is provided in the appendix.

Phase 1: Learn & Define

Year 1: FY 2017-2018

- First 5 Riverside & First 5 San Bernardino join as funding partners to support a feasibility study of a regional Help Me Grow
- First 5 Riverside & First 5 Riverside fund Loma Linda Children's Health (LLCH) to serve as operating entity for HMG Inland Empire
- Best practice research is conducted through national conferences, learning journeys and conversations with other California counties
- LLCH begins to look at organizational infrastructure
- LLCH develops internal leadership team and convenes community advisory group to begin to begin to gain an understanding of the local landscape

Year 2: FY 2018-2019

- First 5 Riverside and First 5 San Bernardino fund a HMGIE "Design Phase" and contract with LLCH as the operating entity and VIVA Strategy + Communications to lead a strategic planning process
- A Design Team is formed with representation from First 5 Riverside, First 5 San Bernardino, and LLCH, with strategic consultation and facilitation by VIVA Strategy + Communications
- Three Early Intervention Summits are held, bringing together nearly 200 community partners to learn about Help Me Grow and contribute to the development of a HMGIE Strategic Plan and of the Help Me Grow model for the Inland Empire
- Planning committees are launched to support the strategic planning and design process, including Child Health Provider, Community and Family Engagement & Systems & Sustainability
- A draft system model for Help Me Grow Inland Empire is created
- The design of a data solution begins through LLCH

Phase 2: Design, Test & Refine

Year 3: FY 2019-2020

- Develop a prototype model, based on learning from community input, review of other systems and the national Help Me Grow model
- Establish criteria for selecting the communities for testing the prototype based on learned priorities and feedback from collective input
- Establish user testing protocols
- Develop communication tools for pilot site participants
- Test the model with providers and families
- Identify, and assess readiness for expansion to additional test sites
- Develop communication tools for pilot sites
- Establish robust evaluation to inform refinement of the model
- Establish the operational and governance structure
- Establish the advisory and community engagement structure
- Investigate and pursue funding that provides stable and scalable pilot expansion

Phase 3: Scale & Spread

Year 4: FY 2020-Beyond

- Establish the operational model for HMGIE
- Expand services
- Develop expansion plan with targeted reach and financing requirements
- Develop a sustainability plan
- Assess and communicate progress against key indicators
- Conduct broad community outreach
- Evaluate and communicate the results of HMGIE
- Using a continuous improvement approach, continue to refine and improve the HMGIE model

MEASURING IMPACT & PROGRESS

The strategic goals, objectives and strategies identified in the plan will guide the work of the HMGIE operational leadership. Being able to measure impact is a critical part of assessing progress, communicating impact and continuing to improve. As HMGIE moves from design to launch the following indicators will be used to track progress in achieving the strategic goals and advancing HMGIE's mission. Indicators and other measures of impact and progress will be further developed through data and evaluation work.

Goal 1: Community Outreach

- Number of providers who report having an increased understanding of the importance of early intervention and screenings
- Number of calls to HMGIE
- Number of community agencies serving as outreach partners
- Number of parents that report an awareness of HMGIE
- Number of parents reporting that participating in HMGIE was helpful for them understanding their child's development
- Number of website hits
- Number of social media likes

Goal 2: Early Identification

- Number of medical offices and clinics conducting formal developmental screenings
- Number of early education providers conducting developmental screenings
- Number of children, 0-5, receiving developmental screenings by HMGIE partners
- Number of children 0-12 months receiving developmental screenings by HMGIE partners
- Number of educators referring to HMGIE
- Number of pediatricians referring to HMGIE
- Number of calls from families to HMGIE
- Number of HMGIE website referrals

Goal 3: Central Access Point

- Number of children successfully linked to services by HMGIE
- Percent of families who report being connected to developmental resources and services
- Number of providers who are aware of HMGIE
- Number of referrals with successful follow up

Goal 4: Data Collection & Analysis

- Number of providers using or coordinating their data with the HMGIE data system
- Number of providers sharing data
- Number of providers willing to collect and report on common outcomes

Goal 5: Systems Alignment & Sustainability

- Number of children unable to be connected to intervention services
- Number of children that experience a delay in receiving intervention services
- Amount of funding contributed by agency
- Amount of funding leveraged

Goal 6: Leadership & Governance

- Number of partners that report that HMGIE is making progress in improving the early intervention system
- Number of partners who report that the partner communications structure is effective
- Number of partners who report that they understand their role in HMGIE

Using Data to Mobilize Change

One of the characteristics encompassing Help Me Grow Inland Empire is a dedication to data sharing for our community partners. There are two parts of this process that will allow community providers the ability to access developmental testing and resources for families to improve the "ready to learn" concept in our community. First is the early identification of children and families in need of services entering through community connections. HMGIE can be the system to enable appropriate resources and interventions. The second part of this data gathering process, empowers and enables providers the opportunity to create aggregate data information that will work to move the horizon for children and families. The information that is contributed by both counties can coalesce outcomes that support decision making processes to improve early childhood services, create a repository for funding opportunities, develop measurable strategies and objectives, and provide a continuous information stream regarding children's developmental wellness in the Inland Empire.

All of our regional data can help drive policy at the local, state and federal level. In addition, this data is part of the evaluation process with National Help Me Grow that is collected annually.

PUTTING THE PLAN INTO ACTION

The Help Me Grow Inland Empire Strategic Plan will be the blueprint for the work in the coming three years as HMGIE designs and launches the first regional Help Me Grow in California. Annual Action Plans will be used to guide the work of the operational partners, the advisory groups and committees that form to advance the strategic goals. This is a complex undertaking, which will require an investment of time and resources across the region, to create a way of working together around early intervention that has not been attempted before. Riverside and San Bernardino Counties have the opportunity to learn from those who have gone before them, to create something that is built on a foundation of best practice, but that takes the model to a whole new level. A vision of Help Me Grow's success is best captured by one of the Help Me Grow Summit attendees:

> "Help Me Grow does not become a best kept secret; it's compassionate people serving all families with a high level of care and coordination to transform lives that will transform communities."

The success of Help Me Grow Inland Empire will rely on individuals from across the Inland Empire who want to be part of a community that decides to put its 400,000 youngest children first. Learn more about how you can be part of this change.

ACKNOWLEDGMENTS

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Help Me Grow Inland Empire Early Intervention Summit Attendees:

Adriana Fernandez-Clark, Senior Vice President, Elevate-Public Affairs

Adwoa Osei MD, Pediatrician, University of California, Riverside (UCR)

Aimara Freeman, Public Information Specialist, First 5 Riverside

Alejandro Espinoza, Program Officer, Desert Healthcare District

Alexandra Bravo, Community Engagement Manager, Molina Healthcare

Alice Kuo MD, Pediatrician (President), American Academy of Pediatrics CA, Chapter 2

Alison Elsner, Executive Director, San Bernardino County Medical Society

Allison Cunningham, Interim Senior Manager, San Bernardino County Department of Behavioral Health

Amelia Zepeda, Program Manager, El Sol Neighborhood Educational Center

Amelyn Olson, Division Chief, San Bernardino County Department of Public Health

Ana Wroblewski, Nurse Clinician, Loma Linda University Children's Hospital

Ana Garcia, Quality Start Project Analyst, San Bernardino County Superintendent of Schools

Angela Bedney, Nutritionist, San Bernardino County Department of Public Health

Angelica Alvarez, Director of Programs, El Sol Neighborhood Educational Center

Ann Barnes-Dansby, Deputy Director, Riverside County Department of Public Social Services

Anna Loza, Behavioral Health Supervisor, Riverside University Health System-Behavioral Health

Anny Yates, Principal, Riverside County Office of Education

Asuncion Williams, Maternal, Child and Adolescent Health Coordinator, San Bernardino County Department of Public Health

Awit A. Dalusong Ph.D, Lead Intensive Behavior Intervention Manager, Riverside County Office of Education

Barbara Alejandre, Chief Intergovernmental Relations Officer, San Bernardino County Superintendent of Schools

Bernice Lowenstein, Youth Chair, San Bernardino Crossroads Rotary Club

Betty Reckard, Vice President, CDS, Easter Seals Southern California

Bonnie Flippin, Program Coordinator - Local Oral Health Program, San Bernardino County Department of Public Health

Brandon Daniel, Project Manager, Loma Linda University Children's Hospital

Brandy Arthur, Operations Manager Based Clinics, Riverside University Health System

Brett Walls, Assistant Vice President, Loma Linda University Children's Hospital

Brittany Nguyen, Data and Outreach Specialist, Center for Oral Health

Caren Keele, Intergovernmental Relations Project Analyst, San Bernardino County Superintendent of Schools

Carol Abella, Program Coordinator, First 5 Riverside

Carol Ann Fuentes, Early Childhood Special Education Teacher, Riverside County Office of Education

Cassondra Barnett, Administrative Secretary, Loma Linda University Children's Hospital

Chad Vercio, MD, Riverside University Health System

Chantia Hollingsworth, Professional Development Supervisor, Child Care Resource Center

Cheri Davis, Contracts and Grants Analyst, First 5 Riverside

Cheryl Adler, Program Manager/School Psychologist, San Bernardino County Superintendent of Schools (SBCSS)

Christian Jeon, Administrative Fellow, Loma Linda University Health

Christina Aranda, Resource and Referral Manager, Child Care Resource Center

Chrystina Smith-Rasshan, Ops Manager, San Bernardino County Superintendent of Schools

Cid Pinedo, President & CEO Children's Assessment Center, Children's Assessment Center

Cindy Faulkner, Assistant Director, First 5 San Bernardino

Clara Labrada, Program Coordinator, Walden Family Services

Claudia Jimenez, Unknown, Office of Assemblymember Sabrina Cervantes

Colleen Hancock, Program Coordinator, San Bernardino County WIC Program

Conrado Barzaga, President and CEO, Center for Oral Health

Cristina Jade Peña, Senior Program Officer, First 5 Los Angeles (Health Systems Department)

Crystal Nava, Developmental and Behavioral Health Director, First 5 Santa Clara

Damodara Rajasekhar, MD, Pediatrician, American Academy of Pediatrics CA, Chapter 2

Dan Hoxworth, CEO, Family Service Association

Danica Borja, Health Education Specialist II, San Bernardino County Department of Public Health

David Pratt, Epidemiologist, San Bernardino County Department of Public Health

Deborah Clark-Crews, Executive Director, Consortium for Early Learning Services

Deborah Rose, Legislative Assistant/Health And Human Services, Supervisor Karen Spiegel

Denise Magaña, Child Enrichment Facilitator, Building a Generation

Denise Bouzid, Assistant Director Family, Intervention Nurturing Empowerment (FINE Infant Program)

Diana Fox, Executive Director, Reach Out

Diana Walsh-Reuss, Associate Superintendent, Riverside County Office of Education

Diana Griffis, Staff Development Officer (Preschool, 0-5), Riverside University Health System - Behavioral Health

Dulce Becerra, Outreach Center Supervisor, Dignity Health

Dulce Cahue-Aguilar, Program Coordinator, First 5 San Diego

Edward Curry, MD, Kaiser Permanente

Edyth Gallardo, Early Start Program Manager, Inland Regional Center

Elaina Holley, Early Learning and Development Specialist, San Bernardino County Superintendent of Schools

Elizabeth Mulligan, Area Director, Easterseals Child Development Centers

Eva Arambula, Perinatal Health Specialist, Loma Linda University Children's Hospital

Eva Reese, Unit Secretary, Loma Linda University Children's Hospital

Farrah Northcott, Operations Manager, San Bernardino County Superintendent of Schools

Faun White, Program Officer- Education, San Manuel

Feledier Thrower, Social Services Supervisor, Riverside County Department of Social Services

Felita Jones, President/CEO, 211 San Bernardino (Inland Empire United Way)

Gary Ovitt, Commissioner, First 5 San Bernardino

Gary Madden, Director, Inland Empire United Way

Gervase A. Hammond, Adult Services Division - Administration, County of Riverside Department of Public Social Services (DPSS)

Gloria Lopez, Program Manager, Reach Out

Heather Bloom, Program Manager, Women, Infant and Children (WIC), San Bernardino

Jackie Yi, Project Manager, Community Health Association Inland Southern Region

James Moses, Regional Director, Child Care Resource Center

Janelle Munongo, MPH RN, Riverside County of Education

Janet Fernandez, Senior Account Executive, Elevate-Public Affairs

Janice Browning, Disability Specialist, San Bernardino County Department of Preschool Services

Janine Moore, Deputy Director, Riverside University Health System-Behavioral Health

Janki Patel, Community and Events Coordinator, San Bernardino County Children's Network

Jasmine Winn, Health Educator II, San Bernardino County Department of Public Health

Jeannette Sepulveda, 211 Operations Manager, 211 San Bernardino (Inland Empire United Way)

Jeffry Sorenson, Policy Director, 4th District

Jennifer Davis, Assistant Unit Manager, Mother Baby & Pediatrics, Arrowhead Regional Medical Center

Jennifer Pham, Early Childhood MH program manager, Santa Clara County Behavioral Health Services

Jill Kowalski, Administrative Services Officer, First 5 Riverside

Joanne (Jo) Merrill, Clinic Programs Coordinator, Bear Valley Community Hospital (Family Health Center)

John Von Oesen, Clinical Director, Arrowhead Regional Medical Center

John Cadavona, Supervising RCP, Arrowhead Regional Medical Center (Breathmobile)

Jonelle Morris, Executive Director, Ambulatory Care Services Riverside University Health System- Medical Center/ Clinics

Joseph Prologo, Deputy Director, San Bernardino County Department of Preschool Services

Judith Wood, Chief Operating Officer of Child Development Program, Family Service Association

Juliana Sanchez, MPH Help Me Grow Community Liaison, First 5 Alameda

Kami Murphy (attended on behalf of Jenae Holtz), Program Manager, CAHELP

Karen Scott, Executive Director, First 5 San Bernardino

Karina Mejia-Cuevas, Recruiter/Parent trainer, Alpha Treatment Centers

Kathryn Short, Professor Program Director, Cal Baptist University

Kelly Morehouse-Smith, Family Well-Being Director, Child Care Resource Center

Kendra Flores-Carter, Assistant Professor, Cal Baptist University

Kim Kimpel, Program Supervisor, Walden Family Services

Kimberly Cooper, Unknown, Los Angeles County Department of Public Health

Koreena Cucalon, Grant Support Specialist, Chino Valley Unified School District

Kristina Hernandez, Program Coordinator, Early Intervention Help Me Grow, Fresno County Superintendent of Schools

Leticia Saldana, Nurse Coordinator, Riverside County Office of Education

Lily Martorell, Medical Director of NICU, Riverside University Health System

Linda Revoner, Associate Network Officer, San Bernardino County Children's Network

Lisha Smith, Deputy Chief of Staff, San Bernardino County Board of Supervisors

Lizbeth Bayardo, Director of Programs, Center for Oral Health

Lori Ayala, Parenting Program Supervisor, Building a Generation

Lori Horn, Assistant Nurse Manager, RUHS- Department of Public Health- PHN/MCAH

Lorie LaceyPayne, Program Manager, RUHS Behavioral Health

Lucero Baeza, Grant Support Specialist, Chino Valley Unified School District

Lynn Stephens, Commission Coordinator, First 5 Riverside

Lynne Craig, Program Coordinator, RUHS Public Health

Mahdere Negash, Public Health Nurse Manager, Riverside County Public Health

Maribel Munoz, Project Manager - HMGIE, Loma Linda University Children's Hospital

Marie Davis, CEO, 211 Community Connect

Mark Agars, Professor, CSUSB

Marlene Carlos, Health Education Specialist, Inland Empire Health Plan (IEHP)

Martha Valencia, Manager, Community Health Kaiser Permanente

Marti Baum, MD, Pediatrician, Loma Linda University Children's Hospital

Mary Beth Fitzgerald, RN, PHN Early Intervention, Riverside County Office of Education

Mary Ellen Johnson, Administrator, San Bernardino County Superintendent of Schools

Maryann Sanjari, MCAH Medical Director, San Bernardino County Department of Public Health

Matthew Coughlin, Executive Director, Moses House Ministries

Maxwell Ohikhuare, MD, Commissioner, First 5 San Bernardino

Megan Meadors, Program Director, Bear Valley Community Healthcare District's Mom and Dad Project

Melanie Fuentes, Development Specialist, Rady Children's Hospital

Melody Amaral, CEO, The Wylie Center

Michael Townsend, Administrative Assistant, Office of Senator Connie Leyva

Michelle Koperski, School Readiness Coach, AmeriCorps First 5 San Bernardino

Michelle Siner, Program Director, First 5 Riverside

Mindy Silva, Program Health Officer, San Manuel of Mission Indians

Miranda Robinson, Central Children's Administrator, RUHS Behavioral Health

Niki VonHundley, Family Engagement Supervisor, Child Care Resource Center

Paul Kalfell, Pediatric Nurse Practitioner, Bear Valley Community Hospital (Family Health Center)

Phalos Haire, Interim Director, San Bernardino County Preschool Services, San Bernardino County Department of Preschool Services

Piera Causley, Administrative Services Manager, First 5 Riverside

Pradeep Gidwani, MD, Medical Director of HDS and First Steps, American Academy of Pediatrics, CA Chapter 3

Rachel Gonzaga, District Director, Office of Assemblymember Sabrina Cervantes

Rachel Douglas, Senior Parent Partner, Parent Support & Training Program

Rafael Villa, Unknown, San Bernardino County Transitional Assistance

Rajni Lopez, Research Specialist, First 5 Riverside

Randy Elphic, Assistant Superintendent, San Bernardino County Superintendent of Schools

Rebecca Acevedo, Finance Manager, 211 Community Connect

Renee Jones, Staff Analyst II, First 5 San Bernardino

Renee Kapsner, Program Development Specialist, Riverside County Office of Education

Ricki Hill, Director, Corp Community Outreach, March of Dimes

Robert Mendes, Supervisor, Case Management, Molina Healthcare

Robin Ferguson, Program Manager, Inland Regional Center

Ronald Powell, President of RJ Powell Consultants, Early Childhood Mental Health Advocate

Ronnie Robinson, Section Manager, First 5 San Bernardino

Rosalinda Nava, Health Education Manager, Inland Empire Health Plan (IEHP)

Ruby Garcia, Medical Social Worker, Riverside University Health System Medical Center

Sarah Diebold, Behavioral Health Services Supervisor, Riverside University Health System-Behavioral Heath

Sarah Nolan, HealthySteps Manager, Rady Children's Hospital

Sayori Baldwin, Assistant Director, Department of Public Social Services Self Sufficiency

Scott McGrath, Deputy Director of Systems and Impact, First 5 San Bernardino

Shadidi Carmon, Child Care Facilitator, Moses House Ministries

Shandra Secor, Manager of Administrative Affairs, Loma Linda University Children's Hospital

Sharon Kemp, Clinical Director, Maternal Child Services, Arrowhead Regional Medical Center

Sharon Ward, Ph.D., CSUSB Child Development Programs, Cal State University, San Bernardino

Sharon Elmensdorp, Developmental Specialist, Help Me Grow Ventura County/Landon Pediatric Foundation

Sharon Baskett, Assistant Superintendent, Riverside County Office of Education

Sonia, Colchado, Nutrition Educator, San Bernardino County Superintendent of Schools

Staci McClane, Associate Hospital Administrator, Arrowhead Regional Medical Center

Stacie Diaz, Intergovernmental Relations Project Analyst, San Bernardino County Superintendent of Schools

Stephanie Oakes, Public Health Nutritionist, San Bernardino County Department of Public Health

Sundae Sayles, 3rd District County Supervisor, Legislative Aide, Riverside County Board of Supervisors

Supriya Barrows, Legislative Services Manager, San Bernardino County Superintendent of Schools

Sylvia Vallejo De-Leon, Community Benefit Analyst, Providence St. Joseph Health, St. Mary's Medical Center

Tammi Graham, Executive Director, First 5 Riverside

Tammy Johnson, RN, Riverside University Health System Medical Center

Tara Ficek, Director, Health Systems, First 5 Los Angeles

Teslyn Henry-King, Nutrition Program Coordinator, San Bernardino County Department of Public Health

Thanh Do, Deputy Chief of Community Health, First 5 Santa Clara

Tim Watson, MD, Pediatrician, Mission Pediatrics

Timothy Hougen, Senior Program Manager, San Bernardino County Department of Behavioral Health

Tobi Long, Program Supervisor, Walden Family Services

Tomas Torices, Executive Director, American Academy of Pediatrics CA, Chapter 2

Traci Martin, Behavior Specialist, San Bernardino County Department of Preschool Services

Traci Brody, Early Learning & Development Specialist, San Bernardino County Superintendent of Schools

Tranda Drumwright, Asst. Director of Youth and Family Wellness, Reach Out

Treva Webster, Director, Intake, Early Start, & Clinical Services, Inland Regional Center

Uloma Nwogu, Manager, SAC Health System

Vanessa Enriquez, Case Manager, City of Chino

Verenice Torres, Health Educator, Inland Empire Health Plan (IEHP)

Veronica Valente, Early Learning and Development Specialist, San Bernardino County Superintendent of Schools

Victoria Stephan, Director/Consultant, Stephan Center Inland Empire

Wendy Lee, Staff Analyst II, First 5 San Bernardino

Yvonne Suarez, Deputy Director, First 5 Riverside

Zachary Ginder, Executive Director, Inland Empire Autism Assessment Center of Excellence

County and State Resources:

The following individuals shared their expertise and experience during the planning process:

Heather Little, Health Policy & Systems Director, First 5 Association

Juliana Sanchez, MPH Help Me Grow Community Liaison, First 5 Alameda

Cristina Jade Peña, Senior Program Officer, First 5 Los Angeles (Health Systems Department)

Tara Ficek, Director, Health Systems, First 5 Los Angeles

Kimberly Cooper, Department of Public Health, County of Los Angeles

Dulce Cahue-Aguilar, Program Coordinator, First 5 San Diego

Crystal Nava, Developmental and Behavioral Health Director, First 5 Santa Clara

Thanh Do, Deputy Chief of Community Health, First 5 Santa Clara

Kristina Hernandez, Program Coordinator, Early Intervention Help Me Grow Fresno County Superintendent of Schools

Sharon Elmensdorp, Developmental Specialist, Help Me Grow Ventura County/Landon Pediatric Foundation

Help Me Grow Inland Empire Design Team:

The Help Me Grow Inland Empire Design Team is a partnership of First 5 San Bernardino, First 5 Riverside and Loma Linda University Children's Health, that is charged with leading and aligning the planning process for the design and development of Help Me Grow Inland Empire. VIVA Strategy + Communications provides strategic consultation and facilitation support.

Brandon Daniel, Project Manager, Loma University Children's Health

Brandon Iesberts, Senior Development Analyst. Loma Linda University Children's Health

Brett Walls, Assistant Vice President, Ambulatory Services, Loma Linda University Children's Health

Cheri Davis, Contracts and Grants Analyst, First 5 Riverside

Cindy Faulkner, Assistant Director, First 5 San Bernardino

Marti Baum, MD, Pediatrician, Loma Linda University Children's Health

Jill Kowalski, Administrative Services Officer, First 5 Riverside

Karen Scott, Executive Director, First 5 San Bernardino

Maribel Muñoz, Project Manager, Help Me Grow Inland Empire, Loma Linda University Children's Health

Piera Causley, Administrative Services Manager, First 5 Riverside

Rajni Lopez, Research Specialist II, First 5 Riverside

Ronnie Robinson, Section Manager: Systems & Communication, First 5 San Bernardino

Scott McGrath, Deputy Director, First 5 San Bernardino

Tammi Graham, Executive Director, First 5 Riverside

Strategic planning consultation and plan development and design provided by VIVA Strategy + Communications.

Nicole Tanner, PhD, Managing Partner

Iris Elent, MSW, Consultant

Saeed Mirfattah, Senior Consultant

Laura Bowen, Communications Director

Amber Atkinson, Graphic Designer

APPENDIX

Locally-identified barriers

These barriers were identified during the Help Me Grow Inland Empire Early Intervention Summits

Community Awareness and Engagement	• Many different, disconnected outreach channels to families • Inconsistent messaging across channels • Integrated, orchestrated, and ongoing community outreach and engagement is not the norm • Location (rural areas) and language lead to information and access issues • Stigma associated with mental health related issues that some families experience
Early Identification and System Linkages	• Community-based early identification and developmental screening, including effective ASQ use, does happen but is fragmented and inconsistent • Access to screenings is difficult for families • Lack of agreement on a standard screening tool, common forms, applications, etc. • Lack of designated staff to provide screenings • Lack of funding for screening positions
Central Access Point and Care Coordination	• Programs are interested in collaborating but need to better understand each other's services • General lack of capacity (not enough services) for the volume of referrals to ensure linkages to needed services • Insufficient resources to support families if they are unable to receive services due to eligibility requirements or capacity issues • Transportation, language, or medical insurance issues limit families' access to services once referred • Lack of formal agreements between agencies (MOUs) • Insufficient mapping of service entry points to support referrers • Confidentiality protocols and lack of data sharing • Lack of understanding on parents' part to equip them to seek and advocate for referred services • Miscommunication and lack of clarity in communicating screening results and follow-up procedures • Delays in administering follow-up care • Financial problems, lack of insurance, transportation/ logistical challenges, or social and family issues • Stigma associated with mental health issues • Fragmented data system means follow-up rates are difficult to track

Data Collection and Analysis	• Lack of a centralized data system means resources and information are dispersed across multiple databases and agencies
	• Access to information is burdensome for families and providers
	• No shared expectations of the contents, context and meaning of data to support effective data collection and exchange among cross-agency partners
	• No visibility into what other behavioral and developmental services have been accessed by families
	• No visibility into what services are available
	• Insufficient data-sharing protocols and policies

Priorities for Establishing Criteria for Model Testing

Summit III participants were asked to share their thoughts on what they thought were important factors to consider for the development of the HMGIE Model. The following word cloud captures the participants collective feedback:

Inland Empire Data Snapshot

	Riverside County		San Bernardino County		California
Population of Children 0-5 yr, % of California[20]	187,074	6.3%	182,825	6.2%	2,973,243
% Children ages 0-17 living in poverty^^^ Highest Rank[21]	15.9% (7th)		23% (4th)		18.1%
% African-American	25.7%		30.7%		28.6%
% Hispanic-Latino	18.0%		25.5%		24.2%
Child Poverty - California Poverty Measure[22]	19.5% (18th)		19.9% (19th)		19.4%
Eligible for Free and Reduced Lunch Highest Rank[23]	69.5% (13th)		64.1% (21st)		58.6%
Children living with food insecurity[24]	21.8%		22.5%		22.9%
Single parent households#[25]	30%		35%		32%
Teen Births 15-19 y per 1,000 births[26]	23.9%		29.2%		23.2%
% of Birth Preterm Infants[27]	8.8%		10.0%		8.4%
No High School Diploma[28]	19.5%		21.2%		17.9%
Medically Underserved Area (MUA)[29]	8 designated MUA		11 designated areas		
County Health Rankings# Health Outcomes/Health Factors[30]	26th / 35th		38th / 47th		
Providers Primary Care	2469 to 1		1736 to 1		1330 to 1
Providers Mental Health	767 to 1		614 to 1		388

Population

Geographically, the Inland Empire, the region comprising both Riverside and San Bernardino counties, is roughly equal to the states of New Hampshire, New Jersey, Connecticut, Delaware and Rhode Island combined.[31] The collective population of the two counties also exceeds the population of 25 states in the United States.[31] Specifically, for children ages 0-5 in California, approximately 1 out 8 children reside in the Inland Empire (187,074 in Riverside County and 182,825 in San Bernardino County).

Poverty

In the Inland Empire, both counties have large percentages of children ages 0-17 living in poverty, 15.9% in Riverside County and 23% in San Bernardino County. This disparity is even more evident in the African-American and Hispanic-Latino communities. For Riverside County, nearly 26% of African-American and 18% of Hispanic-Latino children ages 0-17 live in poverty. The percentages are even higher for San Bernardino County, with nearly 31% of African-American and 26% of Hispanic-Latino children ages 0-17 living in poverty.

When looking at the California Poverty Measure, which is a more comprehensive approach to gaging poverty in California, both Riverside and San Bernardino Counties are slightly above the California average of 19.4%, at 19.5% and 19.9% respectively.

Another indicator of family poverty is the large number of children in both counties that are eligible for free or reduced-price lunch. In Riverside County, nearly 70% are eligible, while 64% are eligible in San Bernardino County.

Food insecurity is defined as not having consistent, dependable access to enough food for active, healthy living. Approximately, one in five children in the Inland Empire live in food-insecure households. Food-insecure children are more likely to experience a host of health issues, including developmental, cognitive, behavioral and mental health problems.

Children in single parent households are more likely to have lower incomes and experience financial hardship.

Both Riverside County at 19.5% and San Bernardino County at 21.2% of the population have higher percentages of residents with no high school diploma than California at 17.9%.

Health Rankings

In relation to overall health outcomes out of 58 California counties, Riverside County ranks 26th and San Bernardino County ranks 38th respectively. For health factors, Riverside County ranks 35th and San Bernardino County ranks 47th out of 58 counties.

Access to Care

In the Inland Empire, there is a lack of access to primary care services. There are eight (8) designated Medically Underserved Areas (MUA) in Riverside County and 11 designated MUA in San Bernardino County.

SOURCES

[1] National Survey of Children Health (2011/12). "Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years." National Survey of Children's Health, NSCH 2011/12. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 03/06/2017 from www. childhealthdata.org.

[2] Ibid

[3] National Survey of Children Health (2011/12). "Indicator 2.2: At risk for developmental, behavioral, or social delays, age 4 months-5 years." National Survey of Children's Health, NSCH 2011/12. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 03/06/2017 from www.childhealthdata.org.

[4] Baio J. (2014). "Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years — Autism and Developmental Disabilities Monitoring Network." Morbidity and Mortality Weekly Report. Washington, DC: US Department of Human Services.

[5] National Survey of Children Health (2011/12). "California Customized Indicator Report from the National Survey of Children's Health." NSCH 2011/12. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 03/06/2017 from www.childhealthdata.org.

[6] National Help Me Grow website, https://helpmegrownational.org/hmg-system-model/

[7] National Survey of Children Health (2011/12). "Indicator 2.2: At risk for developmental, behavioral, or social delays, age 4 months-5 years." National Survey of Children's Health, NSCH 2011/12. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved 03/06/2017 from www.childhealthdata.org.

[8] Early Identification Matters, 2017, Help Me Grow California, http://helpmegrowca.org/index.php/help-me-grow-california/policy-and-advocacy/

[9] Child Population by Age Group and Gender: 2018, https://www.kidsdata.org/

[10] Children Ages 0-17 Living in Poverty: 2018, https://www.kidsdata.org/

[11] 2019, County Health Rankings http://www.countyhealthrankings.org/app/california/2019/compare/snapshot?counties=06_071%2B06_065

[12] Health Resources & Services Administration, https://data.hrsa.gov/tools/shortage-area/mua-find

[13] 2019, County Health Rankings http://www.countyhealthrankings.org/app/california/2019/compare/snapshot?counties=06_071%2B06_065

[14] Children Now Scorecard, Retrieved, May 15, 2019 from https://scorecard.childrennow.org/?

[15] Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, Medical Home Initiatives for Children With Special Needs Project Advisory Committee (2006). "Clinical Report: Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening." Pediatrics. 2006;118(1):405–420. Reaffirmed August 2014.

[16] National Help Me Grow website, https://helpmegrownational.org/hmg-system-model/

[17] Ibid

[18] Collective Impact Forum, Collective Impact Primer

[19] Design Thinking for the Greater Good, Liedtka, Slazman & Azer (2017)

[20] Data Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2018).Retrieved from Kidsdata.org May 15, 2019

[21] Data Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2018), retrieved May 12, 2019

[22] Data Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Sept. 2018), retrieved May 12, 2019

[23] Data Source: California Dept. of Education, Student Poverty FRPM Data (Mar. 2016); U.S. Dept. of Education, NCES Digest of Education Statistics(Mar. 2016).

[24] Data Source: As cited on kidsdata.org, Gundersen, C., et al. (2016). Map the Meal Gap 2016: Food insecurity and child food insecurity estimates at the county level. Feeding America.

[25] http://www.countyhealthrankings.org/app/california/2015/compare/snapshot?counties=06_071%2B06_065

[26] Data Source: As cited on kidsdata.org, California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060; California Dept. of Public Health, Center for Health Statistics, Birth Statistical Master Files; Centers for Disease Control & Prevention, Natality data on CDC WONDER; Martin et al. (2015), Births: Final Data for 2013. National Vital Statistics Reports, 64(1) (Mar. 2015).

[27] Kids Data, Retrieved 05/02/2019 from www/kidsdata.org Teen Birth Reports

[28] U.S. Census Bureau, American Community Survey (Sept. 2018), retrieved May 12, 2019

[29] Health Resources & Services Administration, retrieved 05/12/2019 from https://data.hrsa.gov/tools/shortage-area/mua-find

[30] http://www.countyhealthrankings.org/app/california/2015/compare/snapshot?counties=06_071%2B06_065

[31] Riverside University Health System – Public Health 2016.