

LOS ANGELES COUNTY EFFORTS TO REDUCE HEALTH DISPARITIES AMONG MATERNAL AND CHILD HEALTH POPULATIONS

Name of the Initiative: Los Angeles County Early Identification and Intervention Group

Goals and Objectives

The Los Angeles County Early Identification and Intervention Group (EII Group) aims to improve the lives of children and families through early identification and intervention of disabilities, developmental delays or other problems. Its goal is to work with its partners to assure that:

- Every child in Los Angeles County gets developmental screenings – *early, often and with a high-quality screening tool*; and
- Any child needing help receives it at the earliest possible moment.

The EII Group does this by:

- Educating its participants, policymakers, parents, practitioners and others; and
- Developing, identifying, advocating and implementing effective and culturally competent policies, practices and strategies.

Recipient of the
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Description of the Initiative

Begun just three years ago at an informal lunch in September 2003, the EII Group has evolved into a large, amazingly diverse and effective coalition that includes local public agencies (such as the Public Health Department, Mental Health Department and local school systems), practitioners, advocates, and academics. Through frequent emails and personal contact, it also informs and engages partners across the state and nationwide.

This initiative does not focus exclusively or primarily on children who are low-income or ethnic-minority, but it does disproportionately help these children. Early identification and intervention are important yet often overlooked health disparity issues.

- **White children with serious disabilities are typically *identified* at much younger ages than ethnic- or language-minority children.** A study of Pennsylvania children covered by Medicaid found that Caucasian children were diagnosed with autism more than one year earlier than their African-American or Hispanic counterparts (age 6.3 for Caucasian children, 7.9 for African-American children, and 7.4 for Hispanic children).¹
- **Racial and ethnic minority children are less likely than white children to get early *intervention*.** In Los Angeles County, Hispanic children (age 3-4) with serious disabilities are the *least* likely to get early intervention and receive special education services, even though they make up two-thirds of children Countywide and are the most likely to be poor.²
- **The *highest*-income areas of LA County also have the *highest* percentage of children identified as having special needs.** The two *lowest*-income areas of the County have much lower rates.³
- **A child in foster care is at least four times more likely to have a disability than a child living with one or both parents.**⁴

Challenges

The challenges are many and include:

- The sheer size of Los Angeles County, which has more people than 42 states!

¹ David S. Mandell *et al.*, "Race Differences in the Age at Diagnosis Among Medicaid-Eligible Children with Autism," *Journal of the American Academy of Child and Adolescent Psychiatry*, December 2002

² From: *Children's Scorecard, 1995-1999*, LA County Children's Planning Council; and *Shaping the Future*, First 5 LA, 2005.

³ The two highest-income areas of LA County are Service Planning Areas 1 and 5 (the Antelope Valley and the Westside). The two lowest-income areas are Service Planning Areas 4 and 6 (the Metro Area and the South). This information comes from two sources: *For poverty*: LA County Children's Planning Council, *Children's Scorecard: 1995 to 1999*. *For special needs*: LA County Department of Health Services, Public Health, *Children with Special Health Care Needs*, 2005.

⁴ US Census Bureau, *Children and the Households They Live In*, Census 2000, page 8 (Table 3, "Characteristics of Children Under 18 by Relationship to Householder: 2000.")

- Widespread lack of awareness of the commonality of disabilities, developmental delays, and other problems (from learning to social-emotional). At least 15% of all children have a problem at some point, meaning that these issues personally touch just about every family.⁵
- Using data and evidence to identify issues and strategies, and then building public will by focusing on the human costs and benefits for children, families and communities.
- Creating a real collaboration of equals among the many organizations and perspectives that hold both a part of the problem and a part of the solution – not just health, but also education, social services, child welfare, mental health and many other sectors.
- Translating the jargon and acronyms – from *EPSDT* to *DSM-III, Part C, CMS, CAPTA* and *Regional Centers* – across the many sectors so that discussions are comprehensible to all.
- The complexities related to the *intergovernmental* nature of the problems and solutions. Much of the funding and many of the rules the County must follow (from Medi-Cal/Medicaid and EPSDT to IDEA/Special Education) come from the federal and state levels.
- Getting the attention and support of policymakers and funders who are pressed to “solve” today’s problems rather than prevent tomorrow’s.
- Building institutional and political will even though the short-term costs come from child health, special education and early intervention programs, while the long-term savings and dollar benefits accrue to the juvenile and adult justice systems, increased tax revenue, and lower health costs (for individuals, employers and communities alike).
- Sustaining the EII Group and its independent and broadly representative voice, even as its activities do not neatly fit into typical funding criteria by either public or private entities.

Successes

The successes of the EII Group have also been substantial. For example:

Improving policy to create sustainable improvements, including:

- Educating policymakers so that the EII Group’s definition of a *high-quality* developmental screening tool was incorporated into the House Head Start bill;
- Having improvements recommended by the EII Group incorporated into the Health Assessment Guidelines of the State of California Child Health and Disability Prevention Program; and
- Working with County officials to support increased reimbursement for developmental screening (through an improved reimbursement value, “RVU,” from the federal Centers for Medicaid and Medicare Services).

Being a catalyst to improve local practice, including:

- Playing a major role in helping First 5 LA shape their \$5.5 million Early Developmental Screening and Intervention Initiative and their \$125 million Prenatal to Three Focus Area;
- Working with the Los Angeles County Education Foundation as it identified early identification and intervention as a primary strategy to improve school readiness;
- Being the catalyst for the Venice Family Clinic (the largest free clinic in the US) to do high-quality developmental screening; and
- Helping LA public television station KCET identify programming around early identification and intervention for their program for caregivers, *A Place of Our Own*.

Pursuing promising innovations, including:

- Partnering with the Social Security Administration (SSA) for a risk-management project to prevent long-term dependence on Supplemental Security Income through early identification and intervention;
- Developing a policy project, PODS of Innovation, to *find, fund and follow* children with problems to demonstrate the cost-benefit of early intervention; and
- Undertaking a major effort to assure that young children in the Child Welfare System receive needed early intervention.

Expanding the knowledge base, including:

⁵ LA County Department of Health Services, Public Health, *Children with Special Health Care Needs*, 2005.

- Working with the County Department of Health Services to do a major study of *Children with Special Health Care Needs*;
- Developing, with input from the Centers for Disease Control, a working definition of a “high-quality developmental screening tool”; and
- Including an early-intervention indicator in the core set of Countywide school readiness indicators.

Building will and skill, through many events, trainings and seminars in partnership with other LA entities.

Getting the word out through articles and publications, including:

- *American Journal of Public Health*;
- *Developmental & Behavioral News*;
- *Newsletter of the Committee/ Section on Children with Disabilities*;
- *Children & Families Magazine*;
- *Exceptional Parent Magazine*; and
- *Education Week*.

Future Plans

Future plans focus on three major areas:

- Sustainability for this collaborative, including a solid funding base and broadened leadership;
- Building on the successes above – from policy work to assure that the developmental screenings done by Head Start programs are high-quality to continuing to improve local practices, actually implementing the risk-management partnership with Social Security Administration, and monitoring progress on the early-intervention school readiness indicator; and
- Undertaking new activities that meet the three-pronged criteria of ***impact, opportunity and partners*** – that is, activities that will improve early identification and intervention, activities that are also do-able and where there are already moving trains of opportunity, and activities that attract diverse and influential partners.

Budget

This initiative is currently operating on a shoestring. As it has developed, it has received financial support from several foundations (including the California Endowment, the Crail-Johnson Foundation, the Keck Foundation and the Atlas Family Foundation) and the Social Security Administration. It has also been propelled by the passion, vision, and in-kind and event-related contributions of participating organizations.

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