Focus on Early Childhood: Actions to Improve Access to Early Intervention

As pediatricians, we are experts at identifying developmental delays and related concerns in young children. However, the **how** to get appropriate services and evaluations for these children can be a challenge. This challenge is partly due to the complexity of our Early Intervention (EI) system in California. In fact, each state has an Early Intervention program, as mandated by Part C of the federal Individuals with Disabilities Education Act (IDEA). While a federal law, each state determines how their EI program is administered. In California, our EI program is administered through the California Department of Developmental Services (DDS), which oversees 21 Regional Centers in California. These Regional Centers house both the EI program, called Early Start, for children ages 0 – 3 years, as well as a separate program for individuals with specific developmental disabilities (intellectual disability, epilepsy, cerebral palsy, autism, or a condition similar in needs and supports to intellectual disability) as mandated by the Lanterman Act. It is important to distinguish these two programs, as the qualifications and routes to eligibility are very different.

Regarding California's EI program, Early Start, in order to qualify, infants and toddlers 0-3 years of age must have a developmental delay of 25% or more in one or more areas: cognitive development, motor developmental, expressive language, receptive language, social emotional development, or adaptive development. In addition, infants and toddlers can qualify if they have an established risk condition, such as Trisomy 21, or a combination of biomedical risk factors, including but not limited to: prematurity of <32 weeks gestation/ low birth weight of <1500 grams, assisted ventilation of 48 hours or longer in the first month of life, persistent metabolic abnormality, neonatal seizures, central nervous system injury, multiple congenital anomalies or genetic condition that can impact developmental outcomes, or prenatal exposure to teratogens or substances (https://www.elarc.org/files/assets/mainsite/v/1/people-we-serve/documents/high-risk-factors.pdf). Importantly, an infant or toddler will only be able to qualify based on established risk conditions or high risk due to a combination of biomedical risk factors if the Regional Center receives documentation of this information, which is where we as pediatricians can help a great deal by making sure the appropriate information is transmitted.

When a child is found eligible for the Early Start program, they may receive a general developmental intervention called either infant stimulation, child development, or other based on the Regional Center, as well as physical therapy, occupational therapy for fine motor and sometimes for feeding, as well as speech therapy (though speech therapy is usually not offered until 18 months of age). The Regional Center is technically the payor of last resort, so the family may be asked to use other resources for these

therapies, including insurance. However, if the infant or toddler will be best served by having these therapies locally/in the home, this can be an important point to advocate that the service should occur through the Regional Center, even if it might be covered by insurance (which may also have long wait lists, etc.). For more information, please find Early Start information packets, available in multiple languages, on the DDS website Early Start : CA Department of Developmental Services (shoutout to CHLA research and USC Faculty Member Olga Solomon, PhD for leading the development of these information packets).

The logical question that follows is: if I have an infant or toddler who screens positive for developmental delay and/or has risk factors for developmental delay, what is the best way to get them to the Regional Center? This is an excellent question, as it is not always a straightforward process.

Step 1 is to figure out which Regional Center a child will belong to. For most of California, this is based on county, but in Los Angeles County it is based NOT on zip code as commonly understood, but on health district, which requires a full address to determine. Thus, the best way, no matter where you are in CA, is to start with this website, and for Los Angeles use the whole address to get the correct Regional Center: Regional Center Lookup : CA Department of Developmental Services.

The next step depends on the Regional Center. The best bet is to look at their website. The majority of Regional Centers now have online applications, and clearly delineate the process for Early Start vs. Lanterman Act services. Other Regional Centers, including the Frank D. Lanterman Regional Center in Los Angeles, do not have an online application but have clear instructions on their website regarding how to email a new referral and what information to contain. Thankfully, gone are the days of families needing to call to start the process. **It is much more effective and efficient to use the online applications or email options.**

The next question is: who needs to start this application process/who can refer to the Regional Center? The short answer is, in theory, anyone. The long answer is that the family needs to be very aware of the process and will at some point need to sign consents for evaluation. Thus, if a professional places a referral, the family will be contacted and will eventually need to complete the application and sign consents. Thus, it is most efficient if the family leads the process and submits the application or email themselves.

This is where an unfortunate reality sets in for many of the families we serve. Many families may have the technology and health literacy skills to handle these processes, but many do not. In addition, many families are facing so many challenges, including

meeting basic needs, that they may not be able to focus on the administrative process of getting their child through the Regional Center evaluation process.

Local AAP-CA2 members are working on multiple, grant-funded projects to be able to provide additional support for families to walk them through the process of connecting to the Regional Center, as well as to address competing needs in the meantime. Christine Mirzaian, MD, MPH. FAAP of CHLA has led a Parent Navigator project, funded by CA DDS that integrates parents with lived experience into primary care clinics within AltaMed. Since the program began in 2018, they have directly served 8,934 individuals and their families (for both Early Start and Lanterman Act services through the Regional Center) and demonstrated a successful linkage rate to EI of 71%[1].

Dr. Mirzaian has collaborated with the Los Angeles County Department of Public Health to co-lead the Early Needs Response to Infant and Child Health, LA County (ENRICH-LAC: http://www.publichealth.lacounty.gov/cms/ENRICH%20INDEXx.htm), along with AAP Chapter 2 Member Dr. Sophia Stavros. In addition to her work with ENRICH-LAC, Dr. Stavros works closely with Dr. Suzanne Roberts to bring Healthy Steps programs to AltaMed clinics across Los Angeles to provide additional support to families regarding early childhood development, early relational health, and resource connection.

Grant-funded programs continue to face multiple challenges, thus we are continually advocating that services such as those listed above have improved methods of reimbursements through insurance. We appreciate the opportunity to raise awareness of these programs to our Chapter, as well as to provide practical tips to members regarding how to help patients access EI when additional help is not available.

References

1. Mirzaian CB, Solomon O, Setaghiyan H, et al. Enhancing access to early intervention by including parent navigators with lived experience in a pediatric medical home. *Fam Syst Health*. 2024;42(3):405-416.

Additional Resources

Help Me Grow is a free program available in all counties in AAP chapter 2 that can assist families with children 0-3 navigate early childhood systems.
Help Me Grow | LA - Home Page

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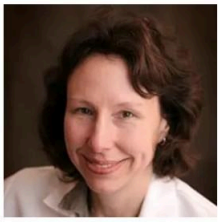

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