211 LA County Statement to the California Department of Developmental Disabilities
Addressing Public Meeting on Regional Center Service Disparities, held on August 26, 2016

Turning Disparity into Equity for “Hard to Reach”
Children and Families Accessing Regional Center Services

211 LA County (211 LA) is pleased that the state legislature and the Department of Developmental Services have prioritized promoting equity by addressing racial, ethnic, and socio-economic disparities within purchase of service expenditures. We urge the legislature and the Department of Developmental Services to use funds from the 11 million that will be allocated to Regional Centers to combat and eliminate the well-researched educational and health disparities caused by the late identification and intervention of delays and developmental disabilities in low-income African-American and Latino children. Program funding should be tied to performance requirements such as measurable outcomes for identification of children at 2-3 years of age and confirmed services received.

Setting a measurable standard for early identification requires a specified target in order to make an impact. Children with developmental-behavioral problems from low-income communities and racial/ethnic minority groups tend to be diagnosed later¹ and experience higher unmet needs² than their middle-/upper-class and White counterparts. These children, whose developmental and behavioral problems go largely undetected or unaddressed until entering school³, have already missed the opportunities for earlier detection and intervention when interventions are most likely to be effective and offer the highest returns on investment.⁴,⁵

For example, according to the Center for Disease Control, the average age of diagnosis for autism is currently 4-5 years, even though a reliable diagnosis can be made as early as 18-24 months. Many research studies on autism have further documented that African-American and Latino children from lower socio-economic status are diagnosed as late as 5-7 years of age, by which time they have completely missed critical federally and state funded early intervention services. Evidence-based early intervention services have been shown to reduce the core symptoms of autism, improve IQ and daily functioning. Yet, late identification of autism for low income African-American and Latino children continues, effectively eliminating the home-based, individualized, intensive early intervention services for 18-24 month olds, the age when evidence-based interventions specific to an autism spectrum disorder can begin to make an impact on the developing brain of a child.

Most appalling is that this well documented and known disparity in accessing Regional Center services continues despite federally funded mandates to ensure early identification and intervention services for all children with delays and developmental disabilities. These Federal mandates include: the Individual Disability Education Act (IDEA) Part B and C Child Find, the Child Abuse Prevention and Treatment Act (CAPTA) Reauthorization Act of 2010 and the federally Medicaid funded Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

The “Hard to Reach” children and families are mainly African-American and Latino families who are commonly monolingual Spanish speaking, socio-economically struggling, and facing issues including lack of food security, homelessness, domestic violence and very stressful living conditions. These are families
who often fear that their children will be taken away if they reveal their socio-economic struggles or stressful living situation. These are families that are not attending the recommended pediatric well-child visits even though they have medical insurance coverage through Medi-Cal. They are also unlikely to attend outreach events in the community. These families are unreachable by most traditional and conventional community outreach methods funded by IDEA Part B & C, CAPTA, and the Medicaid funded Early Periodic Screening and Treatment Program.

Racial and economic disparities cannot be eliminated by putting more funding resources into an existing system without requiring specific and measureable outcomes that challenge the system to innovate and change its approaches. Instead DDS should be supporting programs with proven effectiveness such as the 211 LA Developmental Screening and Care Coordination program that has been in place for several years and was recently piloted in 5 additional counties with equal success. This program generates substantial data and measureable outcomes demonstrating that it is a proven successful model for serving the “hard to reach” children and families that the current system is not finding.

Since 1981, 211 LA has been serving the most underserved communities of Los Angeles County as a well established, trusted partner for the “Hard to Reach Families”. 211 LA’s engagement with these families is unique and irreplaceable. 211 LA is well known through word of mouth in the poorest neighborhoods, where individuals and families are assisted daily with accessing critical services 24/7 in a stigma and barrier-free environment.

It is for this reason that in September 2009, 211 LA launched their innovative Developmental Screening and Care Coordination (DSCC) program with funding from the Keck, Robert Wood Johnson and Weingart Foundations. Since 2009, 211 LA has screened over 12,000 children and uncovered astonishingly high rates of risk among children from the “Hard to Reach Families” 211 LA serves. Over 60% of children screened displayed moderate to medium risk for a developmental delay. 75% of the children identified at risk were 36 months of age or younger – significantly younger than the average 5-7 year age of identification for this population. 211 LA was able to confirm that 60% of the children that screened with high to moderate risk went on to receive intervention services referred to parents by 211 LA.

From April to June 2015, 211 LA led and coordinated a statewide pilot expanding the Developmental Screening and Care Coordination model to five additional Counties with funds from the Department of Developmental Services via WestEd. The pilot included agency partners from Alameda, Kern, Riverside, San Bernardino and Sonoma Counties. Replication of the 211 LA model in other counties confirmed similar findings to those of the 211 LA’s program. Consistently, 211 LA program model has demonstrated successful early identification of low-income minority children at age 36 months instead of 5-7 years, giving children and families an additional 2-4 years of intervention services during a critical developmental period. 211 LA’s DSCC program has proven to be a cost-effective solution to accessing the “Hard to Reach” children and families.

211 LA and constituents we serve urge the legislature and the Department of Developmental Services to make an investment in the future of the most vulnerable children by funding the 211 LA DSCC program, to ensure that low-income African-American and Latino children, especially homeless children and/or in the foster care system, have access to timely early intervention services and to a more equitable, efficient, and effective Regional Center service delivery system.
211 LA has demonstrated a proven solution to a well known Regional Center service access disparity, targeting the years in a child’s life when interventions make the greatest impact, for the populations most at need and hardest to reach. We believe that funding the DSCC program will change the trajectory of many children’s lives, and make significant progress toward the goal of equity.

Respectfully Submitted by,

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