Item 7-1

LESSONS LEARNED

FROM BUILDING THE

HEALTHY DEVELOPMENT SERVICES SYSTEM OF CARE

Acknowledgements

Countywide Coordinator
The American Academy of Pediatrics, California Chapter 3 (AAP-CA3) is dedicated to achieving physical, mental health, and social well-being for every infant, child, and adolescent in San Diego and Imperial Counties. Founded in 1961, AAP-CA3 is one of four American Academy of Pediatrics chapters in California.
Visit aapca3.org for more information.

AAP-CA3, as Countywide Coordinator, spearheads efforts to develop and support Healthy Development Services. They promote collaboration with other organizations involved in early childhood developmental, behavioral, and mental health services.

Regional Service Network Lead Organizations
The four lead organizations in San Diego County responsible for the provision of Healthy Development Services and integrating with existing early intervention providers are Family Health Centers of San Diego, Rady Children's Hospital - San Diego, Palomar Health, and SBCS.

Evaluator
Harder + Company Community Research is the Healthy Development Services program evaluator. They blend rigorous research methods with thoughtful strategy to help their clients better serve their communities.

Funder
First 5 San Diego promotes the health and well-being of young children during their most critical years of development, from the prenatal stage through five years of age. Their goal is to help ensure that every child in San Diego County enters school ready to succeed. Visit first5sandiego.org for more information.

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Executive Summary

In 2006, First 5 San Diego (First 5) made a significant investment to create and implement Healthy Development Services (HDS), a groundbreaking program that promotes young children's optimal development and learning by identifying and addressing problems early. What set HDS apart from other early intervention programs is that it was envisioned to fill a gap in services for children ages 0-5 with mild to moderate developmental and behavioral concerns who do not qualify for services provided by schools or through health insurance. HDS was designed to complement the existing infrastructure serving children with the most severe delays.

Our organization, the American Academy of Pediatrics, California Chapter 3 (AAP-CA3), is the HDS Countywide Coordinator. We led the development of the HDS framework and continue to ensure its successful implementation. HDS is a 3-tiered model of services where children receive screening, assessment, and developmental and behavioral treatment based on the child's clinical needs and the family's ability to engage in services. Care coordination is available to assist families with navigating services and help them access community resources. Since the inception of HDS, we have continuously improved the quality of services, working alongside community experts and drawing upon best practices and current research.

Over time, HDS evolved into a comprehensive system of care that is transformational not only for young children and their families but also for the frontline staff that provide services. The long-term funding that supports HDS has been critical and is the key element that makes systems building possible. The HDS model was built and developed during its first five years. Concurrently, a system of care was being created. Ten years after its initial funding, the HDS system of care was established. Now, HDS continues to improve and grow with a focus on building and sustaining relationships within the system and the community.

Relationships with families are central to the HDS model. Families are supported by a family-centered, trauma-informed approach where care coordinators and service providers address the family's social determinants of health and barriers to service. HDS providers build trust with families, respecting the experience and values that each family brings when engaging in services. The HDS approach to engaging and supporting families creates the foundation for healing relationships that extend beyond traditional service delivery.

In this document, we will share our knowledge and insight gained by building and implementing a large-scale system of care. The information is outlined in the following categories:

- Filling the Gap
- Creating a Continuum of Services
- Importance of Care Coordination
- Creating Connections with Partners
- Building Capacity in Our Providers
- Creating Connections with Caregivers
- Collaboration with our Funder

Since 2006, this developmental and behavioral system of care has served over

352,800

children ages 0-5 and their families.

These lessons, with key takeaway points provided in each section, draw upon our experience of deep listening and interacting with community partners and frontline providers, honoring different perspectives, and strategically integrating recommendations for quality and systems improvement into HDS. It is our hope that other large initiatives that aim to provide a comprehensive approach to service provision can learn from the lessons of HDS.

Ripple Effect Mapping

Ripple Effect Mapping (REM) is a participatory interactive evaluation and learning tool that was utilized in HDS to identify and document the impacts or "ripples" of HDS services from the child and family system to the community. The blue call out box displayed to the left appears throughout the report where HDS lessons learned align with REM findings.

"HDS taught me strategies and tools that I could use right away to address my child's difficulties with tantrums, transition to change, and potty training. I can honestly say that it has improved our quality of life."
– HDS Parent

Lessons Learned & Key Takeaway Points

Filling the Gap
Treating young children with mild to moderate developmental and behavioral concerns has lifelong benefits and impacts.

Creating a Continuum of Services
Developing a model of services requires researching best practices, listening to experts and clinicians, and model testing at the frontline.

Creating a comprehensive system of care requires coordination, alignment, collaboration between community organizations, and ongoing work to maintain integrity.

Importance of Care Coordination
Supporting families through care coordination and case management is critical for families' initial engagement in services and their ability to remain in services.

Creating Connections with Partners
Community level change requires leadership that brings all partners together to strategize on how to best serve children and their families.

Building Capacity in Our Providers
Service providers need training and support to provide family centered care. Frameworks, such as Motivational Interviewing, Trauma Informed Care, and Reflective Practice, all have a role in promoting family centered care.

Supporting frontline service providers that work with families day-to-day is often overlooked in many systems of care, leading to staff burnout and turnover. The implementation of Reflective Practice and support calls provides concrete support for frontline providers and their supervisors.

Creating Connections with Caregivers
Parents and caregivers are the agent of change in their children's lives. Services must support and engage families in meaningful ways.

Trauma and Social Determinants of Health significantly impact parents' and caregivers' ability to participate in services for their children. Focusing on trauma responsive, attachment-based relationships can positively impact engagement in services.

Collaboration with our Funder
Building complex systems care requires multiyear funding and flexibility; funders need to invest in organizations who can create systems change.

Filling the Gap

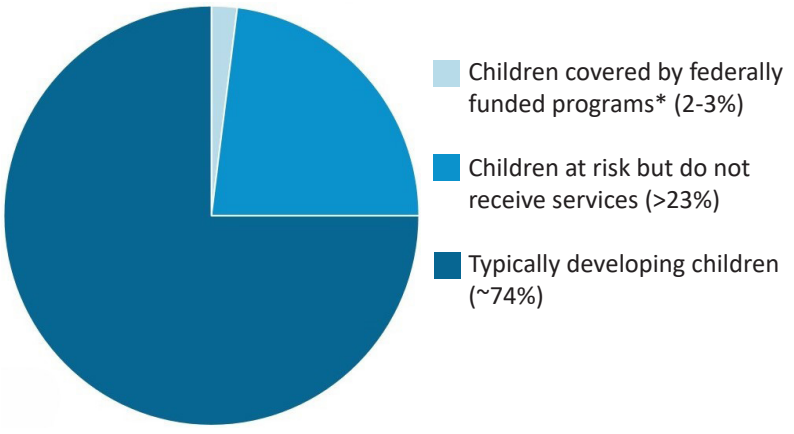
Treating young children with mild to moderate developmental and behavioral concerns has lifelong benefits and impacts.

According to the Centers for Disease Control and Prevention, approximately 17% of children in the United States have a developmental or behavioral delay.[i] The National Survey on Children's Health found that about one in four children in California from birth to five years old are at risk for developmental or behavioral delays.[ii] The identification and treatment of these delays in the first five years of life have a greater positive impact on the trajectory of a child's development. A child is more likely to overcome the delay and with less cost than if the child is treated later in life.[iii] Unfortunately, only half of the children with delays are identified before they enter school.[iv] Also, federal and local resources available to treat the delays only cover three percent of the children, leaving a 15-20% gap where children that need early intervention services do not receive them.[v] [vi] [vii]

San Diego County, through Healthy Development Services (HDS), significantly invests in the treatment of children with mild to moderate developmental and behavioral concerns. These concerns are not typically treated by other early intervention programs or covered by health insurance. While children with severe delays and disabilities have access to treatment funded by health insurers or public assistance programs, children whose challenges are less severe have few places to turn. Furthermore, mild delays left untreated can grow in significance and can cause challenges in learning.[viii] These challenges can include poor school performance, increased risk-taking behavior, and increased high school drop-out.[ix] This evidence, in addition to the growing research on early brain development, has led to a paradigm shift that the investment in treating children with mild delays can result in significant savings compared to treating them later in life. HDS helps prevent long-term problems and positions more children to succeed in school and in life by addressing development and behavior challenges early.

Additionally, stakeholders are beginning to understand that developmental screening alone is not what leads to improved outcomes for children. While some communities throughout the United States have initiated valuable screening programs, HDS is unique in that it has evolved into a comprehensive system of care that provides screening, assessment, and treatment for children with mild to moderate delays. The HDS system addresses these delays with a holistic approach that not only considers the child's clinical needs but also the family's social determinants of health. The treatment services have shown positive outcomes for children and best meet the needs of the community's children and their families. On average, 95% of children who complete developmental treatment through HDS make improvements. Similarly, children that complete behavioral treatment through HDS also make gains.

Children's Developmental and Behavioral Needs are Not Being Met



*Federally funded programs:
Individuals with Disabilities Education Act (IDEA)
Part B - Special Education in Schools
Part C - Regional Center and California Early Start

Creating a Continuum of Services

Developing a model of services requires researching best practices, listening to experts and clinicians, and model testing at the frontline.

Creating a comprehensive system of care requires coordination, alignment, collaboration between community organizations, and ongoing work to maintain integrity.

Background

Healthy Development Services (HDS) is a community-driven effort and was developed in response to the identification of needs and gaps in the San Diego community. In October 2004, First 5 San Diego (First 5) adopted a five-year strategic plan that set priorities for how their funds were to be allocated. They conducted a myriad of activities to identify issues and priorities for the strategic plan. Three in-depth studies were completed to better understand the needs facing young children in the San Diego region. The studies were on health, behavioral health coordination, and pre-literacy needs of children. These studies provided important information about unmet needs in the county. Input on existing programs and systems, unmet needs, and critical service gaps was also collected from stakeholders and key informants. Policy briefs and reports on early childhood development and school readiness were reviewed.

The concept for HDS was developed based on the information gathered during the planning process. One key finding was that there was not a systematic approach to addressing the needs of children with mild to moderate concerns among the organizations that support developmental and behavioral growth among young children. The information gathered highlighted that many health care providers were reluctant to conduct in-depth development and behavior screenings because of lack of treatment services.[x] Health care providers were also hesitant to screen knowing that families would be unable to participate in costly treatments and services not covered by insurance. First 5 used the findings to develop the original Request for Proposals (RFP) for HDS.

While the structure for HDS was proposed in the original RFP, the creation of the service model, policies, and procedures developed over time. HDS is provided throughout San Diego County by four lead organizations that subcontract with multiple organizations for the provision of services, known as Regional Service Networks (RSNs). We, the American Academy of Pediatrics, California Chapter 3 (AAP-CA3) were awarded the contract from First 5 to provide countywide coordination, support, and technical assistance for the system of care since the inception of HDS. Our role aligned with the concept of a backbone organization outlined in the Collective Impact framework.[xi]

In 2006, when HDS first began, the services were not clearly delineated. Each region provided services based on their previous experience and the developmental and behavioral programs that already existed in their community. We soon learned that work needed to be done to integrate the siloed services and ensure consistency between all regions. We understood that in order to develop a comprehensive system of care, we needed to provide vision, leadership, and intentionality.

We also strongly believed that the HDS continuum of services must incorporate feedback from community experts. During this period, we conducted frequent meetings with the leadership teams, developmental services providers, behavioral services providers, program evaluators, and a Project Advisory Committee comprised of community experts. We designed a meeting preparation process that included clear goals and talking points for each section of the meeting so that each conversation was relevant. Our team concluded each meeting with a debrief to process the information learned as well as ensure clear next steps and action items. This intentional approach to meeting preparation and facilitation resulted in valuable information to develop the HDS model.

Creation of the HDS Model

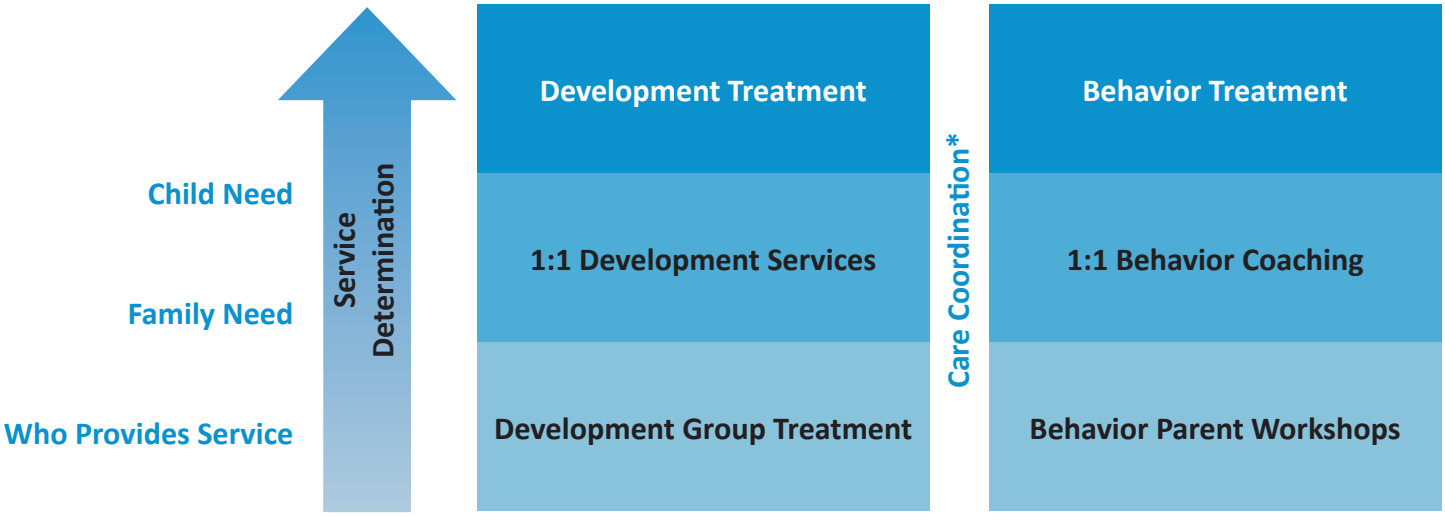
The HDS Model was created over phases. We first developed the continuum of developmental services in HDS. We understood that services that helped children in the developmental domains (i.e., speech and language, occupational therapy, and physical therapy) were needed. We also realized that we needed to create a structure so that resources could be allocated appropriately to prevent bottlenecks in referrals and lengthy wait times. We identified appropriate developmental screening and assessment tools and created processes so that children could be triaged appropriately to services. Services offered to the family are determined based

on a child's clinical needs, the family's readiness and ability to engage in services, and the qualifications of the service provider. The development services in HDS range from global development or speech group classes, one-on-one consultations to address concerns in a specific developmental domain, and individualized therapy (e.g., speech and language therapy, occupational therapy, and physical therapy). Group consultations or therapy are allowed depending on the children's presenting clinical concerns.

Once the Regional Service Networks began delivering services to families, there was a clear need for behavioral services provided in relation to developmental delays. The field of Early Childhood Mental Health was experiencing tremendous growth and the understanding about the continuum of social emotional development, behavioral concerns, and later mental health emerged as HDS was developing. Again, because no other system existed, the early years of HDS were spent developing a continuum of behavior services to meet the community's needs. We used the same processes to research best practice, consult community experts, and get input from frontline providers to develop the continuum. The behavioral services provided by HDS include parent workshops focused on social-emotional development, one-on-one coaching for specific behavior concerns (e.g., eating, sleeping, toileting), and individualized or group therapy using evidence-based practices (e.g., Child Parent Psychotherapy, Parent-Child Interaction Therapy) with a focus on promoting attachment relationships.

HDS evolved to include a 3-tiered model for development and behavior services based on the severity of the child's delay and family's needs. We added a 3-tiered model of care coordination and case management to this structure, which is described in the next section. Frontline providers working directly with families shared that a good portion of their time was being used to help families navigate services. This was taking crucial time away from the clinical treatment of the child. This information prompted us to seek a solution, which are now the care coordination and case management services in HDS. Care coordinators work with parents and caregivers to help them understand their child's needs, how to support their child's needs at home, and how to access and advocate for appropriate services. Care coordinators facilitate communication with the child's clinical providers so that they share information with one another and track progress together to ensure continuity of care for the child.

HDS Service Model



*Care Coordination is offered to families needing assistance with navigating the HDS system

Healthy Development Services Values

Healthy Development Services is committed to:

Family-centered, strength-based services that respect the diversity and unique needs of children and their families.

Supporting a culture of excellence through the interdisciplinary delivery of high-quality services that are evidence-based or evidence-informed.

Developmentally informed treatment that promotes parent's skill building, mastery, and transformation, in addition to positive interactions between the parent and child.

Utilizing highly skilled providers with expertise and knowledge about parent-child relationships.

Working with community partners to leverage resources and reduce gaps in services.

Utilizing an integrated, coordinated, relationship-based, whole-child approach to service delivery.

Importance of Care Coordination

Supporting families through care coordination and case management is critical for families' initial engagement in services and their ability to remain in services.

The need for formal care coordination emerged within the first two years of Healthy Development Services' (HDS) implementation. Regional leadership shared that frontline clinical providers were spending a lot of time helping families navigate services both within HDS and when referrals were made to external community resources. Many families also needed help with basic needs (e.g., food, transportation, housing). This feedback prompted us to develop a care coordination framework and explore how we could triage families to care coordination services.

A three-tiered model for care coordination/case management emerged after multiple discussions with HDS leadership and community partners that had experience implementing case management services. This model is supported by the broader HDS system of care where communication and coordination happen between organizations/ community partners, the countywide coordinator, regional leadership, and frontline providers to ensure a seamless experience for families. Each level of the HDS Care Coordination framework is described below.

Ripple Effect Mapping Finding

Families are able to address their basic needs and build their capacity to access resources through care coordinatior support, which builds their readiness for services and allows them to focus on their child.

Level 1
Referral Management

A family has minimal needs and can attend recommended service appointments with limited assistance.

Level 2
Case Management

A family has complex needs and needs assistance connecting and implementing clinical recommendations. They may have multiple referrals within HDS and to external resources. They anticipate having difficulties attending appointments.

Level 3
Intensive Case Management

A family has complex needs and needs assistance with problem solving skills to be able to implement clinical recommendations. They lack basic needs and/or may have a high-risk history (e.g., incarceration, drug use, family violence). The parent/caregiver may have their own developmental and/or mental health concerns.

Over the years, we have learned that a family's ability to engage in services is a complex process. Marginalization, trauma, mistrust of systems, perceived stigma of accessing services, and a parent/caregiver's own attachment relationships have a role in influencing their willingness and readiness to address their child's development and behavior concerns. Families' access to care coordination for assistance in navigating the HDS system is critical to their engagement and retention in services.

Through our care coordination services, parents and caregivers can make meaning of their own experiences. Once parents and caregivers understand their child's needs, they increase their readiness to engage in services.[xii] This is because they begin to believe they can positively impact their child's healthy development. Then, HDS providers use a relational approach to assess each family's needs. The way of interacting with families is grounded in the Strengthening Families framework where Care Coordinators help families identify their strengths and protective factors instead of only focusing on their risk factors and challenges to engagement. Trust is built when Care Coordinators are trained and willing to have difficult conversations with families. This approach helps Care Coordinators understand families in a different, more empathetic way. In some cases, our Care Coordinators are the only system of support for a family.

Because we created a true system of care, meaning that everyone understands who is providing the services and what the services are, our Care Coordinators can focus on helping families use services. This contrasts with what happens in other systems where providers only connect families to services. Our Care Coordinators are in a position to get to know families at a deeper level. When our Care Coordinators say to us, "I know this family," we know that the family feels seen and understood and has gained a sense of mattering and belonging.

"As a first-time parent there are moments where I doubted whether or not I was doing things right, but now I feel so much more at ease and confident. I learned so much, and you always made me feel welcomed."
– HDS Parent

Creating Connections with Partners

Community level change requires leadership that brings all partners together to strategize on how to best serve children and their families.

Healthy Development Services (HDS) is a relational system of care, and a high degree of collaboration is needed to integrate this comprehensive system of care within the community. Community input was provided by a variety of organizations including government, health care agencies, and community-based organizations. Yet, the community readiness for HDS took time to be established. As countywide coordinator, we put relationship-building, strategic communication, and finding a balance between getting community buy-in and moving processes forward at the forefront from the very beginning. We needed to gain trust from our partners not only so they would make referrals into HDS but also to ensure that there was not any perceived competition between HDS and existing services. We also recognized that collaboration with pediatricians, between community partners, and among other early intervention systems of care is essential.

HDS Lead Organizations

As countywide coordinator, our primary relationships are with the HDS lead organizations that are responsible for the provision of services throughout the county. Collaboration among these partners helps the system of care to function efficiently and successfully. The lead organizations include the local children's hospital, a community hospital, a federally qualified health center, and a social services agency. Their subcontractors that implement services are comprised of community-based organizations, experts in child development, and behavioral health providers. The diversity of the organizations involved in leading HDS has proven to be beneficial. We have been able to draw upon the expertise of each organization, which has helped refine our comprehensive approach to families and their needs.

A shared vision and culture of HDS was created over time, building upon existing relationships that had been established among several partners. This started with frequent and regular meetings to clarify the definition of mild to moderate concerns, co-development of referral criteria and pathways, agreement on program evaluation methods, and shared approaches to training. However, it was the sheer hard work and dedication that the partners put in that has made the biggest difference in establishing what HDS is today. It was the collaboration among partners to build the HDS model, input from frontline providers working directly with families, and the spirit of continuous improvement of the services that solidified the camaraderie among the partners. Common principles, including an emphasis on social-emotional development and parent-child interaction throughout services, contribute to the culture of the system.

Pediatricians

In our experience, pediatricians and other health care providers did not want to complete developmental screenings for children without having a resource to send children to if a concern was identified. Developmental screening rates using a standardized tool were low. When HDS was established, pediatricians and health care providers hesitated to refer children for services because, at that time, they were unfamiliar with the treatment services provided by HDS. They also wanted the assurance that they would receive feedback about their patients if they were going to take the time to make a referral.

We had the advantage of having established relationships with many pediatricians because they were already members of the American Academy of Pediatrics, California Chapter 3. One way that we were able to overcome their resistance to using HDS was to visit pediatric practices utilizing an academic detailing process, which is a strategy to outreach to physicians. We were able to secure time and space in the pediatric practices to present on the services available

through HDS and the referral process. We often partnered with other early intervention providers to co-present. This strategy helped pediatricians understand the difference between HDS and other programs. It also helped pediatricians feel confident that their patients would get the services they need either from HDS or another community program. After pediatricians were more systematic in their developmental screening practices and making referrals to HDS, we created a Physician Referral Feedback Form for HDS providers to use to share the status of the physician's referral and to ensure effective communication between the pediatricians and HDS. Currently, referrals from pediatricians comprise approximately 80% of referrals being made into the system of care. Our pediatricians have said, "Practicing pediatrics without HDS is like practicing pediatrics without immunizations."

Ripple Effect Mapping Finding

Pediatricians are incorporating development screenings as a standard of practice. Pediatricians refer to HDS as an essential part of the system of care and are more aware of available services/resources for families.

California Early Start and San Diego Regional Center

Another barrier for HDS when it first launched in the community was to differentiate the services from other early intervention services available through the Regional Center (including California Early Start) and school districts, which are funded by the Individuals with Disabilities Education Act. Specific criteria must be met for a child to qualify for Regional Center services. Many children do not qualify for existing early intervention services because their delays are not severe enough, and it is these children that are eligible for HDS. However, HDS was initially challenged with reducing confusion among referring parties about the different services while also ensuring community partners that HDS was not in competition with their services. AAP-CA3 worked on these challenges primarily through relationship-building, establishing and sharing referral criteria for each early intervention program, and developing standard ways of communication to each other and to families. The San Diego Regional Center has reported that 96% of referrals from HDS to the Regional Center are appropriate.

Early Care and Education Providers

Early Care and Education (ECE) partners are also important in identifying children with developmental and behavioral concerns. Infants and young children spend a large portion of their out of home time in ECE settings. We connected with ECE organizations in the county to determine how we could best work with them, which resulted in an understanding that they could identify and refer children to HDS and HDS could also refer children to them for ECE and preschool. We also provided training in standardized developmental screening tools (i.e., ASQ3 and ASQ:SE-2), how to refer children with concerns to HDS, and how to communicate with parents when their child has a developmental or behavioral concern. The adoption of a common language by using the same developmental screening tool allows children to be referred seamlessly between different systems.

Community Multi-Disciplinary Team Meetings

Collaboration at every level is best highlighted through the implementation of community multi-disciplinary team (MDT) meetings that occur on a regional level across the entire HDS system. Multi-disciplinary teams are typically comprised of professionals from different disciplines that work together to plan and coordinate care for a person or family. HDS led the implementation of MDTs throughout the county so that community partners would have a forum to share the nuances of their services to determine the "first best referral" for families. A case presentation is given where HDS providers describe the child and family's concerns and what HDS services were provided. Next, representatives from various systems of care (e.g., child welfare services, public health nursing, and schools) troubleshoot any issues with referral processes and service pathways and offer suggestions on next steps for the family. By sharing the real-life experience of families that access services, community partners can work together to continue refining their own referral processes, improving the provision of services, and ensuring that the child/family is always at the center of every process.

In our experience, MDTs are the ideal forum to illustrate HDS' approach to working with families. Initially, the meetings resulted in partners meeting each other in person, exchanging contact information, and beginning to develop lasting relationships that ultimately benefit children and their families. Today, the MDTs demonstrate HDS providers' trauma-informed and trauma-responsive approach to a family's care. The collaboration within HDS and the multiple providers that work with families is evident as a family's case is presented and providers share how a family moves through HDS services, illuminating what challenges they experience along the way. MDT participants hear how HDS providers intentionally communicate about each step that the family takes so that the family is not burdened with having to re-tell their story. External partners not only learn about HDS' unique approach to each family's needs but they also take these lessons and apply them with the families they are serving.

Collaboration between systems of care contributes to the positive impact of HDS and has led to community transformation. There is no shortage of children that need early intervention services. By creating positive relationships and communication (e.g., Memoranda of Understanding, bidirectional communication) between systems of care, children and their families are now better able to reach the most appropriate services from the onset.

Building Capacity in Our Providers

Service providers need training and support to provide family centered care. Frameworks, such as Motivational Interviewing, Trauma Informed Care, and Reflective Practice, all have a role in promoting family centered care.

Supporting frontline service providers that work with families day-to-day is often overlooked in many systems of care, leading to staff burnout and turnover. The implementation of Reflective Practice and support calls provides concrete support for frontline providers and their supervisors.

One of our roles as Countywide Coordinator is to ensure training and capacity building of frontline providers. We started with the basics like child development and implementing screening and assessment tools. We also ensured that they were trained on autism, domestic violence, goal planning with families, and cultural competence.

After Healthy Development Services (HDS) was implemented, we had multiple opportunities to check in with our providers to learn about their experiences. As we listened to our clinical providers, we knew that they had the right technical training and skills. However, their training emphasized a knowledge-driven approach. They could educate parents on developmental milestones and how to practice improving developmental skills at home. But sometimes we heard them say, "The parent didn't do what I wanted them to do." This made us realize that we needed to provide different training opportunities for frontline providers on how to work with families that may be experiencing multiple stressors, which were keeping them from providing enrichment opportunities for their child's development. We worked to shift their approach to a relationship centered one where the emphasis was on "meeting parents where they are at." We found the greatest impact was through Motivational Interviewing training and practice, trauma informed care, and Reflective Practice.

Motivational Interviewing

Motivational Interviewing is a collaborative, client-centered approach with a focus on the language of change. It is an evidence-based practice to increase engagement and retention of families. It has become an integral part of our culture, and we developed *A Framework for Others to Learn Motivational Interviewing* to support its continuous implementation within HDS. With training in Motivational Interviewing, our providers better understand where parents and caregivers are regarding their readiness for change. Using Motivational Interviewing encouraged us to join our parents as partners, honoring their needs. With this approach, providers often ask themselves, "How can I best support this family to become successful in helping their child?"

Trauma-Informed Care

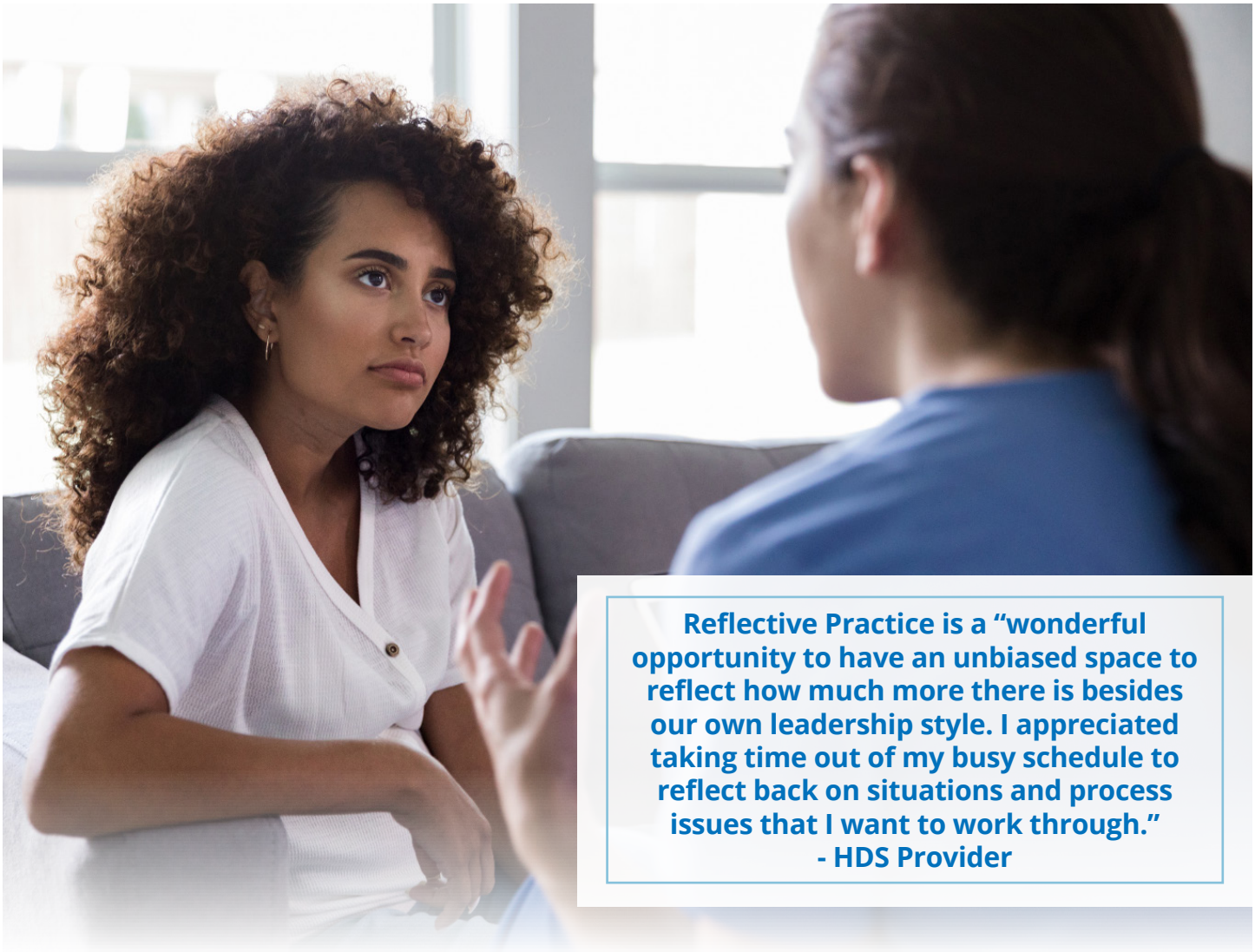
While we were cognizant of focusing our attention on the trauma experiences of families, we quickly learned that we also needed to recognize the trauma experiences of our frontline providers. Early in the development of HDS, we were surprised when our parent educators showed signs of secondary trauma. We expected to see this among providers delivering behavior services for children with more severe concerns because trauma is well documented in mental health providers. This new insight led us on a journey to understand trauma in our community and how it affects the utilization of services.

Trauma-Informed Care helps service providers to be mindful of families experiences as well as to be mindful of their own personal experiences so that they can engage families who have trauma histories. As we modified our approach to service delivery, we also focused on the needs of our service providers. If providers are not supported, they are unable to support parents/caregivers. We started by implementing training on trauma informed

care throughout HDS. We also created a training series on resilience, which includes compassion and self-compassion. In our efforts to support providers every time we meet with them, we are mindful about making space for conversations, reflection, and self-care in meetings and trainings. We also encouraged our partners in the HDS lead organizations to adopt this practice.

Reflective Practice

Our investment in Reflective Practice has made a significant impact on frontline providers as well as administrative staff that do not work directly with families. Reflective Practice is led by a trained facilitator in either individual or group sessions where participants can identify issues that arise in service delivery and explore the underlying emotions and beliefs that may be in play. Participants reflect and try to make sense of their feelings and actions. Providers are in a mode of continuous learning as they process and learn from challenging experiences. We strategically implemented our first round of Reflective Practice with leadership and administrative staff so they would have firsthand experience of the process. Once the HDS leadership understood what Reflective Practice was and its benefits, we expanded it to frontline providers. Now we ensure that reflective practice is included in various levels of supervision and that all staff continue to build their reflective capacity.



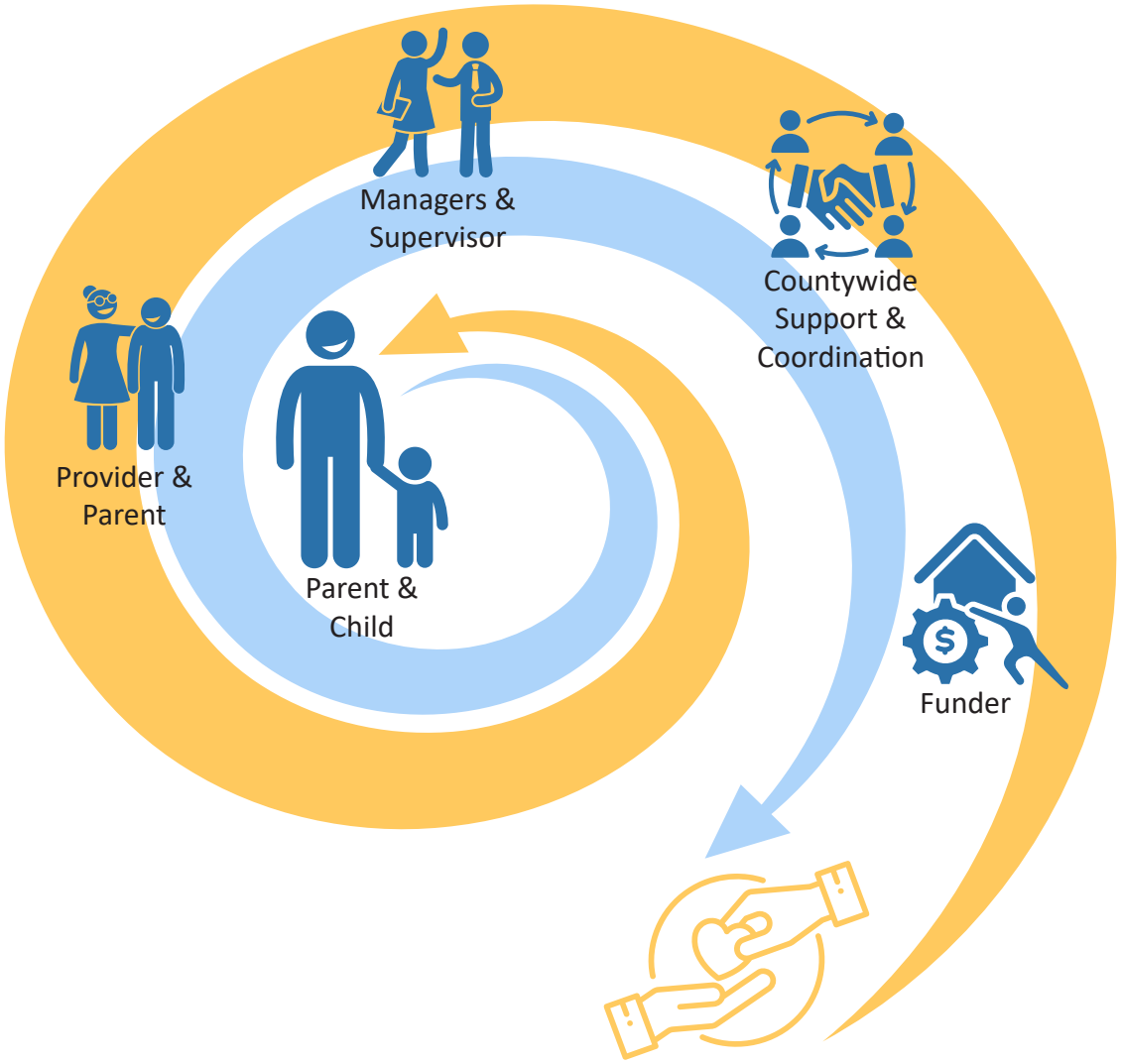
Reflective Practice is a "wonderful opportunity to have an unbiased space to reflect how much more there is besides our own leadership style. I appreciated taking time out of my busy schedule to reflect back on situations and process issues that I want to work through."
- HDS Provider

Support Sessions

Most recently, we implemented regular support sessions with frontline providers that are facilitated by our Medical Director. These support sessions allow staff to address stressors outside clinical practice given our unprecedented social stress due to the COVID-19 pandemic and racial reckoning.[xiii] [xiv] They are also used to bring together HDS staff from throughout the county to share and reflect on their experiences addressing parent/caregiver mental health concerns.

Caring for our providers has grown to become a critical element of HDS. This focus is important not only because it helps to prevent burnout and increase staff retention. As countywide coordinator, we want to care for our providers in the same way that we want our frontline providers (i.e., care coordinators and developmental and behavioral service providers) to care for children and their families. It is a parallel process.

The Parallel Process in Healthy Development Services



Creating Connections with Caregivers

Parents and caregivers are the agents of change in their children's lives. Services must support and engage families in meaningful ways.

Trauma and Social Determinants of Health significantly impact parents' and caregivers' ability to participate in services for their children. Focusing on trauma responsive, attachment-based relationships can positively impact engagement in services.

Parents and Caregivers Are the Agents of Change
Collaboration between service providers and a child's parent and caregiver is an important factor for successful treatment outcomes. Treatment in Healthy Development Services (HDS) is not just focused on the child's clinical concern alone because parents/caregivers are the agents of change for their children. We understood that one hour of treatment like Speech and Language therapy without parent and caregiver involvement will not result in significant change. Parents and caregivers are taught to observe their child, how to join with their child, and what they can do to treat their child's concerns when they come to any HDS service. They are given activities to practice at home to enrich their child's development. However, while HDS service providers are highly trained in various specialties like Speech and Language Pathology, Physical Therapy, and Occupational Therapy, their initial training does not emphasize a whole child/whole family approach, meeting families where they are, and accounting for trauma and health-related social problems.

We are committed to supporting a shift in service providers' treatment paradigm to be most effective with children and their families, and we understand that it requires a specific type of capacity building. Over several years, we created an approach that is relationship-based and parent- and caregiver-centered, builds on families' strengths, helps families develop skills, focuses on parent-child interaction, and promotes nurturing relationships. This approach was developed with providers through our trainings, by their administrative leadership, and from clinical experts that attend the multi-disciplinary team meetings. We emphasize self-care and stress reduction, like mindfulness strategies, for frontline providers throughout HDS. They, in turn, share techniques with parents and caregivers. We know that a healthy relationship between a parent or caregiver and their child can mitigate the effects of stress.[xv] Our clinical providers notice that this approach with families is more effective and enjoyable.

Ripple Effect Mapping Finding

Families' stress levels are reduced and are better able to support their child and repair relationships within their families (e.g. improved co-parenting).

Impact of Trauma and Social Determinants of Health

We observed early in our work with families that a parent's and caregiver's own trauma experiences and social determinants of health (i.e., social needs that can impact health outcomes) influence how they are able to engage in services and attend to their child's concerns. Challenging situations with their own children may trigger traumatic childhood experiences for the parent and caregiver. We advocated for services to include addressing parent and caregiver mental health. This includes the implementation of screening for parental depression and anxiety, adapting our behavior services to address parent and caregiver needs, and creating referral processes for parents and caregivers that need additional help.

We also spearheaded strategies to improve parent engagement in a similar way that we put attention on building capacity among frontline providers. HDS service providers regularly consider how they can meet families where they are in their readiness for change and ability to engage. While the emphasis on Motivational Interviewing, Trauma Informed Care, Reflective Practice, and goal setting builds the capacity and skills within the service providers, these also empower parents to articulate their specific needs and goals for their children.

95% of families report that Healthy Development Services improved their relationship with their child.

HDS interventions impact two generations because we always engage parents and caregivers. Over the years, we realized that an understanding of the adult's attachment would also help providers better engage them in their child's care and treatment. The sense of mattering and belonging is an aspect of the attachment relationship which is foundational in all relationships. All HDS providers receive training on attachment and enhancing attachment relationships. Originally, our work on attachment focused on the relationship between parent and child. Currently, HDS providers focus on creating attachment relationships with parents as well. Through these reparative relationships, parents are more able to provide secure attachment relationships for their children.

99.7% of families involved in Healthy Development Services would recommend the program to their neighbors, friends, and families.

Collaboration with our Funder

Building complex systems of care requires multiyear funding and flexibility; funders need to invest in organizations who can create systems change.

First 5 San Diego's (First 5) understanding that systems development and change requires long-term funding commitment has been groundbreaking. First 5 provided an initial funding cycle of 4 ½ years. Subsequently, they followed up with 5-year cycles of funding that coincided with their updated strategic plans. This long-term funding allowed the system to develop and relationships to be built that lead to community change and system transformation. The Healthy Development Services (HDS) model evolved over the first 4-5 years of funding and truly became a system of care within ten years. Now, HDS is positioned to spread best practices and lessons learned to other systems of care while continuing to improve clinical service delivery and family-centered care.

Throughout the evolution of HDS, First 5 has provided critical support beyond their financial commitment. At the inception of HDS, First 5 created the role of Countywide Coordination and Support, which is similar to the concept of a backbone organization. First 5 recognized the need for technical assistance and expertise beyond what they could provide internally. Also, by putting parameters around the Countywide Coordination and Support role so that the Countywide Coordinator was not allowed to provide direct services, they eliminated a level of competition (i.e., for funding) among organizations. Our ability to serve as Countywide Coordinator has reinforced our role as a neutral convener and allows us to work in the best interests of children and families.

Since the beginning of HDS, First 5 understood that they needed to work closely with us to learn as HDS continued to develop. First 5 handles contract oversight which allows us to provide programmatic leadership. While First 5 respects our role and autonomy, they are a highly engaged partner and are committed to learning with us, the HDS leadership, frontline providers, and alongside all our community partners. Through many years of close partnership, First 5's funding and support are based on trust and respect. Our partnership with First 5 promotes learning together to best meet the needs of our community. Their flexibility has allowed HDS to grow and adapt to the community's needs, making it one of the most unique and innovative programs in the country.

Conclusion

When we set out to launch Healthy Development Services (HDS) almost two decades ago, we could have never imagined the impact that it would make in the community – not only for San Diego's youngest children and their families, but also the providers that serve them. Pediatricians and community partner organizations have shared that they cannot imagine what the community would be like without HDS. They recognize that HDS has grown from being a program that takes care of children's developmental and behavioral needs to a system of care that embraces the entire family with a trauma-informed, diversity-informed, and family-centered approach. It has brought state and national attention to the leading-edge work that is being done in service of children and families. It is our hope that other large initiatives that aim to provide a comprehensive approach to service provision can learn from the lessons of HDS and expand the exceptional work of HDS so that thousands more children and their families can benefit from this groundbreaking system of care.

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