



FEASIBILITY STUDY  
**CENTRALIZED TELEPHONE ACCESS POINT**

*Connecting Children with Special Needs and their  
Families to Services in San Mateo County*

DECEMBER 30, 2016

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# EXECUTIVE SUMMARY



In San Mateo County, more than 24,000 children have a special health care need, which is a chronic physical, developmental, behavioral or emotional condition that requires more than routine health and related services.<sup>iii</sup> While 20% of these children are identified in the early years from birth to three, many never receive the services they need to reach their optimal development. They struggle to succeed at home, at school and in their communities. Their families are challenged with unanswered questions about their child's behavior and development and accessing services. For children of color, low-income families and families living in rural areas, these challenges are even greater.<sup>iii</sup>

Despite a system of health, education, early intervention and social services to support children with special needs, it's challenging for families and providers to understand the services, eligibility requirements, intake processes and funding streams for each program. Providers may know the resources within their own areas of expertise, but remain unaware of other community resources or lack the time to effectively connect children and families with appropriate resources. In this fragmented system of care, children are at higher risk for poor health and education outcomes. It also increases health care costs and places many families under enormous financial and emotional stress.

**A centralized telephone access point is a proven strategy to address these issues so that:**

- Families have easy access to a system that supports them in learning about their child's developmental needs
- Children with special needs are identified and connected to services
- Health care, early care and education and human service providers have easy access to the resources for children at risk for developmental and behavioral problems
- Key stakeholders understand the gaps and barriers in available supports and services and have data to plan and ensure that we are able to meet the needs of children and families<sup>iv</sup>

Based on this study of information and referral lines in San Mateo County and Help Me Grow Call Centers in other counties and states, the recommendations are 1) to establish a Call Center to provide information and linkage to services for children with special needs and their families and 2) to partner with an existing warm line with expertise serving families and providers of children with special needs as the most cost-effective and timely approach to implementing a Call Center.

# INTRODUCTION

## Improving the System of Care Coordination for Children with Special Health Care Needs and Their Families

The California Community Coordinated Care Coordination (5Cs) project was initiated and piloted by the Lucile Packard Foundation for Children's Health (LPFCH) to bring together previously siloed agencies for better-coordinated services for children with special health care needs (CSHCN) and their families. San Mateo was one of six counties selected to participate in Round I and Round II of the 5Cs from 2013-2016.<sup>v</sup>

The San Mateo coalition meets quarterly with over 20 partner agencies from health, early care and education, mental health, family support early intervention, special education, advocacy and other services and includes family members. The Round I (2013-2014) goal was to improve communication among providers and the system of care for young children with special needs and their families. Ad hoc workgroups identified and addressed gaps and barriers for providers, for families of children with special health care needs and for children with autism and public insurance.

In Round II (2015-2016), the coalition was renamed the Systems Change Group for Children with Special Needs and their Families. The group focused on identifying a new focus and strategies to improve the local system of services for children with special needs. Grace Boda, Organizational Consultant, was engaged to design and facilitate a meeting to reinvigorate the coalition by revisiting the vision and values of the coalition and identifying future directions for the group. The Policy Workgroup met with Maryann O'Sullivan, Health Policy Consultant, to identify and prioritize specific goals and actions for the group. The development of a Call Center for centralized telephone access to services for families was selected as the priority goal for the year. A Call Center would address identified barriers to early detection and services by providing easy access to information on children's development and behavior and support and connection to developmental services for families and providers.

## Initial Research and Discovery

San Mateo County has participated in the Help Me Grow (HMG) CA Learning Community since 2013 to learn about this systemic approach to a more comprehensive and coordinated system of care and to build relationships with and learn from HMG sites. Through initial research, we learned that the most relevant resources to support the planning and implementation of a Call Center were available to HMG Affiliates. In order to access these resources, the project leaders prepared and submitted an application for Affiliate status with the support of Systems Change Group and other community partners. HMG Affiliate status was received in August 2016 and access to the Help Me Grow National Center<sup>vi</sup> resources was made available in October 2016.

In the spring of 2016, Systems Change Group partners participated in site visits to Help Me Grow sites in Alameda, San Joaquin and Orange Counties to observe and learn about the operational aspects of their Call Centers. The Program Manager also attended the Help Me Grow National Forum 2016 in South Carolina to gather further information and resources to implement a Call Center.

## What is Help Me Grow?

Help Me Grow (HMG) is an effective and efficient system that connects at-risk children with the services they need. Building on existing resources, Help Me Grow assists in identifying at-risk children and helps families find community-based programs and services.<sup>vii</sup>

Experts agree that early detection and connection to services lead to the best outcomes for children with developmental and behavioral challenges. However, families and service providers often have difficulty recognizing early signs of developmental or behavioral concerns. Even when needs are identified, finding programs designed to address those needs can be confusing and time-consuming.

Help Me Grow began in Connecticut over 20 years ago and is now being implemented in over 25 states, including California. San Mateo County became an Affiliate of Help Me Grow California in 2016 with the goal of improving the system of early identification and services for children with special needs.

Help Me Grow builds collaboration across sectors, including health, education and family support. Through comprehensive physician and community outreach and centralized information and referral Call Centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in and barriers to the system.<sup>viii</sup>

## Help me Grow Core Components

1

Child health care provider outreach to support early detection and intervention.

2

Community outreach to promote use of *Help Me Grow* and to provide networking opportunities among families and service providers.

3

Centralized telephone access point for connecting children and their families to services and care coordination.

4

Data collection and analysis to understand all aspects of the *Help Me Grow* system, including the identification of gaps and barriers.

# DESCRIPTION OF SERVICES



The Centralized Access Point is built around a Call Center that is available through a toll-free phone line, fax and email. The Call Center is staffed by care coordinators who connect children and their families to appropriate community-based services and programs. Call Centers must have access to a computerized resource directory and must utilize an automated client-tracking system.<sup>ix</sup>

## Functions of a *Help Me Grow* Call Center

- Answer questions about child development and behavior from families, health care providers, child care and early education programs, other community based agencies and providers
- Promote the early identification of children with special needs
- Maintain, in real time, a community resource directory
- Have visibility among families, health care providers, child care and early care and education programs, other community based agencies

## How the Help Me Grow Core Components are related to the Call Center

### 1. Child Health Care Provider Outreach

With near universal access to young children, pediatricians are in a unique position to provide ongoing monitoring of children's developmental status, to identify children at risk for developmental delays and to hear parent's questions about their child. Given their critical role, Call Center staff conduct targeted outreach to pediatricians to promote use of the call center by the provider and families and to promote developmental screening and surveillance.

### 2. Community Outreach

An informed community of providers helps with marketing the Call Center services. Community providers and families can inform the development of the most effective and relevant outreach and marketing strategies and materials. They also facilitate gathering information to include in a community resource directory and keeping the directory up-to-date.

### 3. Centralized Telephone Access Point

The Call Center connects children and families to services and care coordination. Telephone services connect family members, health care and other providers and professionals with information, support and referrals for children. They are cost-effective, easy to promote, efficient in identifying needs and supporting callers' connection to appropriate services.

### 4. Data Collection

Call Centers are in a unique position to collect data that reflect system-level issues – information on who calls and why – and also on what happens to families seeking help. This includes identification of gaps and barriers to services. Additional information on how well the families are served can be conducted through surveys of families and providers. Data can be shared with funders and policy makers to guide their thinking around service delivery and to demonstrate how best use resources to promote optimal child development.

The Call Center serves as the "go-to" place for family members, child health care providers, and other professionals seeking information, support, and referrals for children at risk for behavioral and/or developmental problems. Parents who call are connected with an experienced child development specialist/care coordinator who answers questions and connects them with the community based programs and services in their area. Parents can describe their observations and concerns to the child development specialist and the child development specialist/care coordinator will connect them with the best resources to address their child's specific needs.



Telephone services provide an effective, single point-of-access to community resources. They are cost-effective, easy to promote, efficient in identifying needs, and successful in supporting callers and triaging to appropriate services.<sup>x</sup> New technology such as texting, apps, and online access to referrals, resources, and services can enhance telephone services.

# TECHNOLOGY CONSIDERATIONS

Families and providers need a simple and easy way to make telephone and online inquiries and referrals. The call center staff need secure technology services to ensure secure referrals and communication and to ensure the privacy of client information. In order to respond to families in a timely manner, the phone system needs to ensure that multiple staff can access incoming calls. When the family's primary language is not English or Spanish, language line access or additional staffing may be required. Families calling after business hours should receive a message that their call will be returned by the next business day. The message should also provide information on an after-hours hotline for critical concerns.

## The following technological capability will be required for a fully functioning Call Center:

- A single toll free phone number that can be answered by designated Call Center staff
  - Capability to answer calls by designated staff from multiple locations
  - Cell phones for staff to answer calls from other locations
  - Language capability to meet the needs of diverse families
  - After-hours connection to a hotline
- A single secure fax number that is accessible by designated staff
- A single secure email address that can be accessed by designated staff
- Web page with links to resources
- SMS Text capability
- Community Resource database access
- Case management system and database to track
  - Child and family demographic information
  - Referrals, including information on outcomes, gaps and barriers
  - Developmental screenings and assessments
- Internal technology support to ensure continuous operations



# ENVIRONMENTAL SCAN

The purposes of this scan are 1) to review the need for a Call Center to promote early identification of children with special needs and connect them to services and 2) to review the capacity of existing information and referral resources to support the needs of families and providers seeking access to information and services for children with special needs in San Mateo County.

## Are young children at-risk and with special needs in San Mateo County being identified and connected to developmental services?

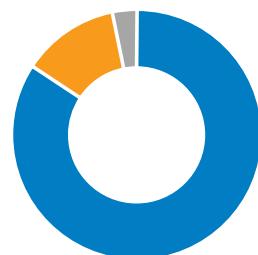
Many children in San Mateo County who would benefit from early intervention or other developmental or educational services have not been identified and are missing the opportunity to benefit from these services. Their families are not receiving the information they need to understand and support their child's needs and to help them access the services that would promote their optimal development.

San Mateo County is home to 162,299 children 0-18 years<sup>xi</sup>, including 26,304 infants and toddlers ages 0-3 years.<sup>xii</sup> According to the Centers for Disease Control (CDC), one in six of children have a developmental disability or delay.<sup>xiii</sup> Based on the CDC estimate, 24,345 children 0-18 years in San Mateo County have special needs. But only half of the children with special needs receive developmental, special education or medical therapy services, while up to 12,108 do not receive services that would prevent the need for more costly future educational or social service or other services and interventions.<sup>xiv xv</sup>

Recent research on brain development shows that children are rapidly developing foundational capabilities in linguistic, cognitive and emotional, social and regulatory areas in their first three years. Early experience is very important to brain development. A baby's daily experiences help to decide how her brain cells will connect to each other, triggering essential chemical releases that help brains grow and develop. If a young child does not have certain kinds of experiences, some areas of the brain will not make the necessary connections.<sup>xvi</sup> For young children with special needs, opportunities to experience enrichment and to learn and practice skills are critical.<sup>xvii</sup> However, only one in four children with special needs 0-3 years in San Mateo receives services for children with special needs through CCS or IDEA Part B or Part C.<sup>xviii</sup>



One of four children with special needs age 0-3 is identified and receives services



- Children 0-3 years
- CDC estimate 15% CSHCN
- CSHCN not receiving services



In addition, the children with mild-to-moderate developmental delays are at-risk and would benefit greatly from preventative services. However, their delays are not severe enough to qualify for IDEA Part C services for children 0-3 or Part B services for children 3-18 years through their School Districts. These children would also benefit from connections to community based services to support their developing skills and their families would benefit from learning strategies to support their child's development and behavior and by learning how to advocate for services for their child's individual needs.

### **When families have questions about their child's development, where do they currently access further information, services and support?**

Parents naturally have questions about their child's health and development. When parents seek answers to their questions about their child's development and behavior, they may turn to a variety of sources besides their child's pediatrician, including family and friends, their child's child care provider or preschool teacher, other community service providers, or to social media and internet searches.

The advice and information parents receive may range from "Let's wait and see...", "He's just a baby..." or "Your brother was just like that and he's fine now..." to "She's not talking or acting like other children her age" or "Do you think he has autism?" The drawback of relying on information from informal sources or the internet is varying quality of information which may be contradictory or based on the personal beliefs of the source, and lead to more confusion for the parent.

Another issue is finding services for children with mild-to-moderate developmental delays who would benefit from preventative services but are not sufficiently delayed to qualify for mandated services through the Regional Center or School District. Their families also need information and support to connect to community based services in order to support their child's development.

Families can also call various information and referral, advice or warm lines available county-wide or similar services available through their health care provider. However, a brief survey shows that the existing lines are serving only a small proportion of families. There are 87,986 households with children 0-18 years in San Mateo County.<sup>xix</sup> The existing information and referral lines report receiving an estimated 20,292 calls in the past year. The lines that provide information and referral specific to families with children 0-18 years report receiving approximately 4,292 calls in the past year. Because most parents have questions about their child's development and behavior, a Call Center has the potential to provide services for up to 83,694 additional families.

### **When parents have questions about their child's development and behavior, are their health care providers able to address their concerns and connect them to appropriate resources and services?**

Among the most important partners for parents of young children are their pediatrician and other health care providers. Given the frequent contact that most parents have with their child's health care providers, pediatricians are in a unique position to ensure that children get the healthy start they deserve. However, pediatricians are often challenged to adequately address parent's questions about development and behavior due to the time allotted to address required elements of the well-child visit and by limited training on child development and behavior provided in medical school and residency programs. In addition, the landscape of community and early intervention resources changes continuously posing a challenge for busy health care providers to provide up-to-date information and resources to families.

#### **Among low-income families with a young child under age 4 covered by Medicaid key findings include:**

- Parents have concerns that are not addressed by pediatric clinicians. Two of five parents reported that their pediatric clinician did not routinely ask whether they had concerns about their child's development and well-being. Less than half of parents who reported potentially serious concerns also reported getting the information they needed to address these concerns (46%).
- Only one of five parents of young children received information or counseling on basic parent education and counseling topics that the American Academy of Pediatrics recommends be routinely discussed, such as reading to children, nutrition, injury prevention, and child behavior and communication.<sup>18</sup>
- More than two-thirds of parents report not receiving anticipatory guidance in key areas and wished that their child's pediatric clinician discussed specific issues that were not addressed (67%). Topics of greatest interest were injury prevention, child communication and behavior, and the achievement of developmental milestones such as toilet training.<sup>xx</sup>

#### **Based on a recent survey of pediatricians in Northern California, an overwhelming majority respond that they would refer families to a Call Center if available.<sup>xxi</sup>**

- Approximately 57% of providers responded that they lack of knowledge regarding referral options for children whose screens indicate risk for developmental delays
- When asked "If a centralized telephone access point or call center was available in your county to connect children with developmental concerns and their families to services and care coordination, what is the likelihood you would refer families to it?", 80% of respondents answered "Very likely".
- Concerns about utilizing a call line expressed by 3 of 89 respondents included 2 concerns about services quality and 1 concern was the desire to support the family as their health care provider

## What are the existing information and referral lines that provide information and support to families with young children in San Mateo County?

For this study, we compiled a comprehensive list of the information and referral lines currently serving families with young children in San Mateo County. Although additional information and referral lines exist for families with young children, a decision was made to include only lines that serve families countywide and which are not based on enrollment in private programs or health groups.

## INFORMATION AND REFERRAL LINES FOR FAMILIES IN SAN MATEO COUNTY

Name	Agency	Services
2-1-1 San Mateo	2-1-1 Bay Area	Information on food, housing, health care, senior services, child care, legal aid and more
Child and Adolescent Prevention Program (CAHPP) Hotline	Star Vista	Information and support for developmental and behavioral concerns for children 0-18 years
Child Care Resource and Referral Line	4Cs	Information on child care and preschool resources, including child care subsidies; access to inclusion specialist.
Family Resource Center Support Line	Gatepath	Support and information for families of children with special needs and with questions about their child's development, focus on 0-3 years, serve 0-22 years
Maternal and Child Health (MCH) Hotline	Family Health Services	Information on Family Health Services and other services for families with MediCal and providers

Research and interviews were conducted with key staff at each program to determine their capacity to serve as the centralized access point and potential interest in partnering as the centralized access point. 2-1-1 Bay Area did not respond to the interview request so publicly accessible information on their website was used to answer the questions.

### The following questions served as a framework for the interviews:

- How long has the call center been operating?
- How is it funded?
- What is its reputation with families, providers and stakeholders?

- Would serving as the access point for *Help Me Grow* be consistent with the call center's mission and goal?
- What is the call volume?
- What is the target population?
- What is the staff's capacity to handle requests for assistance concerning young children's physical, developmental and/or social/emotional growth?
- How could the *Help Me Grow* model be embedded into the existing call center structure?
- How is information on community resources collected and maintained?
  - Can new fields be added to the computerized resource directory, as well as new data within an existing field?
- What information is collected on those who contact the call center?
  - Can new fields be added to the call center client database to include Help Me Grow National Common Data Indicators?xxii

### A summary of information from interviews with information and referral lines:

- Mission or goals of all lines include serving people or families in San Mateo County.
- All lines have operated and established good reputations for providing information and referrals to families.
- Funding is provided by a range of sources and levels of sustainability, from local grants to county or state level funding for services.
- The types of services ranges from services for basic needs available to all people to specialized information and referrals for child care or health care services.
  - Specific services to support, inform and connect families with questions about child development and behavior is provided by the CAHPP Hotline and the Family Resource Center Support Line. The Child Care Resource and Referral Line specialists can refer to the 4Cs Inclusion Specialist.
- Annual call volume varies widely. 2-1-1 fields approximately 16,000 calls per year from all people in San Mateo County for all types of basic services. Lines for families with children 0-18 years answer 492 to 850 calls per year, due to the more intensive nature of interviews and time required to follow-up with families and providers.
- Hours and days of operation are standard business hours, with the exception of
- 2-1-1 which operates 24/7. For after-hours calls, all lines return calls the following business day. The CAHPP line also refers callers to the Crisis Line if needed.
- The target population ranges from all people for 2-1-1 to families with children and providers. The MCAH line is limited to MCAH clients and providers.
- Languages for all lines include Spanish and English, with additional languages or access to the language line utilized by some programs.
- Staff training for lines serving families varies and includes child health, development, behavior family systems and special needs.
- Community resources are maintained on internal lists and different databases.
- Most lines collect and report basic demographic information and referrals.
- Obtaining budget information was challenging, often incorporated in the total program budget.

## INFORMATION AND REFERRAL LINES FOR FAMILIES WITH CHILDREN IN SAN MATEO COUNTY

Name	2-1-1 San Mateo	Child Care Resource & Referral Line	Child & Adolescent Prevention Program CAHPP Hotline	Family Health Services Resource Hotline	Family Resource Center Support Line
<b>Length of Operation</b>	Since 2010 7 years	Since 1978 39 years	Since 2013 4 years	Since 1999 15 years	Since 1992 25 years
<b>Funding</b>	United Way	CA Dept. of Education	Measure A, San Mateo County	CA Dept. of Health Maternal Child and Adolescent Health Division	CA Dept. of Developmental Services and First 5 San Mateo County
<b>Mission/Goal</b>	To build community capacity to strengthen the way people access help and engage in civic life	To connect and empower families, educators, and child care providers with resources today for a stronger San Mateo County tomorrow	Early identification of behavioral, learning, and development issues	To help protect and improve the health of California's reproductive age women, infants, children, adolescents, and their families.	To improve the quality of life for any child with special needs in San Mateo County; To improve the system of care for children with special needs and families
<b>Types of referrals/services</b>	Referrals to essential community services, e.g. food, housing, health care, senior services, child care, legal aid, etc.	Provide information on child care and preschool services	Referrals to appropriate counseling and support services; short-term counseling services; and follow-up services	Primary focus is information on referrals to services through Family Health Services & county health system	Parent-to-parent support, outreach, information & referral services to families, caregivers and service providers; developmental screening, care coordination; linkage to services
<b>Annual Call Volume</b>	16,000 est.	2,300	600-700	492 calls, to toll free line and general FHS calls	850 FRC-WMG calls
<b>Hours/days of operation</b>	24/7	9 am – 4 pm M-F	9 am – 6 pm M-F After hours: Will return calls the following day and Crisis line information provided	8 am – 5 pm M-F; After hours: Will return calls following business day	9 am – 4:30 pm M-F; Will return calls after hours or following day
<b>Target population</b>	Anyone	Families	Parents of children 0-18 and providers, school personnel; majority school age	MCAH clients and providers	Primary focus is families of children 0-5 and providers; Serves families with children to 22 yrs.
<b>Access</b>	Phone or website	Phone or website	Phone, text, email	Phone listed on website	In-person, phone, text, email, website
<b>Languages</b>	150	English, Spanish	English, Spanish, Mandarin; Language line	English, Spanish, Asian languages + Language Line	English, Spanish
<b>Capacity re: child health, development, behavior, family systems, special needs</b>	NA	Some; Can refer to Inclusion Specialist for behavior & special needs	Yes	Some	Yes
<b>Staff training</b>	Information and Referral	Child care referral, child development, early childhood education	Licensed mental health clinicians	Clerical staff with Public Health Nurse as needed	Parents of children with special needs; Early childhood and family support
<b>Are direct service staff trained in service delivery systems available to support callers?</b>	Yes	Referral Counselor	Yes	Yes	Yes
<b>How community resources are collected and maintained</b>	Resource database	Lists and accessible web resources	Internal electronic database + SMC Connect	Lists, Medical Home Binder, Physician Guide	Database and Resource lists; List available to parents/providers on FRC Website'
<b>Information collected on callers</b>	Demographic, Connected/not connected	Demographic, reason for seeking child care	Demographic, referrals, follow-up to ensure access to service	Language and Reason for call	HMG Common Data Indicators: demographic, screening, referral and outcomes
<b>Annual Budget</b>	Not known	\$307,809 CDE R&R budget	\$304,478	Built into FHS operating costs	\$497,244 Built into total FRC-WMG budgets

## COMMUNITY RESOURCE LISTS AND DATABASES FOR FAMILIES AND PROVIDERS IN SAN MATEO COUNTY

Name	Agency	Services
2-1-1 San Mateo	2-1-1 Bay Area	Information on food, housing, health care, senior services, child care, legal aid and more available by phone and online searchable database
Child Care Resource and Referral	4Cs of San Mateo	Information for families on choosing quality child care and finding a provider by phone in English and Spanish. Child care search available on website. Inclusion Specialist available by phone.
Family Resource Center	Gatepath	List of services and resources on website, includes preschool, child care and educational programs, developmental screening, specialized services (AMA, Speech, OT/feeding, advocacy, CCS and other family resources and support programs, navigation of IEP processes. Information in English, Spanish and other languages available by Phone English and Spanish, other languages.
OneDegree	Gatepath	Information available on food, housing, job training, links to Resources for Parents and Kids with Disabilities. Searchable database in English and Spanish on resources for child and family support services by phone, computer or tablet. Search by distance, language and type of service. Customizable listings by providers.
SMC Connect	Human Services Agency, San Mateo County	Information on food, housing, clothing, medical care, jobs and many other support services in San Mateo County in English, Spanish, Tagalog, Chinese, Arabic and Russian. Searchable database.

Because complete, accurate and up-to-date information on community resources is fundamental to implementing a successful call center, we also reviewed the existing resource lists and databases with information on child development and developmental services in San Mateo County.

The marketing and communications plan, including strategies and collateral materials will be developed in collaboration with the program identified to implement the Call Center and provide outreach to families and providers.

**The following elements will be included in the marketing plan:**

- Identifying the target audience for a soft launch of the Call Center
- Conducting focus groups with families in the target audience to gather their ideas and perspectives to ensure effective outreach messages, materials and strategies
- Gathering input from key providers on effective outreach strategies and to begin to engage community providers
- Developing an outreach plan for families and providers, including a variety of strategies
- Developing key messages for outreach to families and providers
  - Translate all materials into Spanish
  - Determine need for translation into additional languages
  - Pilot with selected families and providers
- Designing graphic images that will appeal to the targeted audience(s)
- Determining effective dissemination strategies for the targeted audience, e.g. printed materials, website links, text, social media, articles or PSAs, presentations, etc.
- Continuously gathering information about how callers heard about the service and using the information to evaluate whether to modify the marketing plan for full implementation of the Call Center



# ORGANIZATION

## Governance

The Policy Workgroup of the Systems Change Group will continue as the Advisory Group for Help Me Grow San Mateo with leadership provided by First 5 San Mateo County and Gatepath.

As previously described, the Call Center is not a stand-alone service. The Call Center is envisioned as a key component of the Help Me Grow San Mateo system and embedded within the structure of existing collaborative work developed through Watch Me Grow: The First 5 San Mateo County Special Needs Initiative for Children with Special Needs and their Families and the multi-agency, cross-disciplinary Systems Change Group for Children with Special Needs and their Families.



## Call Center Organization and Options

There are several options for hosting a Call Center and the organization of the program will depend on developing an agreement with the host agency. Among the options for implementing a Call Center:

- Creating a new information and referral line designed to provide families and providers with information, referrals and connection to services for children with typical development and special needs and for family support.
- Partnering with an existing information and referral line for basic services, such as 2-1-1 San Mateo:
  - Working with the program to modify their protocol with additional questions to determine whether there are young children in the family, whether the caller has concerns about their health or development and to make referrals based on this additional information.
  - Expanding their resource base to include significantly more services for children and for families of children with special needs.
  - Partnering with 2-1-1 to refer callers with questions or needs for services for their child to a specialized Call Center
- Partnering with an existing information and referral line for families, such as the CAHPP or FRC Support Line to enhance their capacity to serve families and providers with questions about a child's development and behavior. The Call Center is also expected to provide information and referrals for basic needs, special needs, parenting support and other community based resources for children and families.
  - This option is recommended based on the cost-effectiveness and the ability to provide Call Center services within a shorter period of time. Although this option might require additional staff training, protocol revision, technology and data collection for reporting, this option would avoid costs and issues of financing, start-up and staffing issues that are inevitable with a new program.

## Operations and Management

Management of the day-to-day operations of the Call Center will be the responsibility of the selected host agency in collaboration with required elements of Help Me Grow San Mateo.

## Staffing

To ensure that callers feel safe, respected, and heard, the Call Center must be adequately staffed with individuals who are trained in telephone casework and cultural sensitivity and have backgrounds in child development. As part of their role, call center staff provide education and support to families around specific developmental or behavioral concerns or questions which include:

- Discussing various strategies the families may want to try
- Helping families understand what is typical for a child at a given age
- Exploring what has been tried before and what has and has not worked
- Sending information to families on specific topics by mail or email
- Having families complete a developmental screening, such as the Ages and Stages Questionnaires.
- Providing referrals to parenting and support programs
- Providing referrals for further assessment, evaluation or services, as needed
- Providing follow-up and advocating for families, as needed

As an example of the volume and make-up of callers: The call center in Connecticut handled over 2,500 calls and made 4,000 service referrals for families in 2007-2008.<sup>xxiii</sup> The majority of calls were from parents and guardians (69%).<sup>xxiv</sup> Pediatricians make up the second-largest group of callers (19%) and the remaining calls were evenly distributed among social service agencies, child care providers, relatives and friends and the Department of Children and Families.<sup>xxv</sup>

## Staff Training and Expertise

Beyond the initial orientation on their role and responsibilities and the support and resources available, staff expertise and training will be required on the following areas:

- Skills needed for answering calls
  - Active listening
  - Interviewing techniques
  - Being non-judgmental
- The questions to ask and how to ask them
- Overview of relevant systems of care
- Cultural competence and sensitivity
- Child development and Developmental Screening
- Medical information privacy regulations (HIPAA)
- Chronic health conditions and behavioral health issues of young children
- How to handle difficult callers
- Protocols for handling crisis calls
- Using the resource directory
- How to document and code cases in the automated client-tracking system<sup>xxvi</sup>

# TIMELINE

## Projected Staffing of the Call Center

### CALL CENTER STAFFING

Position	FTE	Responsibilities
Call Center Supervisor	1 FTE	Responsible for the management of Call Center operations, including the supervision and training of Call Center Care Coordinators
Care Coordinators	2 FTE	Responsible for responding to inquiries and linking families to information and community resources related to child development, parenting and early intervention, promoting access to developmental screening, providing personalized care coordination, outreach to community partners and facilitating partnerships to improve the availability and quality of services for families with young children. Bilingual English and Spanish staff are required. Additional language access may be required in the future. Staffing may be minimal for soft launch and may increase with increased utilization over a 5-year period.
Resource Data Manager	.5 FTE	Responsible for maintaining the resource inventory. May be % of another Call Center staff position.
Data Collection/Technical Support	.5 FTE	Responsible for ensuring that the data collected through the automated client tracking system generates valid and reliable data required for the Common Indicators and internal management reports as well as external reports that document needs of children and families who utilize the Call Center. Could be a % of another call center staff member.
Administrative Support	.25 FTE	General office and clerical support. May be combined with departmental administrative support

Call Center implementation is projected to require six months for a soft launch after approval of the concept by the key partners to a soft launch of the service.

As previously described, many of the basic elements to launch a call center are currently in existence, such as established warm line services for families and providers, with trained staff and community resource databases and lists.

**The following is a high-level schedule of some significant milestones for implementation:**

- July –December 2016: Feasibility Study for Call Center
- January – June 2017: Planning:
  - Reconvene the Systems Change Policy Workgroup to focus on Call Center planning, including all tasks and deliverables
  - Select the Call Center host agency
    - Review and revise protocols, as needed
    - Review existing technology and enhance as needed
    - Review existing database and plan for data collection
    - Assess staff capacity and determine training needs
  - Review the selected community resource database and determine needs to increase resource listings
  - Develop a marketing plan and collateral materials
    - Conduct focus groups with families from target populations to inform marketing strategies and materials
    - Conduct interviews or survey of pediatricians to inform marketing strategies and materials
- January - December 2017: Explore and identify sustainable sources of future funding for the Call Center
- July – December 2017: Soft launch to targeted population
- January – June 2018: Full Implementation county-wide



# FINANCING AND BUDGET

## SAMPLE BUDGET FRAMEWORK

Help Me Grow call centers are financed in different states through a myriad of federal, state and local health, education, social service and philanthropic resources. In California, Help Me Grow CA Affiliate Call Centers are primarily funded through partnerships with MediCal, County Health Departments, CalWORKs or County Human Service Agencies, County First 5 Commissions and philanthropic resources.

**In San Mateo County, funding for the existing warm lines is provided from a variety of agencies to provide a range of information and referral services:**

- CA Department of Education, Quality Improvement funds the Child Care Resource and Referral
- CA Department of Developmental Services funds the Family Resource Center
- Department of Health Care Services provides Title V funding for the MCH line
- First 5 San Mateo County funds the Family Resource Center Support Line and Watch Me Grow care coordination services
- San Mateo County Measure A funds CAHPP
- United Way provides funding for 2-1-1 San Mateo

In order to leverage resources and avoid a potential duplication of services, the recommendation is to partner with an existing line. The call center could be implemented in a shorter time frame with established staffing and resources.

Although additional funding would be required to enhance and market the service, the call center could be provided at a relatively lower cost and maintain focus on linking children and families to existing services, rather than creating a new service. Expenses for personnel, training, renovation, furniture, equipment, and technology might be reduced by leveraging resources from an existing program.

In contrast, financing a new call center would be the costliest option, requiring funding for new staff, staff training, technology, location, supplies and materials and development of protocols for delivering services aligned with recommended best practices for information and referral lines and for centralized telephone access point.

### Sample Budget Framework

This Sample Budget Framework includes personnel and operational expenses to implement a call center. The start-up budget below is for a Year 1 soft launch and includes some one-time expenses. If the Call Center is implemented in partnership with an existing line, leveraged resources would likely decrease the total expense.

A sample five-year budget is included in the Appendix.

Line Items	FTE	Amount	Description
<b>PERSONNEL EXPENSE</b>			
Call Center Supervisor	.5 FTE	39,000	Could be a % of another call center staff member.
Care Coordinators	2.0 FTE	104,000	Direct service staff who answer the calls and work directly with families and providers
Resource Data Manager	.5 FTE	26,000	Responsible for maintaining the resource inventory. Could be a % of another call center staff member.
Data Technical support	.5 FTE	30,000	Responsible for data collected through the client tracking system. Could be a % of another call center staff member.
Administrative Support	.25 FTE	15,000	Could be a % of another call center staff member.
<b>Subtotal</b>		214,000	
Benefits		74,900	Estimated @ 35%
<b>Personnel Expense Subtotal</b>		288,900	
<b>OPERATIONAL EXPENSE</b>			
Space/Rent		6,000	Potential leverage
Renovations		5,000	One time cost, if needed
Furniture		2,500	One time cost, if needed
Equipment		6,000	Phones, computers and other office equipment
Supplies		6,000	Office supplies
Staff training		6,000	Includes local and regional training; Conference registration
Travel/mileage		5,000	Mileage at standard rate for meetings, outreach, etc.; Conference travel, including lodging and per diem
Marketing and printing		15,000	Development of collateral materials, printing, distribution through various strategies.
Phones		3,000	Monthly usage fees
Database		10,000	Development or customization, licensing fees; Potential leverage
Website		7,500	Development, hosting, maintenance
Contract services:		1,000	Screening fees and services
<b>Operational Expense Subtotal</b>		137,000	
<b>TOTAL</b>		<b>425,900</b>	

# RECOMMENDATIONS

The key arguments for and against a centralized telephone access point or call center for families and providers of children with special needs are summarized below:

## Benefits of a Call Center

- **Developmental Promotion**

Any encounter with a parent offers an opportunity to engage the family in supporting their child's physical, cognitive and social-emotional health. When parents share their questions and concerns, Call Center staff can help parents to better understand both their child's strengths and needs and to provide reassurance when children are experiencing typical developmental challenges. Staff can suggest activities that parents can practice at home with their child to promote their child's development for areas of concern. And Call Center staff can connect families with community based parenting groups or services for their child.

- **Early Identification**

Young children can be identified with risks and developmental concerns through developmental screenings utilizing a validated tool, such as the Ages and Stages Questionnaires. Parents would be connected to screening either online or in-person through their health care or a community provider. Call Center Care Coordinators will support families with referrals for further assessment or services, as needed, and follow-up to ensure that they are connected to services.

- **Family strengthening and support**

While the majority of Silicon Valley families report feeling confident about their ability to guide their child's development, low-income and Latino parents families report that they receive less support in times of need and higher reliance on community organizations for advice on raising their child. With a Call Center, it's easy for any parent to make a phone call for advice and support on their child's development and behavior, including how their child might benefit from developmental screening or services. Family-centered supports would help parents learn about the system of services available to them and how to advocate for their child's individual needs.

- **Provider support**

Providers could phone the Call Center for timely and up-to-date information on resources for their patients. Providers can also easily refer parents who would benefit from information or follow-up for concerns about a child's development. With the family's consent, Call Center staff would share information with the referring provider about screenings, referrals or recommendations for further assessment.

- **Partnership and collaboration**

Moving forward to promote centralized telephone access will promote increased information sharing and stronger collaboration among participating providers. Families will benefit from a more family-centered approach and coordinated services. Providers will benefit from increased communication and understanding of available services and a potential decrease in duplicated referrals and services.

## Disadvantages of a Call Center

- **Potential duplication of information and referral services**

Information and referral lines already exist to provide services for families and providers. However, the vast majority of families are not utilizing their services. While all their mission or goals include serving all families in San Mateo County, a survey of utilization indicates that each of the existing programs serve particular populations, geographic areas or for specific types of needs, such as child care and preschool options or health-related services.

Moving forward to promote centralized access through one toll-free line or Call Center will necessitate building of intentional and continued partnership with the other lines not selected in order to maintain positive relationships and their continued involvement. Developing a reciprocal relationship and supportive infrastructure for continuing networking efforts and efficient referrals will support continued collaboration.

- **Potential for duplication of services available through the Medical Home**

The Medical Home model promotes coordination of services for children by the child's primary care provider (PCP). Ideally, the PCP has the time and capacity to provide developmental promotion, surveillance and screening and to follow-up with referrals to ensure that children are connected to services in a timely manner. In this case, there is the potential for duplication of services with a Call Center. However, in a recent report, pediatricians report that although they are responsible for providing these services, most lack the time and additional support to provide this additional level of service. When community-based screening and care coordination services have been made available to support their work, PCPs have willingly partnered to provide these additional services for their patients.

## Recommendations:

Based on the learnings from this study, there is an outstanding unmet need to identify and connect young children with special needs to services and the existing resources in San Mateo County. Therefore, our recommendations are:

- To establish a Call Center as the centralized telephone access point for families and providers to provide easy access to information and resources to identify children with special needs and to connect them to services and to support all families with information to support their child's optimal development.
- To partner with an existing information and referral line with expertise serving families and children with special needs and with the best potential to expand to reach all families in San Mateo County as the most cost effective and timely strategy.

Criteria for selecting the partner line would include a mission and vision consistent with the Watch Me Grow and Help Me Grow models, a reputation in the community for providing high quality services for families and providers, a stable organization which collaborates with other programs,

staff who are knowledgeable about typical and atypical child development, who can address parent's questions and concerns about their child, who are knowledgeable about the service systems and both generic and specialized services for children with special needs, with the capacity to connect families and providers to community and early intervention services, and the ability to provide family-centered services to diverse families.

- For the Call Center to utilize and promote the use of a community resource database with services and resources for families with children 0-18 and children with special needs, that is easily searchable by families and providers based on location, language and type of service, that is available on multiple platforms, that is easily customizable by service providers, that is available at low or no cost and where users can save resources and track their progress.

### **Additional recommendations**

#### **Technology:**

- Launch centralized telephone access utilizing an existing call center infrastructure and technology which is known, simple to operate and relatively low cost
- Explore expansion to include text, email and other ways to communicate effectively with clients
- Ensure that the client management database includes HMG National Common Data Indicators

#### **Marketing:**

- Select a target audience for soft launch
- Convene focus groups of targeted families and key providers
- Develop marketing plan, including key messages, marketing materials and strategies
- Promote the Call Center to families and providers
- Plan for expansion of services to all families and providers -beyond the initial populations targeted through the soft launch

#### **Partnership and Organizational Development**

- Reconvene the Systems Change Policy Workgroup to provide oversight for the collaborative development of the Call Center
- Continue partnership with First 5 San Mateo and Watch Me Grow for project leadership and support through FY 2017- 2018.
- Identify a lead agency for partnership with their existing line as the Call Center
- Continue to partner with the other warm lines to help all to feel included and provide a supportive infrastructure for continuing networking efforts and efficient referrals.

#### **Financial:**

- Leverage existing funding and resources, for example First 5 San Mateo County Watch Me Grow funds
- Explore ways to leverage sustainable funding from other sources, such as MediCal Administration Activities (MAA)
- Develop five year projections showing increased utilization each year to demonstrate the need for additional funding as the call center continues to contribute to a more comprehensive system of services and care for children with special health care needs and their families



**Appendix A**  
**Sample 5 year budgets**

**End Notes**

i Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Oct. 2015); California Dept. of Education, California Basic Educational Data System (CBEDS); National Center for Education Statistics, Digest of Education Statistics, 2014, Table 204.30: "Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), Part B, by type of disability: Selected years, 1976-77 through 2012-13" (Oct. 2015).

ii Data for Children 0-3 years old served under Individuals with Disabilities Education Act (IDEA), Part C: 2015-2016 provided by Golden Gate Regional Center; for Children 0-3 years old served under California Children's Services (CCS) 2015-2016 provided by CCS San Mateo County Health System

iii Lucile Packard Foundation for Children's Health: Program for Children with Special Health Care Needs: <http://www.lpfch.org/cshcn/about-our-work>

iv Marijane Carey, "The Role of a Statewide Information and Referral (I&R) System in Enhancing the Access of Children and Their Families to Developmental Programs and Services," *Journal of Developmental and Behavioral Pediatrics* 27, 1 (2006): 13-16.

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vi Help Me Grow National Center, The Help Me Grow Manual: First Edition, July 2014

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viii Help Me Grow National Center: Centralized Telephone Access Point

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xi Data Source: California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2020

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xv Special Tabulation by the California Dept. of Education, Special Education Division; Assessment, Evaluation and Support (Oct. 2015); California Dept. of Education, California Basic Educational Data System (CBEDS); National Center for Education Statistics, Digest of Education Statistics, 2014, Table 204.30: "Children 3 to 21 years old served under Individuals with Disabilities Education Act (IDEA), Part B, by type of disability: Selected years, 1976-77 through 2012-13" (Oct. 2015).

xvi Shonkoff, J. P., and D. A. Phillips, eds. 2000. From neurons to neighborhoods: The science of early child development. Washington D.C: National Academy Press

xvii Center on the Developing Child at Harvard University (2016). *From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families*.

xviii Data source: CCS San Mateo County Health System, Golden Gate Regional Center and San Mateo Co. SELPA

xix U.S. Census Bureau, 2010 Census Interactive Population Search: <http://www.census.gov/2010census/pop>

xx Christina Bethell, Colleen Peck, and Edward Schor, Assessing Health System Provision of Well-Child Care: The Promoting Healthy Development Survey, *Pediatrics* 5 (May 2001): 1084ñ94.

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xxii Help Me Grow National Center, "Assessing Potential Call Centers." The Help Me Grow Manual: First Edition, July 2014

xxiii Marcia Hughes and M. Clay Damboise, "Help Me Grow: 2008 Annual Report." Center for Social Research, University of Hartford, (prepared for The Connecticut Children's Trust Fund, March 1, 2009.

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<b>Help Me Grow- South Carolina Proposed Implementation Budget</b>						Revised: February 28, 2011
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Total</b>	<b>Notes</b>
<b>Centralized Telephone Access Point</b>						
Care Coordinators	\$ 60,360	\$ 63,325	\$ 72,550	\$ 74,734	<b>\$ 270,969</b>	(1)
Benefits	\$ 16,150	\$ 17,730	\$ 20,315	\$ 20,925	<b>\$ 75,120</b>	(2)
Renovations @CDS	\$ 5,500	\$ -	\$ -	\$ -	<b>\$ 5,500</b>	
Furniture	\$ 10,500	\$ -	\$ 1,500	\$ 1,000	<b>\$ 13,000</b>	
Computers	\$ 4,600	\$ 1,200	\$ -	\$ -	<b>\$ 5,800</b>	
Copier/Fax Lease and Usage	\$ 4,500	\$ 4,800	\$ 5,100	\$ 5,200	<b>\$ 19,600</b>	(3)
Phone System Set-Up	\$ 1,880	\$ -	\$ -	\$ -	<b>\$ 1,880</b>	
Phone System Operations	\$ 13,640	\$ 15,140	\$ 16,640	\$ 19,640	<b>\$ 65,060</b>	(4)
Travel	\$ 1,000	\$ 1,100	\$ 1,100	\$ 1,200	<b>\$ 4,400</b>	(5)
Office Supplies	\$ 1,200	\$ 1,300	\$ 1,400	\$ 1,600	<b>\$ 5,500</b>	
Staff Training/Development	\$ 3,000	\$ 1,800	\$ 2,000	\$ 2,400	<b>\$ 9,200</b>	(6)
Lease	\$ 8,000	\$ 8,000	\$ 8,000	\$ 8,000	<b>\$ 32,000</b>	(7)
<b>Total Centralized Telephone Access Point</b>	<b>\$ 130,330</b>	<b>\$ 114,395</b>	<b>\$ 128,605</b>	<b>\$ 134,699</b>	<b>\$ 508,029</b>	(30)
<b>ASQ Monitoring and Dev Milestone Program</b>						
Program Specialist	\$ 19,500	\$ 20,085	\$ 20,670	\$ 21,190	<b>\$ 81,445</b>	(8)
Supplies	\$ 4,000	\$ 4,800	\$ 5,200	\$ 4,600	<b>\$ 18,600</b>	(9)
Printing	\$ 12,000	\$ 7,000	\$ 7,000	\$ 8,000	<b>\$ 34,000</b>	(10)
Evaluation	\$ 3,000	\$ 2,000	\$ 2,000	\$ 2,000	<b>\$ 9,000</b>	
<b>Total ASQ Monitoring and Dev Milestone</b>	<b>\$ 38,500</b>	<b>\$ 33,885</b>	<b>\$ 34,870</b>	<b>\$ 35,790</b>	<b>\$ 143,045</b>	(31)
<b>Community Outreach</b>						
Community Outreach Coordinator	\$ 21,840	\$ 22,495	\$ 46,321	\$ 47,694	<b>\$ 138,350</b>	(11)
Benefits	\$ 6,115	\$ 6,299	\$ 12,970	\$ 13,354	<b>\$ 38,738</b>	(2)
Community Networking Events	\$ 1,000	\$ 1,000	\$ 1,100	\$ 1,200	<b>\$ 4,300</b>	(12)
Travel	\$ 1,800	\$ 1,900	\$ 1,900	\$ 2,000	<b>\$ 7,600</b>	(13)
Staff Training/Development	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,200	<b>\$ 8,200</b>	(14)
Computer	\$ -	\$ -	\$ -	\$ 1,800	<b>\$ 1,800</b>	
Office Supplies	\$ 600	\$ 600	\$ 650	\$ 700	<b>\$ 2,550</b>	
<b>Total Community Outreach</b>	<b>\$ 33,355</b>	<b>\$ 34,294</b>	<b>\$ 64,941</b>	<b>\$ 68,948</b>	<b>\$ 201,538</b>	(32)
<b>Physician Outreach</b>						
Clinical Liaison	\$ 25,000	\$ 26,780	\$ 55,000	\$ 56,659	<b>\$ 163,439</b>	(15)
Benefits	\$ 6,250	\$ 7,498	\$ 15,400	\$ 15,864	<b>\$ 45,012</b>	(2)
Practice-based Trainings	\$ 4,000	\$ 4,200	\$ 4,500	\$ 4,800	<b>\$ 17,500</b>	(16)
Travel	\$ 2,500	\$ 2,500	\$ 3,100	\$ 3,100	<b>\$ 11,200</b>	(17)
Staff Training/Development	\$ 1,600	\$ 1,700	\$ 1,800	\$ 2,000	<b>\$ 7,100</b>	(18)
Office Supplies	\$ 800	\$ 850	\$ 900	\$ 950	<b>\$ 3,500</b>	
<b>Total Physician Outreach</b>	<b>\$ 40,150</b>	<b>\$ 43,528</b>	<b>\$ 80,700</b>	<b>\$ 83,373</b>	<b>\$ 247,751</b>	(33)
<b>Administrative Office Expenses</b>						
Program Coordinator & Medical Director	\$ 88,520	\$ 90,169	\$ 93,880	\$ 96,635	<b>\$ 369,204</b>	(19)
Program Specialist	\$ 11,700	\$ 12,100	\$ 12,400	\$ 12,714	<b>\$ 48,914</b>	(8)
Benefits	\$ 25,626	\$ 26,408	\$ 27,180	\$ 27,945	<b>\$ 107,159</b>	(2a)
Lease	\$ 9,000	\$ 9,500	\$ 9,800	\$ 9,900	<b>\$ 38,200</b>	(20)
Office Supplies	\$ 700	\$ 750	\$ 800	\$ 850	<b>\$ 3,100</b>	
Travel	\$ 1,400	\$ 1,500	\$ 1,600	\$ 1,700	<b>\$ 6,200</b>	(21)
<b>Total Administrative Expenses</b>	<b>\$ 136,946</b>	<b>\$ 140,427</b>	<b>\$ 145,660</b>	<b>\$ 149,744</b>	<b>\$ 572,777</b>	(34)
<b>Data Collection</b>						
Database Development Costs	\$ 20,000	\$ 5,000	\$ -	\$ -	<b>\$ 25,000</b>	(22)
Database Maintenance Fees	\$ -	\$ 3,000	\$ 3,000	\$ 3,000	<b>\$ 9,000</b>	(23)
<b>Total Data Collection</b>	<b>\$ 20,000</b>	<b>\$ 8,000</b>	<b>\$ 3,000</b>	<b>\$ 3,000</b>	<b>\$ 34,000</b>	(35)
<b>Total Evaluation (Data Analysis &amp; Reporting)</b>	<b>\$ 10,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 20,000</b>	<b>\$ 70,000</b>	(24) (36)
<b>Meetings and Conferences</b>						
Travel to HMG National Forum	\$ 2,000	\$ 2,000	\$ 2,200	\$ 2,300	<b>\$ 8,500</b>	(25)
Steering Committee Meetings	\$ 500	\$ 500	\$ 500	\$ 500	<b>\$ 2,000</b>	(26)
QI Team Meetings	\$ 300	\$ 300	\$ 400	\$ 400	<b>\$ 1,400</b>	(27)
Community Outreach Events	\$ -	\$ -	\$ 1,500	\$ 1,600	<b>\$ 3,100</b>	(28)
<b>Total Meetings and Conferences</b>	<b>\$ 2,800</b>	<b>\$ 2,800</b>	<b>\$ 3,100</b>	<b>\$ 3,200</b>	<b>\$ 11,900</b>	(37)
<b>Marketing and Communications</b>						
Website Development / Maintenance	\$ 5,000	\$ 3,000	\$ 3,000	\$ 3,000	<b>\$ 14,000</b>	
Marketing Materials	\$ 4,000	\$ 4,000	\$ 4,000	\$ 8,000	<b>\$ 20,000</b>	(29)
<b>Total Marketing and Communications</b>	<b>\$ 9,000</b>	<b>\$ 7,000</b>	<b>\$ 7,000</b>	<b>\$ 11,000</b>	<b>\$ 34,000</b>	(38)
<b>Total</b>	<b>\$ 421,081</b>	<b>\$ 404,329</b>	<b>\$ 487,876</b>	<b>\$ 509,754</b>	<b>\$ 1,823,040</b>	

## Appendix B. a.

### Sample Job Descriptions: Call Center Supervisor



#### Job Announcement Supervisor Help Me Grow-CSP

**Current Openings (two positions available):** The Supervisor of Help Me Grow-CSP is accountable for overseeing and supervising the personnel and financial resources including the day-to-day operations, staff performance, education/training and budgetary monitoring for the Help Me Grow portion of the Child Signature Program-3 (CSP3). He/she will ensure that quality care coordination is provided according to policies, procedures and protocols and will serve as a liaison between Help Me Grow and CSP3.

CSP3 is a quality enhancement project for 34 early education classrooms in Orange County. CSP offers training and coaching to early educators, support services to parents, and targeted interventions for young children.

#### Qualifications:

- 5 years of experience in mental health, educational or community based setting working with families of young children
- Bachelor's Degree education, mental health, social work, psychology, early intervention or related field
- Knowledge of child growth and development, and use of screening tools to identify children at risk
- Intermediate or advanced computer skills (word, excel, PowerPoint)
- Excellent oral and written communication skills
- Ability to prioritize and complete duties in a timely and organized manner
- Ability to work with a diverse group including staff, teachers, parents, service providers and community members

#### Preferred Qualifications:

- 2+ years management experience
- Experience with program administration and supervision of personnel
- Master's Degree in education, mental health, social work, public health or related field
- Experience with using Triple P and/or Ages and Stages Questionnaires
- Strong analytical, problem solving and strategic thinking skills
- Bilingual Spanish/English

**Salary Range:** Begins at \$47,885 with a midpoint of \$59,872

**Benefits:** CHOC Children's offer an excellent benefits package including competitive compensation, \$10,000 tuition reimbursement, full medical, dental, vision, and a 403 (B) Retirement Plan with eligibility starting the first day of employment.

**Reports to:** Program Manager, Help Me Grow Orange County

**To Apply:** CHOC Children's is one of the fiscal agents for Help Me Grow. The recruitment and hiring for these positions will occur through CHOC Children's and the selected candidates will be CHOC employees. Use requisition # 02106 and apply at <http://www.choc.org/careers/>



## Appendix B. b.

### Sample Job Descriptions: Call Center Care Coordinator



#### Job Announcement Family Services Care Coordinator-CSP

**Current Openings (21 positions available):** The Family Services Care Coordinator will be linking families and children to existing resources in the community or Child Signature Program-3 (CSP3) services and providing the necessary care coordination to ensure the families are connected to services. She/he will make home visits; meet with parents; handle telephone calls; enter data; search the resource database; conduct follow-up care coordination; collaborate with educational staff and CSP colleagues; and participates in other activities related to Help Me Grow and CSP3.

CSP3 is a quality enhancement project for 34 early education classrooms in Orange County. CSP3 offers training and coaching to early educators, support services to parents, and targeted interventions for young children.

#### Qualifications:

- One year work experience involving young children
- Bachelor's Degree in special education, early childhood education, child development, human services, social service, or related field
- Good computer skills
- Proper telephone etiquette
- Good interpersonal skills
- Independent decision making ability
- Ability to maintain a calm and sensitive demeanor
- Active listening and assessment skills
- Critical thinking skills with a solution focused approach
- Excellent reading comprehension and analytical skills
- Ability to work independently and as part of a team
- Must hold valid Class C CA Driver's License and have access to personal vehicle for use during working hours

#### Preferred Qualifications:

- Previous work experience with young children and their families in a community based early childhood educational program
- Bilingual in Spanish and English or Vietnamese and English

**Salary Range:** Begins at \$39,446 with a midpoint of \$49,264

**Benefits:** CHOC Children's offer an excellent benefits package including competitive compensation, \$10,000 tuition reimbursement, full medical, dental, vision, and a 403 (B) Retirement Plan with eligibility starting the first day of employment.

**Reports to:** Supervisor Help Me Grow-CSP

**To Apply:** CHOC Children's is one of the fiscal agents for Help Me Grow. The recruitment and hiring for these positions will occur through CHOC Children's and the selected candidates will be CHOC employees. Use requisition # 02107 and apply at <http://www.choc.org/careers/>



## Appendix C

### Benchmarks Years 1-3: Core Component: Centralized Telephone Access Point

#### **VI. Core Component: Centralized Telephone Access Point - Year 1**

Core Component: Centralized Telephone Access Point	Planning Phase - Year 1 Activities (Month #1-12)											
	1	2	3	4	5	6	7	8	9	10	11	12
Develop a process to assess <i>Help Me Grow</i> call center options (e.g., convene a work group)												
Identify entity to serve as the call center												
Determine the needs of the identified entity in order to serve as the system's call center, including but not limited to:												
• A call center budget which reflects the items listed below												
• The telephone system needed (Does the entity already have an adequate phone system or are enhancements needed?)												
• Identify the call center staff – the care coordinators, administrator, supervisor, support staff, others relevant to the needs of each call center												
• Develop job descriptions for the care coordinators												
• Identify the care coordinators (Are they already employed at the call center? Are more staff needed? How will they be recruited and retained?)												
• Develop training curriculum – both for orientation and on an ongoing basis. Who will train the care coordinators?												
• Develop HMG call center policies and procedures, including MOAs where needed												
• Develop a process for the collection and timely maintenance of resource information												
• Determine what is needed to establish and maintain an automated client tracking system												

#### **Core Component: Centralized Telephone Access Point - Year 3**

Core Component: Centralized Telephone Access Point	System Implementation - Year 3 Activities (Month #1-12)											
	1	2	3	4	5	6	7	8	9	10	11	12
• Train and support call center staff												
◦ Implement and evaluate the training curriculum – both for orientation and on an ongoing basis												
• Create and maintain a data collection system for calls												
◦ Develop a process for the collection and timely maintenance of resource information												
◦ Determine what is needed to establish and maintain an automated client tracking system												
• Collect data (ongoing)												
• Implement the use of an automated client tracking system												
• Have the capacity to generate reports based on callers accessing the call center												
• The HMG call center goes live												

#### **Core Component: Centralized Telephone Access Point - Year 2**

Core Component: Centralized Telephone Access Point	Planning Phase - Year 2 Activities (Month #1-12)											
	1	2	3	4	5	6	7	8	9	10	11	12
Identify entity to serve as the call center												
Determine the needs of the identified entity in order to serve as the system's call center, including but not limited to:												
• A call center budget which reflects the items listed below												
• The telephone system needed (Does the entity already have an adequate phone system or are enhancements needed?)												
• Identify the call center staff – the care coordinators, administrator, supervisor, support staff, others relevant to the needs of each call center												
• Develop job descriptions for the care coordinators												
• Identify the care coordinators (Are they already employed at the call center? Are more staff needed? How will they be recruited and retained?)												
• Develop training curriculum – both for orientation and on an ongoing basis. Who will train the care coordinators?												
• Develop HMG call center policies and procedures, including MOAs where needed												
• Develop a process for the collection and timely maintenance of resource information												
• Determine what is needed to establish and maintain an automated client tracking system												
• Implement the use of an automated client tracking system												
• Have the capacity to generate reports based on callers accessing the call center												
• The HMG call center goes live												

