

## **FREQUENTLY ASKED QUESTIONS – HEALTHY DEVELOPMENT SERVICES (HDS)**

*Disclaimer: This document represents the knowledge and practice of the individual that completed this FAQ*

### **1. How is HDS different from Early Intervention?**

HDS serves children birth – age 5 (or Kindergarten entry) with mild to moderate development and behavior concerns. The children served by HDS do not have severe enough needs to qualify for services through other systems (insurance, California Early Start/San Diego Regional Center, special education at schools). HDS Care Coordination supports families in navigating the HDS system and referrals to other agencies for higher level services or assistance accessing other needed resources (e.g., child care, food, housing, etc.).

### **2. What is First 5?**

- First 5 is a statewide initiative dedicated to improving the lives of California’s young children and their families through a comprehensive system of education, health services, childcare, and other crucial programs.
- First 5 California distributes funds to local communities through the state’s 58 individual counties, all of which have created their own local First 5 county commissions. First 5 California was established through a voter approved initiative in 1998 known as the California Children and Families Act (Proposition 10). It oversees the expenditure of tobacco tax revenues to support, promote, and optimize early childhood development through coordinated programs that emphasize child health, parent education, child care, and other services and programs for children prenatal through age 5.
- First 5 San Diego operations a variety of programs based local need including HDS, First Steps – a home visiting program, Oral Health, and Learn Well. For more information, visit <https://first5sandiego.org/>

### **3. Who is eligible? How long can a child be involved with HDS?**

- Children birth through age 5 (or Kindergarten entry) and their families are eligible for HDS services.
- Services are short in duration and can be conducted in a group or individual basis depending on need. Most services last 6- 12 sessions.
- Children can be involved with a mix of services throughout their childhood.

### **4. How and who can refer a child to HDS?**

Providers can refer to HDS using the [referral form](#). Caregivers may also self-refer by calling 1-888-5 FIRST 5.

### **5. What evaluations are done through HDS and what does that entail?**

HDS provides developmental and behavioral screening using the ASQ3 and ASQ:SE-2.

An assessment may be used to determine service mix based on screening results. For development assessments, HDS uses the Hawaii Early Learning Profile® to assess all areas of development and determine the approximate age level for the child; this tool is not used for diagnosis. The HELP® is completed by the provider, based on a play based observation/interaction. The assessment process in HDS Behavior services depends on the child’s need. HDS uses the Devereaux Early Childhood Assessment (DECA) for more mild concerns. The DECA is parent completed. If further need indicates, another level of assessment may be used including the Child Behavior Checklist (CBCL) and Parent Stress Index (PSI).

### **6. What happens after the assessment?**

- HDS does not provide evaluations.
- After the assessment, HDS providers partner with caregivers to determine the best course of action for the family. Children may remain with the agency who conducted the assessment, or if appropriate, they may be referred to a partner agency to complete their services. HDS Care Coordination will maintain regular contact with the family to ensure they are connected with services and to answer any questions.

**7. What services are provided? Where do the services happen (home, center, etc.)?**

- HDS provides development classes, coaching, and therapy (i.e., PT, OT, SLP) depending on the needs of the child.
- Behavior classes (with a focus on social-emotional development) for parents, coaching, and therapy using evidence-based modalities are available.
- Care Coordination supports families with accessing both development and behavior services.
- Due to the pandemic many services are being conducted virtually via video and phone. Some agencies have capacity to serve in person. As restrictions are lifted, in person and teleservices are expected to continue.

**8. How are services funded?**

Services are paid for by First 5 San Diego. The funding comes from CA prop 10, which in 1998 added a 50-cent tax to cigarette purchases. Each local commission operates their own budget based on local needs.



**CONTACT INFORMATION:**

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**East:** 619-515-2463

**N. Central:** 858-966-7510

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