

AMENDED IN ASSEMBLY JULY 9, 2015

AMENDED IN ASSEMBLY JUNE 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

Assembly Concurrent Resolution

No. 77

Introduced by Assembly Member Mark Stone

(Coauthors: Assembly Members Gatto ~~and Lackey~~, Lackey, Achadjian, Alejo, Atkins, Baker, Bigelow, Bloom, Bonilla, Bonta, Brown, Burke, Calderon, Campos, Chang, Chau, Chávez, Chiu, Chu, Cooley, Cooper, Dababneh, Dahle, Daly, Dodd, Eggman, Frazier, Beth Gaines, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gomez, Gonzalez, Gordon, Gray, Hadley, Roger Hernández, Holden, Irwin, Jones, Jones-Sawyer, Kim, Levine, Linder, Lopez, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Nazarian, Obernolte, O'Donnell, Olsen, Perea, Quirk, Rendon, Ridley-Thomas, Rodriguez, Salas, Steinorth, Thurmond, Ting, Waldron, Weber, Wilk, Williams, and Wood)

(Coauthors: Senators Beall, Monning, Nguyen, Pavley, and Vidak)

May 20, 2015

Assembly Concurrent Resolution No. 77—Relative to California Early Intervention Services Act.

LEGISLATIVE COUNSEL'S DIGEST

ACR 77, as amended, Mark Stone. California Early Intervention Services Act.

This measure would recognize that every child who needs comprehensive health and early intervention services and supports in order to achieve his or her developmental potential should have those services easily accessible, sufficient, responsive, timely, and of high

quality. The measure would further urge the Legislature to leverage existing efforts and statutes to ensure an accountable, results-oriented, and coordinated network of resources in order to provide multidisciplinary early identification and intervention services and supports to California infants and toddlers.

Fiscal committee: no.

1 WHEREAS, The period between a child’s birth and third
2 birthday is a time of intense and ongoing development across the
3 cognitive, motor, language, and social-emotional domains; and

4 WHEREAS, Positive health and learning outcomes depend upon
5 children continually building new skills and abilities along a
6 developmental trajectory of incremental milestones that begins at
7 birth; and

8 WHEREAS, The Legislature passed Assembly Concurrent
9 Resolution 155 in 2014 in recognition that “[r]esearch over the
10 last two decades in the evolving fields of neuroscience, molecular
11 biology, public health, genomics, and epigenetics reveals that
12 experiences in the first few years of life build changes into the
13 biology of the human body that, in turn, influence the person’s
14 physical and mental health over his or her lifetime”; and

15 WHEREAS, Adversity during the early years can impair
16 development, and has a cumulative impact, with children exposed
17 to maltreatment and additional risk factors facing increased
18 likelihood of having one or more delays in their cognitive,
19 language, or emotional development; and

20 WHEREAS, Unaddressed developmental delays and disabilities
21 result in persistently impaired learning and health outcomes for
22 children; and

23 WHEREAS, It is estimated that one in four California children
24 have moderate or higher risk for a developmental delay, such as
25 speech or language impairment, and that nationally one in every
26 68 children were affected by autism spectrum disorder in 2014;
27 and

28 WHEREAS, Latino and African American children are more
29 likely to experience barriers in accessing early identification and
30 intervention services; and

31 WHEREAS, The Legislature has previously established through
32 the California Early Intervention Services Act, in Section 95001
33 of the Government Code, that “[t]here is a need to provide

1 appropriate early intervention services individually designed for
2 infants and toddlers ... who have disabilities or are at risk of having
3 disabilities, to enhance their development and to minimize the
4 potential for developmental delays”; and

5 WHEREAS, The California Early Intervention Services Act
6 additionally established that “[e]arly intervention services for
7 infants and toddlers with disabilities or who are at risk of having
8 disabilities represent an investment of resources, in that these
9 services reduce the ultimate costs to our society, by minimizing
10 the need for special education and related services in later school
11 years and . . . [that] maximize the potential of the individuals to
12 be effective in the context of daily life and activities”; and

13 WHEREAS, Early intervention services include targeted health
14 and education supports for infants and toddlers who have delays
15 or are at risk of having delays, in order to enhance their
16 development, improve school readiness, and minimize the potential
17 for later challenges; and

18 WHEREAS, The California Early Intervention Services Act
19 previously established that “the earlier intervention is started, the
20 greater is the ultimate cost-effectiveness and the higher is the
21 educational attainment and quality of life achieved by children
22 with disabilities”; and

23 WHEREAS, Experts like the American Academy of Pediatrics
24 recommend routine, regular, and formalized developmental and
25 behavioral screening for all infants and toddlers as the most
26 effective way of identifying children in need of supports and
27 services; and

28 WHEREAS, Fewer than one-third of California infants and
29 toddlers received the recommended developmental and behavioral
30 screenings according to 2011–2012 parent reported data; and

31 WHEREAS, Forty-one percent of parents report having one or
32 more concerns about their children’s physical, behavioral, or social
33 development; and

34 WHEREAS, Nearly three out of four California children with
35 special health care needs under three years of age do not receive
36 early intervention services they could benefit from, and the 2012
37 annual report for California’s Early Start program shows that it
38 serves fewer infants and toddlers with early intervention services
39 than the national average; and

1 WHEREAS, A system of universal developmental and
2 behavioral screenings should work hand in hand with a robust
3 early intervention system, and should be linked by facilitated
4 family-focused referral, care coordination, child-centered health
5 homes, and information-sharing mechanisms to guide and support
6 families while maintaining accountability; and

7 WHEREAS, The California Early Intervention Services Act
8 previously established that “the State Department of Developmental
9 Services, the State Department of Education, the State Department
10 of Health Care Services, and the State Department of Social
11 Services coordinate services to infants and toddlers with disabilities
12 and their families”; and

13 WHEREAS, The California Early Intervention Services Act
14 additionally established that “families be well informed, supported,
15 and respected as capable and collaborative decisionmakers
16 regarding services for their child”; now, therefore, be it

17 *Resolved by the Assembly of the State of California, the Senate*
18 *thereof concurring*, That every California child deserves periodic
19 formal assessment of his or her development for the purposes of
20 introducing supports and services if needed; and be it further

21 *Resolved*, That every child who needs supports in order to
22 achieve his or her developmental potential deserves that those
23 services be easily accessible, sufficient, responsive, timely, and
24 of high quality; and be it further

25 *Resolved*, That every parent or caregiver shall be fully engaged
26 and supported throughout early identification and intervention
27 processes; and be it further

28 *Resolved*, That the Legislature leverage existing efforts and
29 statutes to ensure an accountable, results-oriented, and coordinated
30 statewide network of resources, services, systems, and strong local
31 infrastructures, in order to provide family-centered, comprehensive,
32 and multidisciplinary early identification and intervention services
33 and supports to California infants and toddlers; and be it further

34 *Resolved*, That the Legislature shall support and promote
35 community-driven efforts to coordinate referrals and linkages
36 between, and guide families through the complexities of, the early
37 identification and intervention systems, through programs and
38 models such as Help Me Grow California; and be it further

39 *Resolved*, That the Legislature invest sufficiently in
40 comprehensive health and early intervention services and supports

1 in order to ensure that they meet the health and learning needs of
2 California's diverse child population, and wisely harness
3 governmental and other resources toward these common goals;
4 and be it further

5 *Resolved*, That these services and supports build upon existing
6 efforts, and be embedded and accessible from the places and people
7 that families know and trust, including pediatric practices and other
8 health settings, community-based organizations, regional centers,
9 Early Head Start programs, First 5s, and other local early childhood
10 programs; and be it further

11 *Resolved*, That the Chief Clerk of the Assembly transmit copies
12 of this resolution to the author for appropriate distribution.

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