CalOptima Health Dyadic Services
Program Academy Application

**Background**

The first three years of life play a significant role in the development and lifelong well-being of children. Recognizing the potential impact of early comprehensive care in the pediatric home, [First 5 Orange County (First 5 OC)](https://first5oc.org/) and [CalOptima Health](https://www.caloptima.org/en) are committed to expanding the HealthySteps evidence-based model in furtherance of our shared goals of reducing health inequities by increasing timely Well Child Visits (WCV), developmental and behavioral screenings, linkage to community supports, and inclusion of parent- and child-focused care, or dyadic care.[[1]](#footnote-1) [[2]](#footnote-2) To further this mission, we are seeking applicants interested in implementing the HealthySteps model to participate in the CalOptima Health Dyadic Services Program Academy (“Academy”). The Academy and funding opportunity includes $150,000 ($25,000 paid to ZERO TO THREE for model education/training) paid over 12 months, inclusion into community education sessions, and customized technical assistance for expedited model fidelity and sustainability.

Providers applying for the Academy are required to be licensed clinics (i.e., Federally Qualified Health Centers, community clinics, pediatric practices, etc.) that provide primary care services to a significant pediatric population ages 0–3 years. Preference will be given to, but is not limited to, clinics that have at least 350 children ages 0–3 years, with high volumes of CalOptima Health Medi-Cal members empaneled in the practice, and/or practices that have at least 3,500 visits/year for children in this age group. Applicants demonstrating a commitment to improving WCVs, comprehensive screening, and family-centered support will also be considered.

Selected clinics will be simultaneously enrolled in the ZERO TO THREE HealthySteps national training program (HealthySteps National) and the CalOptima Health Dyadic Services Program Academy (Academy).

Please refer to the [Notice of Funding Opportunity (NOFO)](https://first5oc.org/wp-content/uploads/2024/06/CalOptima-Health-Dyadic-Services-Program-Academy-Notice-of-Funding-Opportunity-NOFO.pdf) for detailed instructions. For more information about dyadic care in the pediatric setting, refer to [What Is Dyadic Care?](https://first5oc.org/wp-content/uploads/2024/06/Dyadic-Care-one-pager-First-5-OC-2.pdf). More information about the ZERO TO THREE HealthySteps evidence-based model can be found at [ZERO TO THREE HealthySteps - Early Childhood Development Experts in Pediatrics - HealthySteps](https://www.healthysteps.org/). Please note, if selected, First 5 OC will develop a contract based on its usual and customary terms and conditions incorporating the requirements outlined in this application and the responses of the selected applicant(s). For more information about First 5 OC’s general contracting requirements, see Attachments 1 and 2.

It is recommended that applicants carefully review the entire announcement and application requirements before submitting your application package. Failure to adhere to the provided instructions may result in your application not being considered. If you have any additional questions, please email First5OC@cfcoc.ocgov.com.

**Application Requirements and Timeline**

**Requirements include the following steps. All steps must be completed by the dates indicated for your application to be reviewed.**

**STEP 1**: Organizations interested in applying for the CalOptima Health Dyadic Services Program Academy can begin their application at the following link: [first5oc.org/now-taking-applications-for-healthysteps-dyadic-services-program-academy](https://first5oc.org/?p=11093). Application document must be submitted to First 5 OC at First5OC@cfcoc.ocgov.com.

**STEP 2**: To expedite the application process, the clinic’s pediatric provider champion and the clinic administrator(s) whom will lead the project, are recommended to attend one informational webinar. First 5 OC will host three webinars. The link to [register for a webinar](https://first5oc.org/wp-content/uploads/2024/06/Dyadic-Services-Program-Academy-Webinar-Flier-1.pdf) can be found [here](https://first5oc.org/wp-content/uploads/2024/06/Dyadic-Services-Program-Academy-Webinar-Flier-1.pdf).

**STEP 3**: Applicants must also complete the [HealthySteps Interest Form](https://zerotothree.my.site.com/HealthyStepsHub/s/interest-form?_gl=1*12rlb9c*_ga*MTYzMDYzMjc1OC4xNzA5MTQ4ODEx*_ga_JGW29BDN22*MTcxODA2NjM4OS4yMi4xLjE3MTgwNjY0MDMuNDYuMC4w) in order for ZERO TO THREE’s HealthySteps National Office to initiate their clinic assessment process and to familiarize each clinic with the HealthySteps model. This process will include completion of a Goodness of Fit form, a Data Collection Review, and the development of an implementation plan including follow-up calls with the HealthySteps National Office. This process will be initiated by the ZERO TO THREE HealthySteps National Office after the Interest Form has been submitted.

**STEP 4**: Funding recommendations are presented to the First 5 OC Board: 8/7/2024

* Notification to Selected Recipients: 8/8/2024
* Recipient’s Acknowledgement of Acceptance of Award: No later than 8/12/2024, by 5 p.m. PST

|  |  |
| --- | --- |
| **Action** | **Date** |
| Application Release Date  | 6/12/24 |
| Informational Sessions | 6/19/24 at 5 p.m., 6/20/24 at 12:30 p.m., and 6/21/24 at 9 a.m. |
| Complete ZERO TO THREE’s [HealthySteps Interest Form](https://zerotothree.my.site.com/HealthyStepsHub/s/interest-form?_gl=1*12rlb9c*_ga*MTYzMDYzMjc1OC4xNzA5MTQ4ODEx*_ga_JGW29BDN22*MTcxODA2NjM4OS4yMi4xLjE3MTgwNjY0MDMuNDYuMC4w) | 6/21/24  |
| Last day to email questions to First5OC@cfcoc.ocgov.com | 6/23/24 |
| FAQs are posted | 6/25/24 |
| **Application Deadline** | **7/10/24 by 5 p.m. PST** |
| Application Review | 7/12/24–7/26/24 |
| Announcement of Approved Grants | 8/8/24 |
| Recipients Acceptance of Award | 8/12/24 |
| Grant Agreements/Contracts Processed | 8/13/24–9/13/24 |
| Grant Start Date | 10/1/24 |
| Grant End Date | 6/30/25  |

 **Clinic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic Location (address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Lead (Name, Title, and email address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Demographic and Utilization Data**

|  |  |  |
| --- | --- | --- |
| **Children Empaneled (or active in practice)** | **Number of Children Empaneled/Active (FY 2021) by age** | **Number of Children Empaneled/Active (FY 2022) by age** |
| Ages 0–3 Years |  |  |
| Ages 0–5 Years |  |  |
| Ages 5–17 Years |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children Empaneled (or active in practice) FY2023** | **Less than 1 yr.** | **12–30 mos.** | **30+ (31–48 mos.)** |
| Number of children empaneled (or active in practice) by age  |  |  |  |
| Number of Well Child Visits |  |  |  |

1. **Please provide your visit volumes for populations listed in the table below:**

|  |  |
| --- | --- |
| **Patient Population**  | **2022 Total Number of Visits**  |
| **Pediatric Patients** |  |
| Less than 1 year |  |
| 12–30 months |  |
| 31–60 months |  |
| 6–17 years |  |
| **Total** |  |
| **Pediatric Behavioral Health**  |  |
| Birth to 5 |  |
| 6–17 years |  |

|  |  |
| --- | --- |
| Top **5** ZIP Codes of residence of patients served |  |

1. **Pediatric patient population payer mix:**

|  |  |
| --- | --- |
| **Payer** | **Percent of Total Empaneled (or active in practice) Pediatric Patients (Birth to 5)** |
| CalOptima Health (Medi-Cal) |  |
| Commercial |  |
| Uninsured |  |
| Other |  |
| Total  |  |

1. **Please list which evidence-based screening tools (PEDS, ASQ, MCHAT, Edinburgh, etc.) are used by your practice during Well Child Visits.**

|  |  |  |
| --- | --- | --- |
| **Screen for: Yes (Y) or No (N)** | **Screening** | **Tool(s) Used to Screen** |
|  | Developmental Screening |  |
|  | Autism Screening |  |
|  | Social-Emotional Screening |  |
|  | Maternal Mental Health |  |
|  | Other |  |

1. **If your practice does not use screening tools, please indicate the barriers to screening that are faced by your practice.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please identify which EMR (EPIC, Cerner, etc.) your clinic uses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The grant requires clinics to report performance metrics on activities related to the HealthySteps model implementation such as Well Child Visits, screenings, referrals, and interventions. Does your current EMR system allow your team to extract data related to each of the following performance metrics on a quarterly basis?**

| **Screening**  | Yes | No |
| --- | --- | --- |
| Well Child Visits and Total Visits (birth–3) |  |  |
| Developmental Screening |  |  |
| Social-Emotional Screening |  |  |
| Autism Screening  |  |  |
| Maternal Depression Screening |  |  |
| Social Determinants of Health Screening |  |  |
| Number of children with developmental or social-emotional concerns |  |  |
| Referrals for developmental concerns, perinatal mental health, or other family needs |  |  |
| Number of patients seen for interventions/short-term consultations by HealthySteps Specialist |  |  |
| Financial reporting; net revenues, expenses (i.e., HealthySteps Specialist salary), profit/loss |  |  |

1. **What is your current protocol for referral of children ages birth to 5 to early interventions services?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please indicate how many provider FTEs you have in your clinic. Also, please provide the name of the two providers: pediatrician and mental health provider, who would serve as the HealthySteps Champions.**

|  |  |
| --- | --- |
| **Providers** | **Number of FTEs** |
| **Licensed Health Care Providers (MD, NP, PA, etc.)** |  |
| Total number of Licensed Pediatric Health Care Providers (MD, NP, PA, etc.) |  |
| Name of Pediatric Physician Champion for this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Name) |
| **Mental Health providers**  |  |
| Total # of Licensed Mental Health providers (Psychiatrist, Psychologist, LCSW, LMFT, LPCC) |  |
| Name of Champion Behavioral Health Lead for this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (Name) |

1. **Please describe your current behavioral health integration model: who currently provides services related to the behavioral/mental health needs of your pediatric patients, the physical location of these services, your referral process, follow-up process, and any closed loop or coordinated team care processes, etc.** **(450 word maximum)**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Reflecting on the** [**documented practice and health outcomes of the HealthySteps model, consider**](https://www.healthysteps.org/resource/healthysteps-outcomes-summary/) **your current Well Child Visit, developmental and social/emotional screening, and referral to early intervention services practices. Identify the demonstrated outcomes of the model that most motivate you toward practice change through implementing HealthySteps?**

**Please rank each model component from 1 to 5, with 1 being least motivating to 5 being highly motivating.**

|  |  |
| --- | --- |
| **Rating (1–5)** | **Demonstrated Outcomes** |
|  | Increased likelihood of completion of timely Well Child Visits  |
|  | Increased likelihood of timely vaccinations |
|  | Improved patient continuity of care within the same practice |
|  | Increased likelihood of patient receiving a developmental and social-emotional screening |
|  | Increased success with Early Intervention referral rates |
|  | Increased success with connecting families to needed community services |
|  | Reduced symptoms of maternal depression because of HealthySteps services |
|  | Increased child literacy and school readiness |
|  | Increased parental understanding of infant development and age-appropriate nurturing |
|  | Improved patient/family satisfaction with the practice |
|  | Reduced health care costs |

1. **Billing for Services**: **Please identify any billing codes you are currently using to bill for Behavioral Health-related services**.

| **Screening** | **CPT/HCPCS code (w/modifier U1)** | **Yes** | **No** | **Unsure** |
| --- | --- | --- | --- | --- |
| Maternal Mental Health | G8431 (+), G8510 (-) |  |  |  |
| Developmental Screening | 96110 |  |  |  |
| Social/Emotional Screening  | 96127 |  |  |  |
| ACES | G9920 (low risk), G9919 (high risk) |  |  |  |
| **Psychotherapy**  |  |  |  |  |
| Individual | 90832, 90834, 90837, 90839, 90840 |  |  |  |
| Family | 90846, 90847 |  |  |  |
| Perinatal depression counseling during infant visit | 90832 (w/modifier 33 if preventative), 90837 (w/modifier 33 if preventative) |  |  |  |
| **New Dyadic Services** |  |  |  |  |
| Dyadic Behavioral Well Child Visit | H1011 (w/modifier U1) |  |  |  |
| Dyadic Comprehensive Community Support  | H2015 (w/modifier U1) |  |  |  |
| Dyadic Psychoeducational Services | H2027 (w/modifier U1) |  |  |  |
| Dyadic Family Training and Counseling for Child Development | T1027 (w/modifier U1) |  |  |  |

 **Attestation:**

The HealthySteps Model implementation will consist of two training requirements. First, all clinics will participate in the HealthySteps National Office Training (four sessions) and Technical Assistance program (six sessions). Second, the clinics will participate in the **CalOptima Health Dyadic Services Program Academy** (minimum of six sessions). Participation in the Academy and the HealthySteps Training and TA programs requires mandatory monthly participation in scheduled training and technical assistance sessions. Please acknowledge the following attestations:

* I attest that our clinic will identify a current staff member or hire a new staff member to serve in the HealthySteps Specialist role (licensed provider). \_\_\_\_ (initial)
* I attest to ensure that appropriate clinic staff and leaders will attend the HealthySteps onboarding sessions and contract with ZERO TO THREE in order to receive the HealthySteps Implementation and Technical Assistance Training series. \_\_\_\_(initial)
* I attest that appropriate clinic staff and leaders will attend the HealthySteps National mandatory training and technical assistance calls, the Academy’s implementation support calls during the 9-month academy, and monthly (optional) technical assistance calls during the 12-month post academy period. \_\_\_\_(initial)
* I attest that team-based Well Child Visits will occur in person at the clinic. \_\_\_\_(initial)
* I attest that clinic leadership/staff will complete the Performance Metrics on a quarterly basis, submit the results to First 5 OC using its data collection portal (High Five), and attend the quarterly Performance Metrics review calls. \_\_\_\_(initial)
* I attest that our clinic will work to sustain the dyadic HealthySteps model beyond completion of the grant utilizing the knowledge and tools learned by participating in the CalOptima Health Dyadic Services Program Academy and TA sessions provided by HealthySteps National and First 5 OC’s consultants. \_\_\_\_(initial)

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CalOptima Health Dyadic Services Program

Academy Application – General Contracting Requirements

**Attachment I**

Submission of the Application and/or responses to follow–up questions does not obligate First 5 OC to contract with Applicant organizations. All awarded Applicants, including subcontractors, must be able to meet federal and state requirements regardless of whether they receive state or federal funding.

* 1. General requirements required to contract with First 5 OC include, but are not limited to:
1. **Contract:** First 5 OC will develop a contract based on its usual and customary terms and conditions incorporating the requirements outlined in the Application document and the responses of the selected applicant(s). A draft of the contract template may be provided upon request**.**
2. **Non-Resident Tax Withholding:** Please note that First 5 OC is required to comply with all State laws and regulations related to non-resident withholding pursuant to California Revenue and Taxation Code Section 18662, which requires 7% of all payments exceeding applicable amount in a calendar year to be withheld and sent to the California Franchise Tax Board.Nonresident payees include corporations, limited liability companies, partnerships, and individuals who do not have a permanent place of business in California.
3. **Personnel:** Project partners, managers, other supervisory staff, and specialists may be changed if those personnel leave the agency, are promoted, or are assigned to another office. The personnel may also be changed for other reasons with the expressed prior written permission of First 5 OC. However, in either case, First 5 OC reserves the right to accept or reject any or all replacements.

Staff identified in response to this Application can only be changed with the express prior written permission of First 5 OC, which reserves the right to approve or reject any or all replacements.

Other staff personnel may be changed at the discretion of agencies provided that such replacements have substantially the same or better applications or experience.

1. **Interpretations and Addenda:** Any change to or interpretation of the Application by First 5 OC will be posted on First 5 OC’s website, and any such changes or interpretations shall become a part of the Application for incorporation into any contract awarded pursuant to the Application.
2. **Public Record:** All submitted Applications will become the property of First 5 OC and a matter of public record.
3. **Additional Services:** The general service requirements outlined above describe the minimum work to be accomplished. During initial contract negotiations and any subsequent negotiations for contract renewals, the scope of service may be modified and refined based on the needs of First 5 OC.
4. **Undue Influence:** The responding Applicant declares and warrants that no undue influence or pressure is used against or in concert with any officer or employee of First 5 OC in connection with the award or terms of any contract that may be executed as a result of award of this Application, including any method of coercion, confidential financial arrangement, or financial inducement. No officer or employee of First 5 OC will receive compensation, directly or indirectly, from the Applicant, or from any officer, employee, or agent of the Applicant,

in connection with the award of any contract or any work to be conducted as a result of an ensuing contract. A violation of this provision shall be a material breach of any contract entered into, entitling First 5 OC to any and all remedies at law or in equity.
5. **Submittal Preparation Expenses:** First 5 OC shall not be liable for any expenses incurred by the Applicant in the preparation or submission of its applications, and such expenses shall not be reimbursed under a resulting contract.
6. **Insurance Requirements:** The insurance requirements for standard First 5 OC contracts are set forth below, including coverage amounts, types of coverage, and policy requirements. The insurance requirements for specific contracts may be adjusted at the time of contract negotiations based on the scope of services to be provided.
* Comprehensive General Liability Insurance for bodily injury (including death) and property damage, which provides not less than $1,000,000 combined single limit per occurrence and not less than $2,000,000 annual aggregate.
* Comprehensive Automobile Liability Insurance for bodily injury (including death) and property damage, which provides total limits of not less than $1,000,000 combined single limit per occurrence applicable to all owned, non-owned and hired vehicles/watercraft, $1,000,000 annual aggregate.
* Workers’ Compensation Insurance for all employees engaged in project services with the California statutory amount of $1,000,000 per accident (only if the Applicant is a firm with employees).
* Employers’ Liability Coverage of not less than $1,000,000 per occurrence for all employees engaged in project services or operations (only if the Applicant is a firm with employees).
* Professional Liability of not less than $1,000,000 for professional licensed staff engaged in project services or operations (only if the Applicant will provide a service that requires a professional license).
1. **Conflict of Interest:** A conflict of interest exists when a responding Applicant and its staff have the opportunity to advance or protect a personal interest, or the interests of others with whom he/she has a relationship, in a way that is detrimental or potentially harmful for the integrity or fundamental mission of First 5 OC. Responding Applicants will be required to disclose potential conflicts of interest as soon as it becomes known to them, or prior to engaging in any services with First 5 OC or a First 5 OC-funded organization, whichever comes first. Even the perception of a conflict of interest must be avoided and may require the restriction of the Applicants scope of work or may give rise to the disqualification of an Applicant from providing further services on behalf of First 5 OC in a particular area of expertise. First 5 OC staff will consult with legal counsel regarding potential conflicts of interest. Remedies may include, but are not limited to, removing the Applicant from any decision making, limiting the Applicant’s exposure to the decision-making process, and other means as available to avoid the conflict of interest.
2. **Cancellation of Application:** First 5 OC may cancel this Application at any time for any reason without notice.
3. **Compliance with Laws:** All information submitted in response to this Application shall comply with current federal, state, and other applicable laws related thereto.
4. **Severability:** If any provisions or portion of any provision of this Application are held invalid, illegal or unenforceable, they shall be severed from the Application and the remaining provisions shall be valid and enforceable to the extent feasible.

**Attachment 2**

First 5 Orange County reserves the right to contract with any organization providing responses to this application that meets the First 5 Orange County contracting requirements. Organizations or individuals selected will be evaluated by the Selection Committee whose members have expertise in integrated primary care and behavioral health models. First 5 Orange County reserves the right to request additional information from the applicant on behalf of the Selection Committee before making any selection. Submittal of an application and/or responses to follow-up questions does not obligate First 5 Orange County to contract with an organization or individual.

1. Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D., Genevro, J., Grason, H., Hou, W., Huang, K., Hughart, N.,Jones, A.S., McLearn, K.T., Miller, T., Minkovitz, C., Scharfstein, D., Stacy, H., Strobino, D., Szanton, E., &amp; Tang, C. (2003). Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation. Johns Hopkins Bloomberg School of Public Health, February 28, 2003. Retrieved from: <http://www.jhsph.edu/research/centers-and-institutes/womensand-childrens-health-policy-center/projects/Healthy_Steps/frnatleval.html>. [↑](#footnote-ref-1)
2. Minkovitz, C. S., Strobino, D., Mistry, K. B., Scharfstein, D. O., Grason, H., Hou, W., Ialongo, N.,; Guyer, B. (2007). Healthy Steps for Young Children: Sustained results at 5.5 years. Pediatrics, 120(3), e658-e668. [↑](#footnote-ref-2)