

Child Development Infoline Protocols for triaging referrals to services

The Child Development Infoline (CDI) serves as the telephone access point for triaging families to needed services, supports and information related to the developmental, behavioral, and health related needs of children. This telephone service is available to families and providers, including pediatric primary care providers, early care and education professionals, state agencies' staff (DCF, DMR, DSS, DPH, SDE) and other providers serving children and families. CDI serves as the access point for the Connecticut Birth to Three System, the Help Me Grow Program, Preschool Special Education Services, and Children and Youth with Special Health Care Needs Program (CYSHCN). Care Coordinators provide information about general development, coping with challenging behaviors, disability and health related issues. Based on their child and family's needs, CDI Care Coordinators are able to refer families of children, ages birth to twenty-one, to services offered through the Birth to Three System, the Help Me Grow Program, Preschool Special Education Services, and/or CYSHCN Regional Medical Support Home Centers, as appropriate.

Telephone Care Coordinators who staff the CDI unit utilize the Infoline framework for handling a call, which includes --

- ⇒ building a relationship with the caller / family;
- ⇒ conducting an assessment, including gathering information and defining the needs of the caller / family / child;
- ⇒ educating the caller / family about appropriate resources;
- ⇒ making referrals as appropriate; and
- ⇒ doing follow-up with callers / families.

In addition, Care Coordinators utilize program eligibility requirements, along with service needs of the caller / family, to help determine the most appropriate referrals for a family. The type of information that is gathered to determine the most appropriate resources includes, but is not limited to:

- ⇒ the age of the child;
- ⇒ diagnosis or health condition of child;
- ⇒ concerns about a child's development, including adaptive, cognitive, communication, motor, social- emotional, health, vision, hearing and/or behavioral concerns;
- ⇒ need for parenting / family support;
- ⇒ at-risk living conditions;
- ⇒ health insurance;
- ⇒ language or culture of the home;
- ⇒ involvement with other services or agencies, such as DCF, DMR, SDE, etc.
- ⇒ involvement of the primary health provider; and/or
- ⇒ use of a family's own resources and supports.

During the course of the call, the Care Coordinator may or may not be able to gather all of the above information. Because of the nature of the calls that come into the unit, the Care Coordinator must be careful to establish a trusting relationship with that caller / family. Therefore, the Care Coordinator take cues from the caller / family, to determine how much information can be elicited without overwhelming or disengaging them. Together, with the caller / family, the Care Coordinator develops a plan of action, which may be a referral to a particular program, sending information to the caller to help with decision making, or giving information to the caller / family so that they may contact a resource on their own. Follow-up is offered to callers / families to help ensure that they got connected to services, or to see if there are additional needs that need to be addressed.