



A SYSTEMS CHANGE MODEL THAT CREATES A FUTURE OF BETTER OUTCOMES FOR ALL VULNERABLE YOUNG CHILDREN

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INTRODUCTION

The extraordinary influence of the early years has profound implications for promoting vulnerable children's healthy development and learning. An early childhood system that embraces the goal of promoting children's optimal healthy development, instead of merely diagnosing or treating disease, is necessary to ensure that vulnerable young children do not elude early detection and receive services before behavioral and developmental concerns worsen. *The Help Me Grow*® model was built on a number of core assumptions, including 1) that children with developmental/behavioral health problems are eluding early detection, 2) many initiatives exist to provide services to young children and their families, 3) child health providers face challenges in connecting at-risk children with needed services, and 4) children and families could benefit from a coordinated, statewide system of early detection and intervention for children at risk. This coordinated, statewide approach is the core of the *Help Me Grow* model.

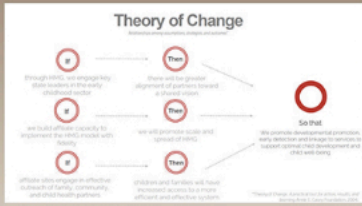


Figure 1. Help Me Grow Theory of Change

Table with 2 columns: Component (MLDA Core Components, MLDA Structural Requirements, CCC Core Components, CCC Structural Requirements) and Description.

Figure 2. Core Components and Structural Requirements of Two Innovative Models to Support Optimal Child Development

PROJECT AIMS

Help Me Grow (HMG) promotes the early detection of vulnerable children at risk of adverse developmental and behavioral outcomes and the successful linkage of such children and their families to community-based programs and services. The HMG National Center (HMG NC) supports replication of the HMG model throughout the U.S. and employs collective impact to increase cross-sector collaboration among early care and education, child health, family support, and other sectors. Ultimately, the goal of Help Me Grow is to ensure developmental promotion, early detection, and linkage to services to support optimal child development and well-being. Three strategies support Help Me Grow in achieving this goal: 1) engaging key state leaders within the early childhood sector among HMG affiliates to support alignment of partners toward a shared vision, 2) building HMG affiliate capacity to implement the model with fidelity to promote spread and scale over time, and 3) supporting affiliates to engage in effective outreach to family, community and child health partners and increasing access to a more efficient and effective system (Figure 1).

DESCRIPTION OF WORK

HMG affiliates across the country are in varying stages of implementation of the model and in ensuring effective developmental promotion, early detection, and linkage to services. Evaluation of HMG demonstrates that 85% of children and families are able to be connected to community-based services supports, and, further, access to HMG promotes the Protective Factors as outlined in the Strengthening Families Framework.™ Current research is focused on scaling promotion of protective factors within the child health setting in an effort to mitigate the impact of toxic stress. Leveraging the experience of more than 20 states has enabled the identification of evidence-informed innovations to address critical barriers to young children's optimal development. Examples include 1) a care coordination collaborative model that increases the efficiency of care coordination systems by facilitating communication across sectors, and 2) Mid-Level Developmental Assessment, an innovative model of assessment that identifies vulnerable young children at developmental risk and care promotes timely connection to community-based services. Each of these models is currently being replicated across the affiliate network through technical assistance from the HMG National Center. Affiliates adapt each of the models to best fit the unmet needs in their communities, while maintaining fidelity to the core components and structural requirements of the models (Figure 2). What we've learned can be replicated in other countries in building resilience among vulnerable children and families.

CONCLUSION

Through diffusion of these two innovations, the HMG National Center has an opportunity to close system gaps that threaten children's optimal healthy development. Replication of these innovations will increase resilience by linking vulnerable young children and families to less costly assessments and community-based programs. Pilot implementation of a care coordination model and Mid-Level Developmental Assessment has been shown to significantly enhance affiliates' capacity to meet the developmental and behavioral health needs of vulnerable children.



Advancing Developmental Promotion, Early Detection and Linkage to Services



MID-LEVEL DEVELOPMENTAL ASSESSMENT: ENGAGING FAMILIES IN SHARED DECISION-MAKING

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INTRODUCTION

Developmental or behavioral concerns identified through developmental screening can range from mild to severe. Mild concerns will be detected in a modest proportion of very young children, but their delay is likely insufficient to qualify for certain interventions and services with stringent eligibility criteria. In one state, for example, thousands of children are referred each year to early intervention services but, following the evaluation, are found to be ineligible. Our knowledge about the benefits of early intervention highlight the need to address this gap and enable developmentally vulnerable young children to access needed services.

CONCLUSION

With funding from the LEGO Community Fund US and the WK Kellogg Foundation, Connecticut Children's Office for Community Child Health and the Help Me Grow National Center are replicating the MLDA model statewide and nationally. Dissemination of the MLDA model offers a strategy to engage the family in the assessment process and in development of a family service and recommendation plan. Ultimately, the MLDA builds on the family's strengths for service planning and promotes resilience among parents and caregivers at a critical juncture in the young child's developmental trajectory.

PROJECT AIMS

Mid-Level Developmental Assessment (MLDA) offers an alternative or "mid-level" option for young children with more mild to moderate concerns. MLDA provides brief, expedient assessment of children with behavioral or developmental concerns identified through surveillance and screening and triages these children into community-based intervention services or higher-level evaluation. The MLDA model was originally operationalized in a behavioral health agency in Hartford, Connecticut. The core components and structural requirements of the model have enabled replication in a broad array of agencies and for a variety of target populations.

QUESTION

Table with 2 columns: Question and Response (A lot, A little, Not at all) with percentages.

Table 1. MLDA Promotes the Protective Factors

DESCRIPTION OF WORK

MLDA begins with collateral information review, which provides important contextual information about the functioning of the child in a variety of settings and incorporates input from primary care providers, schools, child welfare agencies, etc. The family and others involved in the child's care are integral partners during the MLDA evaluation. MLDA encourages full participation from the parents/caregivers, through a formal Parent Interview and completion of a parent functioning measure. Following the play-based assessment with the child, the family participates in the development of an individualized family service recommendation plan provided as part of a family feedback session. A key objective of this session is to validate the family's concerns and provide them the opportunity to engage in shared decision-making in identifying goals for the family and child. The lessons learned from engaging parents in the assessment process have significant clinical implications for other countries seeking to engage parents and families in promoting resilience in early childhood.

Since 2009, more than 350 children have been assessed using MLDA in a variety of settings. Eighty percent of the children have been able to benefit immediately from community-based developmental and behavioral programs and services, while 20% have required more extensive evaluation following MLDA to determine their eligibility for state-funded early intervention. Further, evidence suggests that MLDA positively impacts the Protective Factors as outlined in the Strengthening Families Framework.™ (Table 1). Thus, there is strong evidence to support the feasibility of MLDA as an alternate assessment option for at-risk youth and current research is focused on identifying how the promotion of protective factors supports the mitigation of toxic stress.



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