



Help Me Grow[®]

National Center

The Help Me Grow National Center is part of Connecticut Children's Office for Community Child Health.



How Do You Identify: Multiple Approaches to Smart Needs-Identification

2017 Help Me Grow National Forum

*St. Paul, Minnesota
April 24-26, 2017*

*STRONG SYSTEMS.
CONNECTED COMMUNITIES.*

Session Objectives

- Welcome and Introductions
- Level Setting – Why we are here today – National Center
- Identifying Family Needs - HMG Alameda County Approach
+ Q&A
- Iowa's 1st Five Healthy Mental Development Initiative
+ Q&A
- Leveraging cooperation between the HMG Centralized Access Point and Mid-Level Developmental Assessment to ensure appropriate services for all children – HMG San Joaquin Approach
+ Q&A

TODAY'S PANELISTS

REPRESENTING THREE *ME GROW* SYSTEMS FROM ACROSS THE NETWORK



FROM HMG ALAMEDA

Deborah Turner, PhD
HMG Administrator
First 5 Alameda County

Laura Otero, MA
HMG Services Program Coordinator
First 5 Alameda County



FROM HMG IOWA

Rebecca Goldsmith, MPH
1st Five Program Consultant
Iowa Department of Public Health

Jean C. Willard, MPH
Program Manager
Div of Child and Community Health
University of Iowa



FROM HMG SAN JOAQUIN

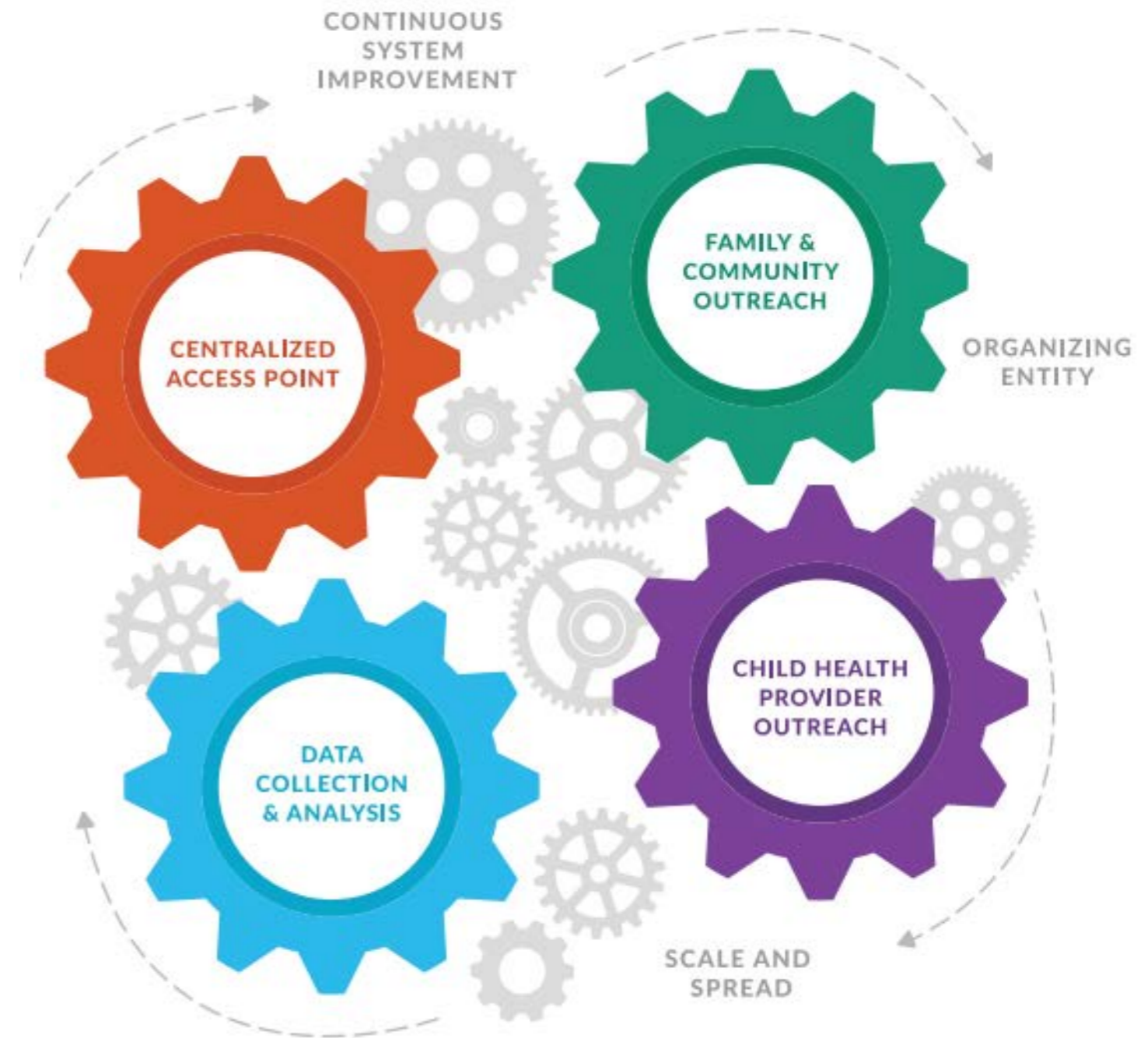
Tiffany P. Phovixay
Subsidized Child Care and 211
Program Manager
Family Resource and Referral Center
211 San Joaquin



SYSTEM MODEL

NATIONAL CENTER OBJECTIVE

Identify key sets of strategies for integral *Help Me Grow* system model activities.



LEARNING FROM EXPERT SYSTEMS.

DISSEMINATING BEST PRACTICES.



“Smart Needs-Identification”

When needs are unclear



EXPERTS AGREE

Early detection and connection to services lead to the best outcomes for children with developmental or behavioral challenges.

The Help Me Grow system supports children, families, providers and communities in vital ways.

But — even though 12 to 16 percent of all American children experience developmental or behavioral problems — families and child health care, early care & education, and human service providers often struggle to recognize early signs of such concerns.

Centralized Access Point Care Coordinators, and the processes they follow, are the key.



“Smart Needs-Identification”

When needs are unclear



From Alameda...

Significant training and orientation, constant communication, a highly unified approach, continuous quality improvement work, and emphasized supervision.

From Iowa...

Triaging process through an enhanced care coordination tool to methodically classify and respond to families with advanced needs.

From San Joaquin...

Triaging process through call center Care Coordinator efforts, administration of ASQ, and Mid-Level Developmental Assessment.



Help Me Grow
Alameda County

Identifying Family Needs

Alameda County's Approach



Foundation

Anchored in a customer
service/training/support
framework



History

- Phone Line started in 2009 with one Care Coordinator
- Pilot program
- Embedded in an existing system
- Early intention to focus on “grey area” children
- “Clarifying Assessment” to provide a second look

Current Model

- Selection
- Training
- Initial Interview
- Continual Support and Review
- CQI



Selection

- Child development knowledge and experience
- Knowledge of the service system
- Approach to families
- Want to work on the phone
- Organized, curious, approachable



Training

- Phase 1- Learning our system
 - About a month, tailored to the individual
- Phase 2- Observing and Practicing
 - 1 to 2 months, reading, listening, role playing
- Phase 3- Supported Calls
 - 1 to 2 months, Answering initial calls with supervisor support, continuing to observe other staff, make follow-up calls
- Phase 4- On their own

Call Flow

- 79% of initial contact is through a referral
- Referral form (ASQ, MCHAT, medical records)
- Initial interview
 - Explaining HMG
 - Reviewing/identifying initial concerns
 - Developmental and behavioral status
 - Identifying family needs
 - Making referral decisions
- Follow-up



Supervision

- Review each referral and assign it
- Available for consultation
- Individual Supervision (Active Case Report)
- Weekly staff meetings
- Monthly “pod” meetings
- Case Closure Review

CQI

- Weekly report
- Regular system goal reviews
- Regular outcome reviews
- Other reviews
 - Referral patterns
 - Individual outcomes



Questions?



Betty

YC

Kathleen

Lucy

Laura Otero laura.otero@first5alameda.org
Deborah Turner deborah.turner@first5alameda.org

Healthy mental development in the first five years

Iowa's 1st Five Healthy Mental Development Initiative (HMDI)

Developmental Support Needs Identification

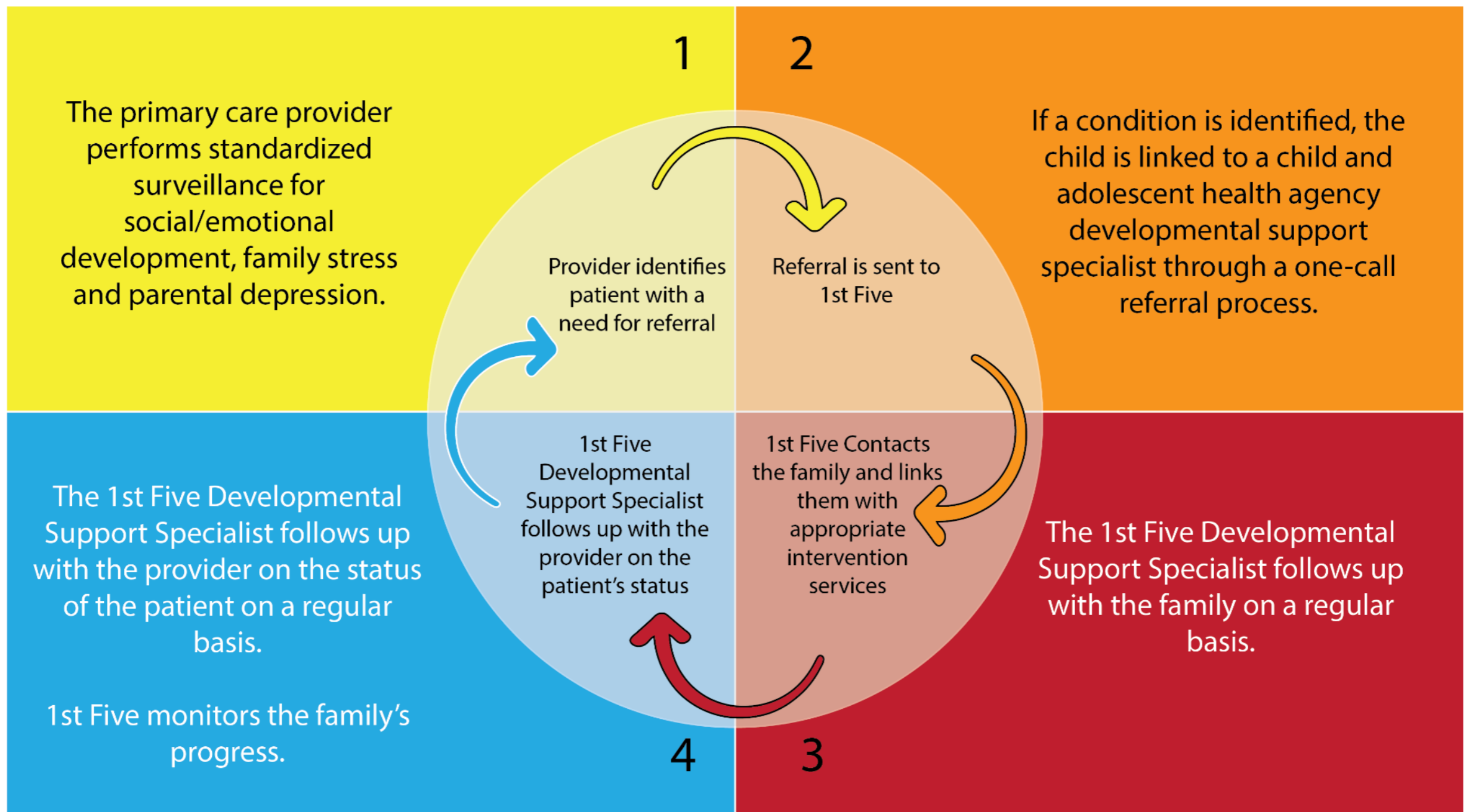
Rebecca Goldsmith, MPH
1st Five Program Consultant
Iowa Department of Public Health

Jean Willard, MPH
Program Manager, Policy and Measurement
Division of Child and Community Health, Stead Family Department of Pediatrics, University of Iowa



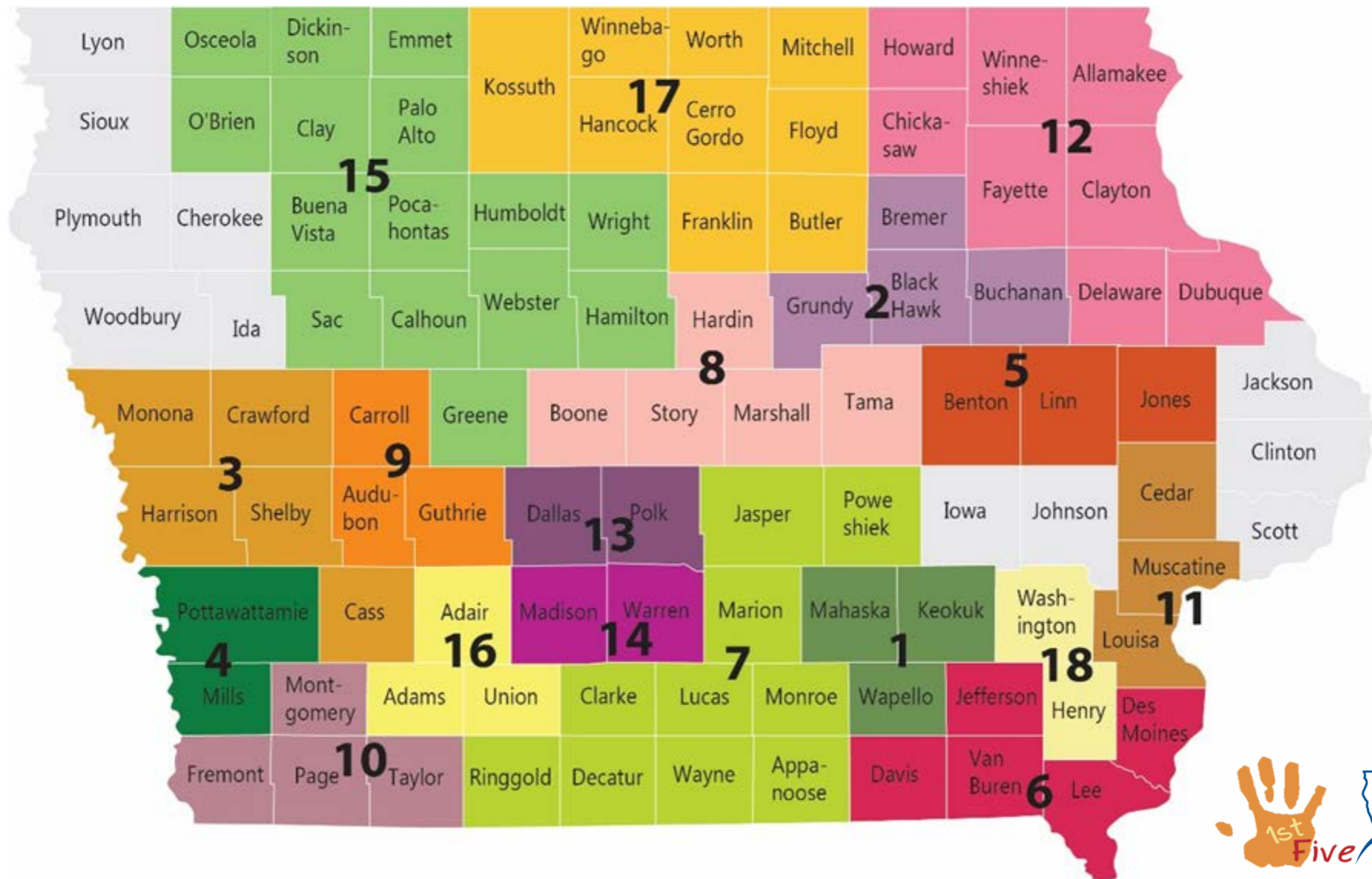
1st Five HMDI: Program Model of Implementation

Healthy mental development in the first five years



1st Five HMDI: Regionalized Service Areas

Healthy mental development in the first five years



1st Five HMDI: Developmental Support Services- Personnel Requirements

Healthy mental development in the first five years

1st Five Site Coordinator:

- **Must be a health professional with a bachelor's degree**
 - health education, social work, counseling, nursing, sociology, family and consumer sciences, health and human development, individual and family studies, early childhood, psychology or other health-related fields
- **Must spend a minimum of 40% percent time on infrastructure building activities**
 - working with primary care practices
 - providing trainings and educating EPSDT providers and other community partners



1st Five HMDI: Developmental Support Services- Personnel Requirements

Healthy mental development in the first five years

1st Five Developmental Support Specialist(s):

- One or more individuals may serve as 1st Five Developmental Support Specialist(s)
- All individuals serving as a 1st Five Developmental Support Specialist must have one (1) of the following qualifications:
 - Registered Nurse; or
 - Health professional with a bachelor's degree or higher in health related areas
 - License Practical Nurse (LPN) or paraprofessional working under the direct supervision of the 1st Five Site Coordinator or CAH Project Director.



<p>1. American Home Finding Association 333 Church Street – Ottumwa, IA 52501 <i>Alasia Houser</i> (641) 682-8784 ahouser@ahfa.org</p>		<p>10. Taylor County Public Health 405 Jefferson Street –Bedford, IA 50833 <i>Debra Simmonds</i> (712) 427-0085 1stfive@taylorcountyhealth.com</p>	
<p>2. Black Hawk County Health Department 1407 Independence Ave – Waterloo, IA 50703 <i>Brandyce Frink</i> (319) 292-2213 bfrink@co.black-hawk-ia.us</p>		<p>11. Trinity Muscatine Public Health 1609 Cedar Street – Muscatine, IA 52761 <i>Stephanie Balagna</i> (563) 263-0122 stephanie.balagna@unitypoint.org</p>	
<p>3. Crawford County Home Health, Hospice & Public Health 105 North Main Street – Denison, IA 51442 <i>Nikki Ahart</i> (712) 263-3303 hccms.1stfiveproeram@email.com</p>		<p>12. Visiting Nurse Association of Dubuque 1454 Iowa Street – Dubuque, IA 52001 <i>Sarah Herzog</i> (563) 556-6200 sara.herzog@unitypoint.org</p>	
<p>4. FAMILY, Inc. 3501 Harry Langdon Blvd, Ste 150 -Council Bluffs, IA 51503 <i>Jenny Sharrick</i> (712) 256-9566 ext. 203 jsharrick@familia.org</p>		<p>13. Visiting Nurse Services of Iowa 2910 Westown Pkwy, Ste 200 – WDM, IA 50266 <i>Amber Schelling</i> (515) 557-9007 ambers@vnsia.org</p>	
<p>5. Hawkeye Area Community Action Program, Inc. 1515 Hawkeye Drive – Hiawatha, IA 52233 <i>Diana Strahan</i> (319) 739-0601 dstrahan@hacap.org</p>		<p>14. Warren County Health Services 301 N. Buxton, Ste 203 – Indianola, IA 50125 <i>Veronica McVay</i> (515) 961-1074 veronicam@warrencountvia.org</p>	
<p>6. Lee County Health Department 2218 Avenue H – Fort Madison, IA 52627 <i>Jamie Beskow</i> (319) 372-5225 jbeskow@leecountyhd.org</p>		<p>15. Webster County Health Department 723 1st Ave South – Fort Dodge, IA 50501 <i>Megan Sprecher</i> (515) 573-4107 msprecher@webstercountvia.org</p>	
<p>7. Marion County Public Health 2003 North Lincoln – Knoxville, IA 50138 <i>Stacy Haas</i> (641) 828-2238 ext. 152 shaas@marionph.org</p>		<p>16. MATURA Action Corporation 210 Russell Street – Creston, IA 50801 <i>Branda Comer</i> (641) 202-7114 bcomer@maturaia.org</p>	
<p>8. Mid-Iowa Community Action, Inc. 226 SE 16th Street – Ames, IA 50010 <i>Megan Thompson</i> (515) 232-9020 ext. 129 megan.thompson@micaonline.org</p>		<p>17. North Iowa Community Action Organization 100 1st NW, Ste 200 – Mason City, IA 50401 <i>Mindi Watters</i> (641) 530-0809 mwatters@nicao-online.org</p>	
<p>9. New Opportunities, Inc. 23741 Hwy 30; PO Box 427 <i>Amber Schon</i> (712) 792-9266 ext. 217 aschon@newoop.org</p>		<p>18. Washington County Public Health & Home Care 110 N. Iowa Ave Ste 300–Washington, IA 52353 <i>Roberta Sloat</i> (319) 653-7758 rsloat@washph.com</p>	

1st Five HMDI: Developmental Support Services- Required Trainings

Healthy mental development in the first five years

- 1.** Traumatic Stress on Brain Development
- 2.** Post-Partum Depression
- 3.** Active Listening/Motivational Interviewing
- 4.** Child Development and Attachment
- 5.** Working with Families Affected by Substance Abuse Disorders
- 6.** Working with Families Affected by Domestic Violence
- 7.** ASQ and ASQ:SE Developmental Screening Tools
- 8.** Title V Maternal Child Health online training modules
 - CAH/EPSTD
 - Informing
 - Care Coordination
 - IDPH data system
- 9.** Adverse Childhood Experiences Training Modules
- 10.** Cultural Competency



1st Five HMDI: Developmental Support Services- Required Work Plan

Healthy mental development in the first five years

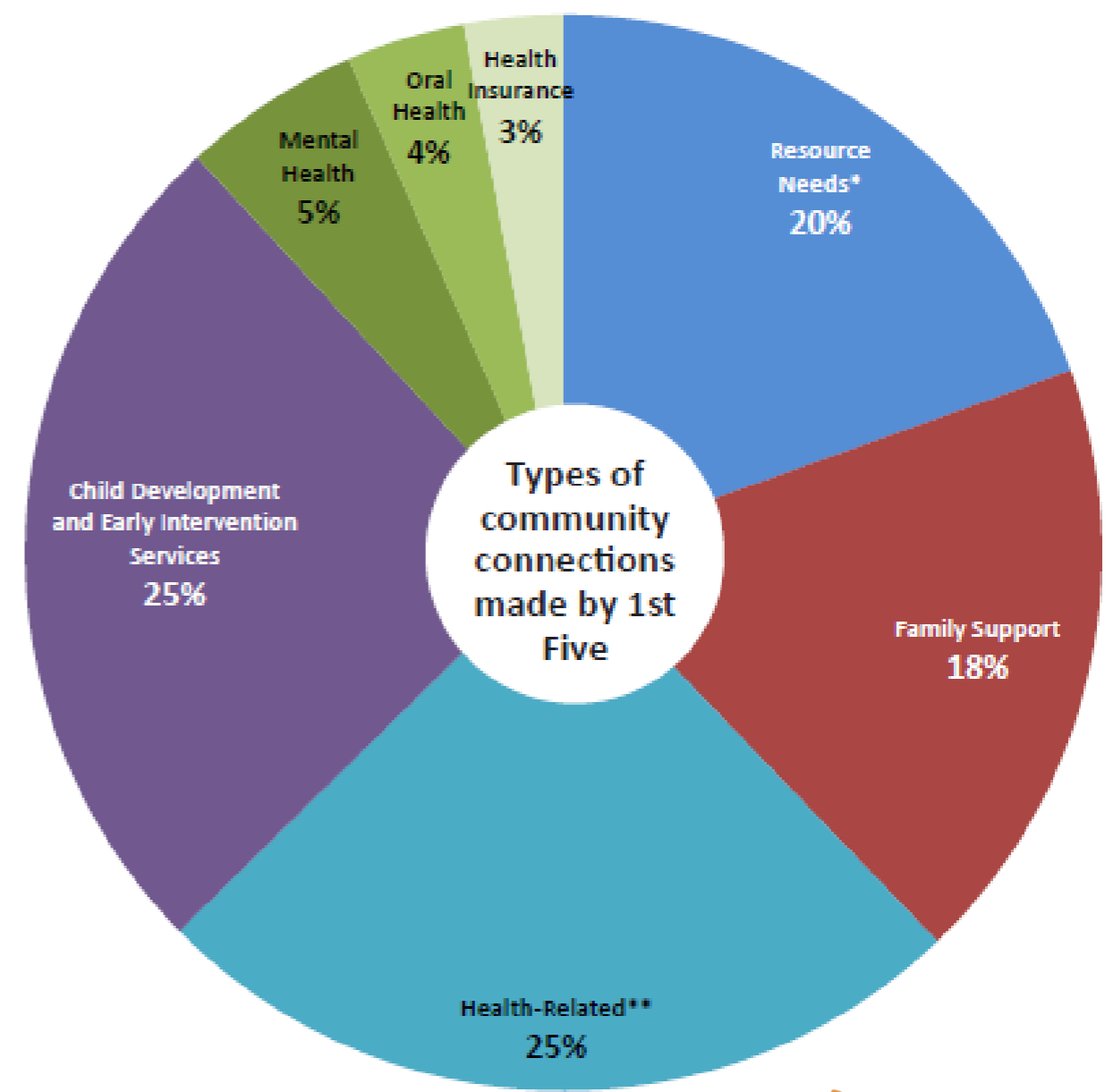
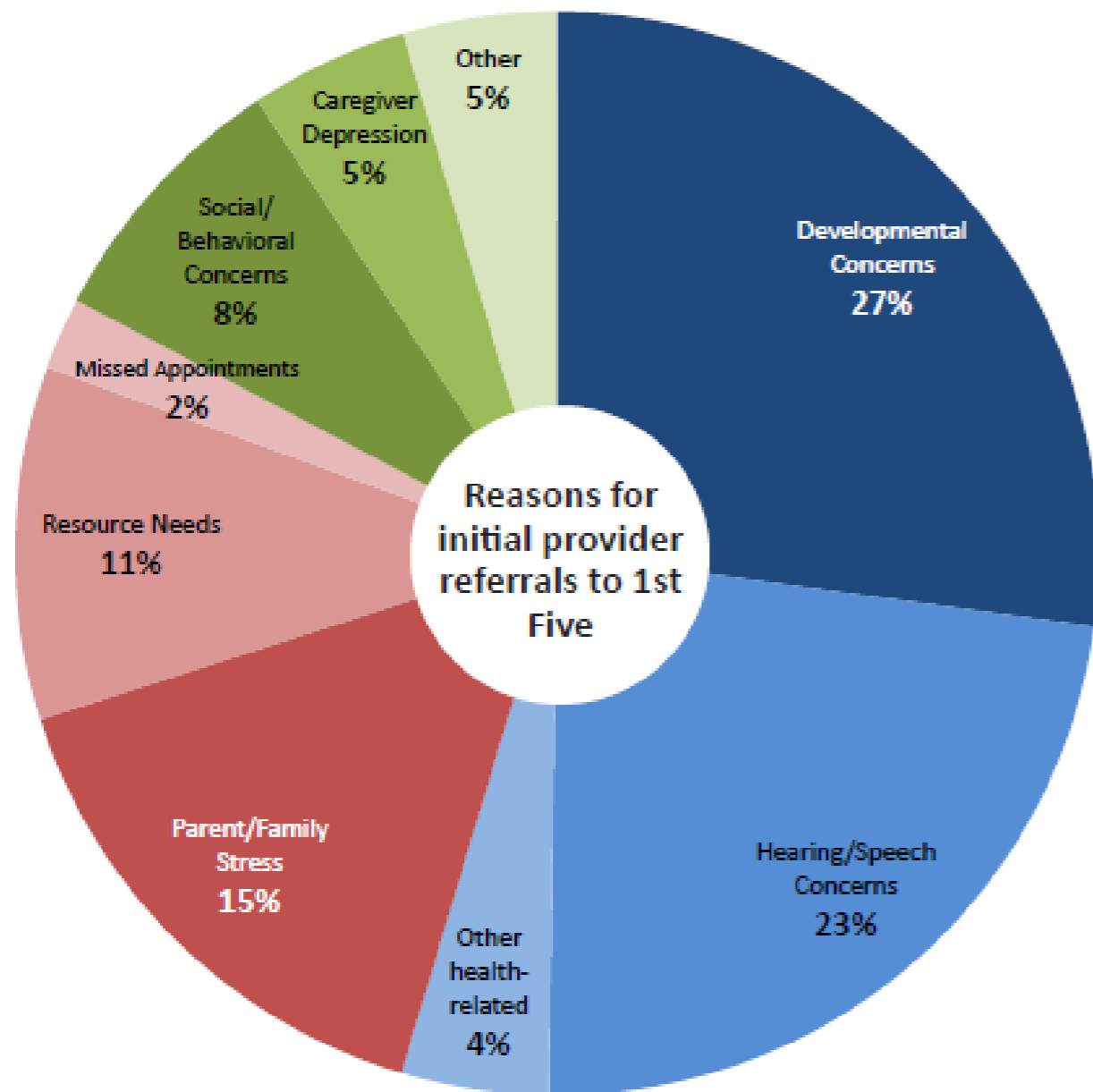
Goal 4: Provide developmental support services to families & provide feedback on referrals to PCPs

- Implement a referral and follow-up process with PCPs & partners
- Monitor the effectiveness and quality of the referral process and communication with PCPs
- Develop a local 1st Five developmental support protocol
- Use and/or develop a procedure for identifying and referring children with special health care needs



1st Five HMDI: Developmental Support Services- Evaluation

Healthy mental development in the first five years



1st Five HMDI: Developmental Support Services- Barriers

Healthy mental development in the first five years

- Lack of follow through from families
- Summer services
- Transportation
- Language
- Lack of local resources



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

(The Iowa Algorithm)

1st Five and Children with Medical Complexity:

- May need services beyond the expertise of 1st Five developmental specialists
- How can we determine which families should be referred to Iowa's Title V CYSHCN program?

1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Type of care coordination needed for CYSHCN complexity

Tier	Description	Type of Care Coordination
Tier 4: Critically complex	<ul style="list-style-type: none"> •Condition requires medical management from one or more specialists to maintain health. •Frequent hospitalizations or visits to ER. •Frequent consultations with or treatments from one or more specialist. 	Enhanced
Tier 3: Chronic and complex	<ul style="list-style-type: none"> •Regular physician visits beyond well-child appointments. •Condition requires medical management from one or more specialists to maintain health. •Periodic consultation with or treatment from one or more specialists. 	Enhanced
Tier 2: Chronic Conditions	<ul style="list-style-type: none"> •Condition is stable and the course of treatment predictable. •Routine preventive care with PCP. •May see specialist annually for consultation 	Standard/ Enhanced IF family, social circumstances present
Tier 1: Non-Chronic or At Risk	<ul style="list-style-type: none"> •No special health care needs. May have Medical, Behavioral, Developmental, Learning Concerns 	Standard



Division of
Child and Community Health

UI Division of Child and Community Health; Complexity Tiers based on 3M Clinical Risk Group Health Status Groups; categories derived from Children's Hospital Association: Health Care Utilization of Children 11/2013



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

- Developed in 2013
- Designed to be completed during an intake process, e.g., **by** a care coordinator
- Based on Child and Adolescent Health Measurement Initiative (CAHMI) screening tool and methods
- One page, designed for quick and easy assessment
- Points assigned to questions, simple addition for scoring; 3 or more points indicates that child is or may be a CYSCHN



Division of
Child and Community Health

Bethell C and Robertson J. *Summary of Methods to Define and Identifying Children with Complex Special Health Care Needs Using the CSHCN Screener.* The Child and Adolescent Health Measurement Initiative.
www.childhealthdata.org.



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

The current form looks like this:



Child Name: _____ Today's date _____
 Was child referred? No Yes: Regional Center _____

THE IOWA ENHANCED CARE COORDINATION TOOL

1. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	Yes <input type="checkbox"/> Go to Question 1a No <input type="checkbox"/> Go to Question 2
1a. Is this because of ANY medical, behavioral or other health condition?	Yes <input type="checkbox"/> Go to Question 1b No <input type="checkbox"/> Go to Question 2
1b. Is this a condition that has lasted or is expected to last for <i>at least</i> 12 months?	Yes <input type="checkbox"/> 1 Point No <input type="checkbox"/>
2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?	Yes <input type="checkbox"/> Go to Question 2a No <input type="checkbox"/> Go to Question 3
2a. Is this because of ANY medical, behavioral or other health condition?	Yes <input type="checkbox"/> Go to Question 2b No <input type="checkbox"/> Go to Question 3
2b. Is this a condition that has lasted or is expected to last for <i>at least</i> 12 months?	Yes <input type="checkbox"/> 1 Point No <input type="checkbox"/>
3. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	Yes <input type="checkbox"/> Go to Question 3a No <input type="checkbox"/> Go to Question 4
3a. Is this because of ANY medical, behavioral or other health condition?	Yes <input type="checkbox"/> Go to Question 3b No <input type="checkbox"/> Go to Question 4
3b. Is this a condition that has lasted or is expected to last for <i>at least</i> 12 months?	Yes <input type="checkbox"/> 3 Points No <input type="checkbox"/>
4. Does your child need or get special therapy, such as physical, occupational or speech therapy?	Yes <input type="checkbox"/> Go to Question 4a No <input type="checkbox"/> Go to Question 5
4a. Is this because of ANY medical, behavioral or other health condition?	Yes <input type="checkbox"/> Go to Question 4b No <input type="checkbox"/> Go to Question 5
4b. Is this a condition that has lasted or is expected to last for <i>at least</i> 12 months?	Yes <input type="checkbox"/> 1 Point No <input type="checkbox"/>
5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	Yes <input type="checkbox"/> Go to Question 5a No <input type="checkbox"/> Go to Question 6
5a. Has this problem lasted or is it expected to last for <i>at least</i> 12 months?	Yes <input type="checkbox"/> 1 Point No <input type="checkbox"/>
6. Supplement (do not read—this is based on interviewer assessment): Are there additional family or social circumstances that are present that may require enhanced medical coordination services?	Yes <input type="checkbox"/> 2 Points No <input type="checkbox"/>

Examples: social determinants of health such as literacy issues, limited English speaking proficiency, geographic isolation; or ACE factors such as child abuse or neglect, household substance use problems, divorce, domestic violence, criminal behavior or family member who is incarcerated.

*Total points (sum): _____

* Score of 3 or more above indicates child is eligible for enhanced care coordination services.

IOWA TITLE V CARE COORDINATION ALGORITHM
Division of Child and Community Health, University of Iowa
Bureau of Family Health, Iowa Department of Public Health
06/2015



Division of
Child and Community Health



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Prescription medication

More medical care, mental health or educational services

Limited in ability to do things

Special therapy, such as physical, occupational or speech therapy

Emotional, developmental or behavioral problem /needs treatment or counseling

Family or social circumstances that are present that may require enhanced medical coordination services?



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1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

	Points
Prescription medication	1
More medical care, mental health or educational services	1
Limited in ability to do things	3
Special therapy, such as physical, occupational or speech therapy	1
Emotional, developmental or behavioral problem /needs treatment or counseling	1
Family or social circumstances that are present that may require enhanced medical coordination services?	2
If sum is 3 or greater, triage to CYSHCN program	



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Adapted, based on: Bethell C and Robertson J. *Summary of Methods to Define and Identifying Children with Complex Special Health Care Needs Using the CSHCN Screener*. The Child and Adolescent Health Measurement Initiative.
www.childhealthdata.org.



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

- Pilot tested in 2014-2015 with Iowa 1st Five Sites and Iowa's CYSHCN program Regional Centers (CHSC)
- October 2014– April 2015
- 174 tools were completed at intake with 1st Five coordinators
- 20% of intakes were identified for referral (3 points or more)
- Agreement between CHSC and 1st Five staff that the tool was effective in identifying CYSHCN.



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

About Child Health Specialty Clinics (CHSC),
Iowa's Title V program for CYSHCN

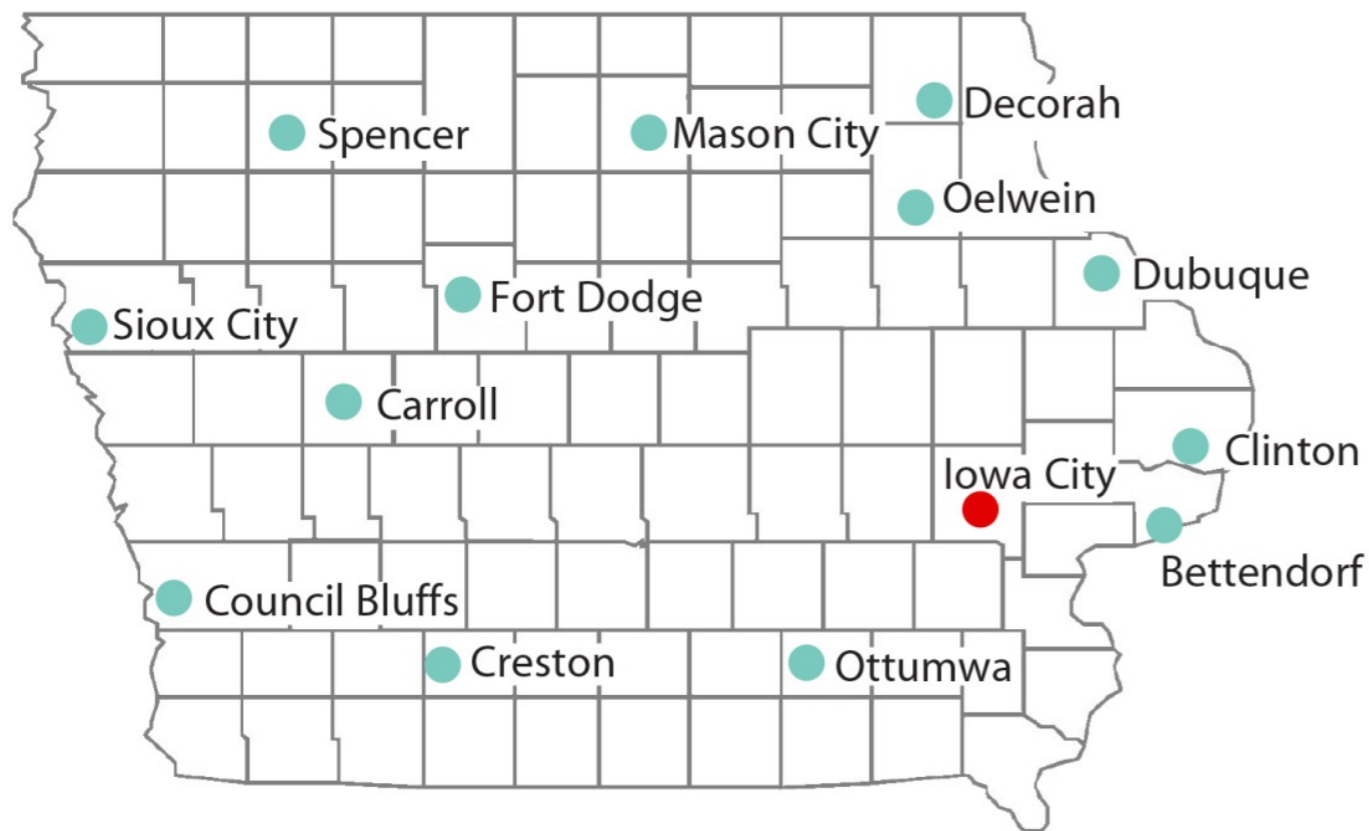


- 14 Regional Centers statewide
- Staffed with
 - Family Navigator (family-to-family support & resources)
 - Registered Nurse
 - Clerical staff
 - Most have an ARNP
 - Some have Social Workers

1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

About Child Health Specialty Clinics (CHSC), Iowa's Title V program for CYSHCN



- Care Coordination
- Family-to-family support and problem solving
- Resource information
- Gap-filling clinical services

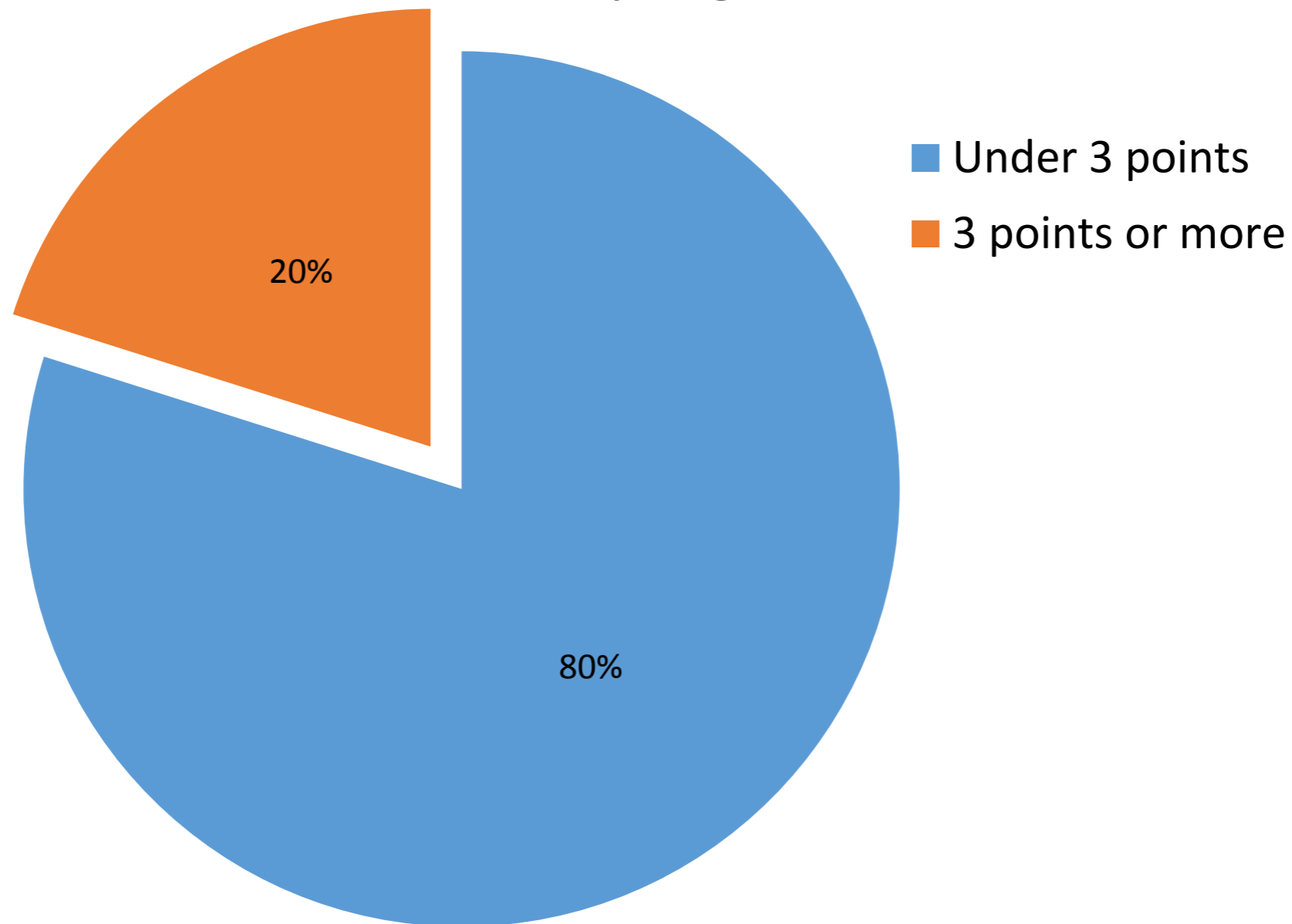
● Regional Centers

● Central Office

1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

20% of children were identified for referral to CYSHCN program



1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Initial testing of the tool

- 1st Five coordinators indicated that the tool was helpful, use and process of referral were easy
- Some coordinators believed the questions were invasive and/or referrals were unnecessary or confusing for families
- Some families were not connected with CHSC services: not referred by 1st Five, CHSC unable to contact, confusion with the referral process.

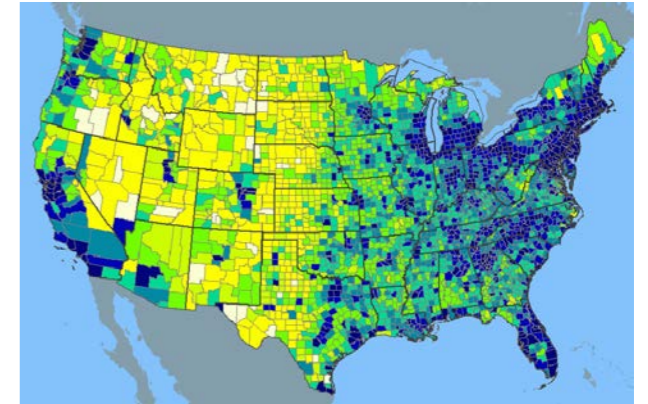


1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Additional Testing: Methods

- NSCH Data from 2011-2012
- Federally-administered population-based survey
- Used the CAHMI screener for identifying CYSHCN
- Social Circumstances: 2 points (total) for
 - ACEs score > 1
 - Language barrier

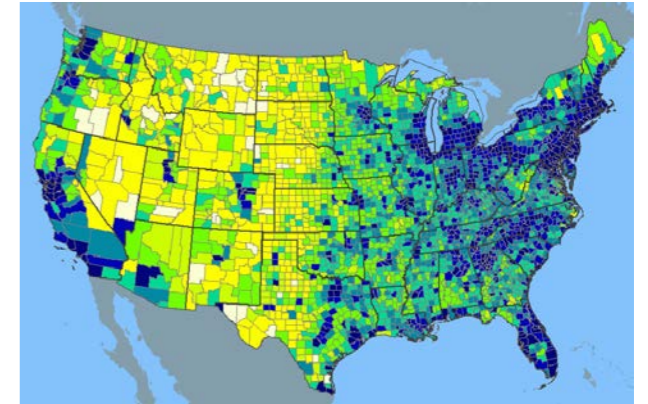


1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Additional Testing: Methods

- Applied our tool and scoring to the NSCH data
- Included all CAHMI screening items, scored as indicated on earlier slide
- Anyone who had 1 or more ACEs based on responses, or a language barrier received 2 additional points



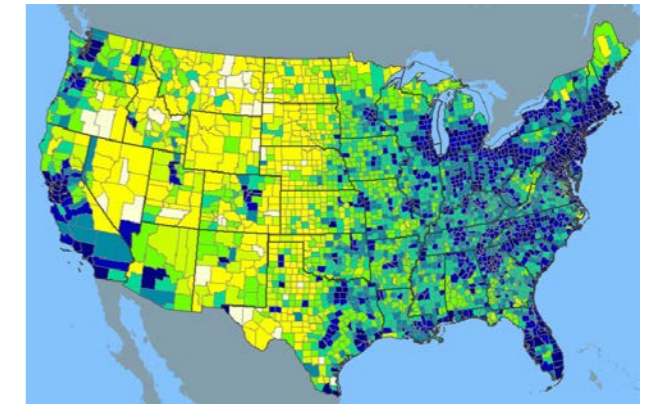
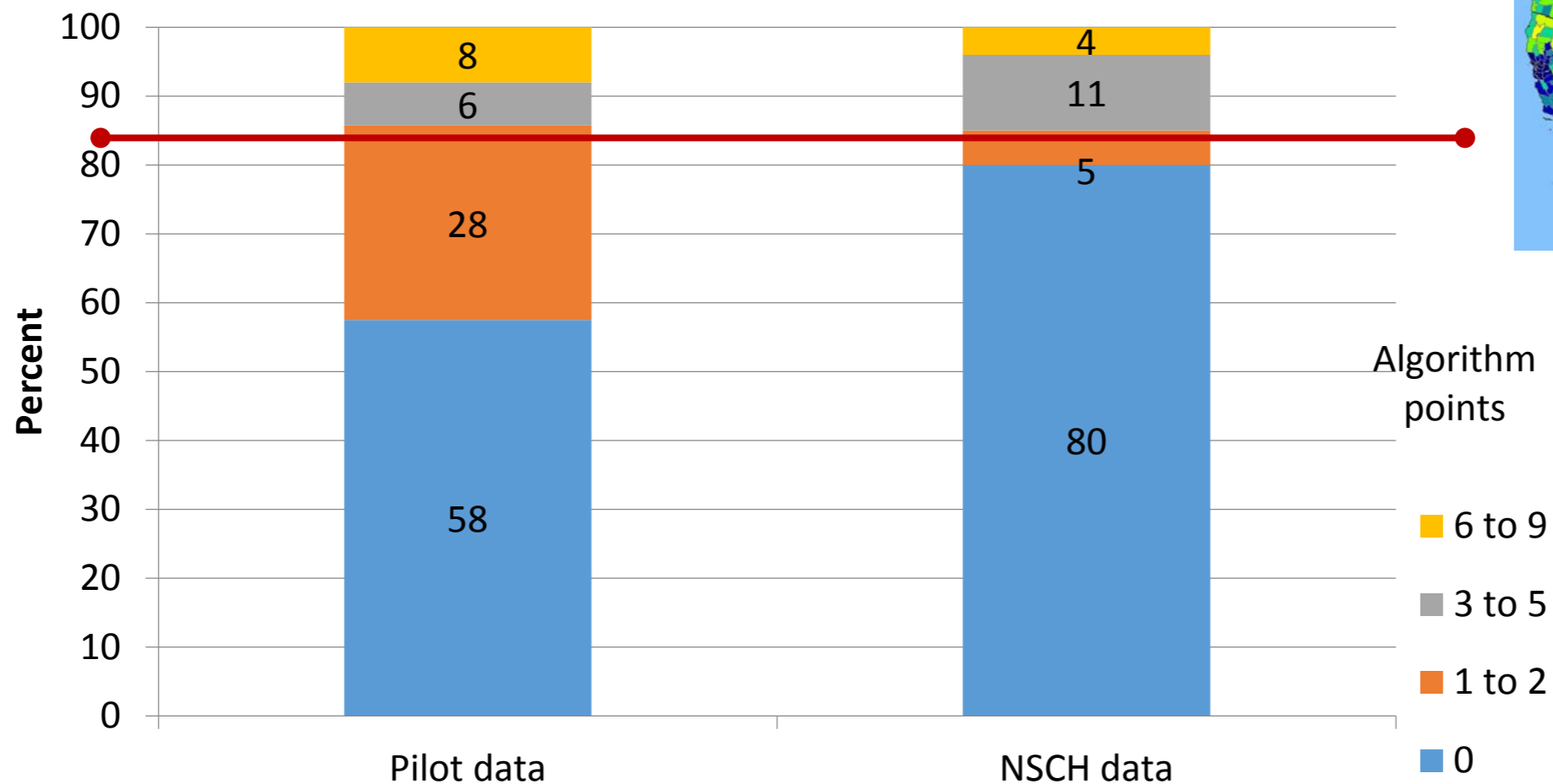
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1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Pilot & NSCH data ~equally likely to have scores > 2

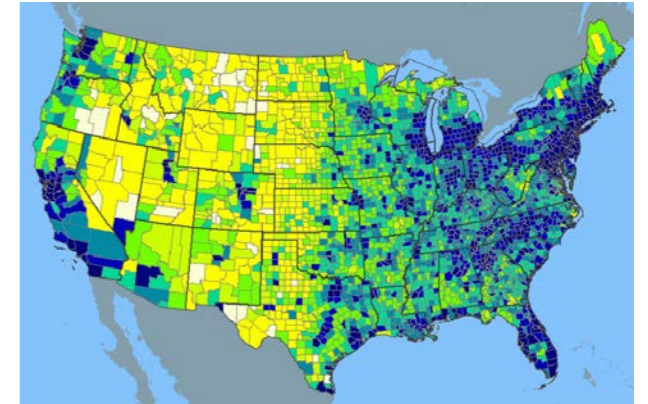
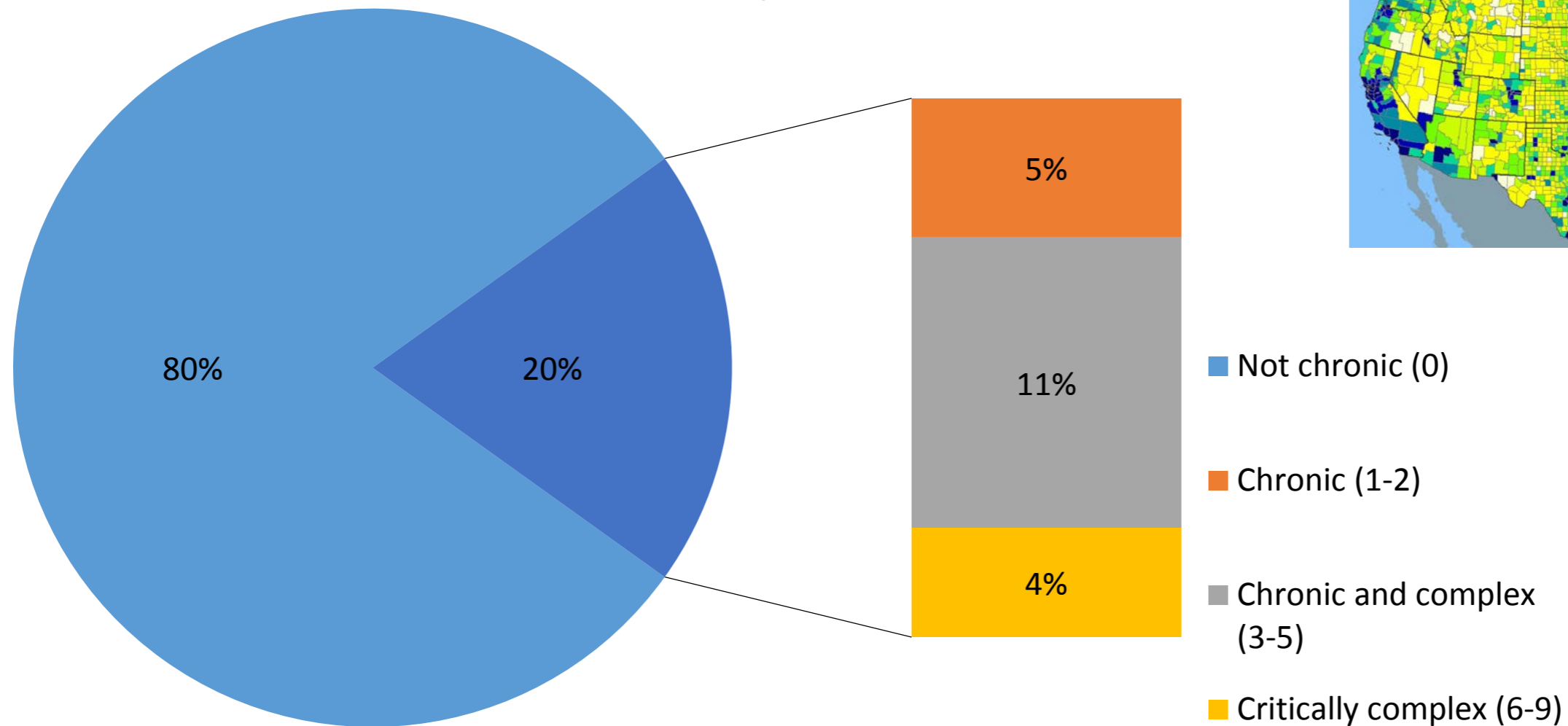


Higher needs were expected in the pilot group; they had already been referred to 1st Five for services due to concerns of PCP

1st Five HMDI: The Iowa Enhanced Care Coordination Tool

Healthy mental development in the first five years

Breakdown of CYSHCN intensity



- Not chronic (0)
- Chronic (1-2)
- Chronic and complex (3-5)
- Critically complex (6-9)

2011/12 NSCH testing of algorithm, US child population

1st Five HMDI: QUESTIONS & CONTACT INFORMATION

Healthy mental development in the first five years

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Help Me Grow[®]

San Joaquin County

***HOW DO YOU IDENTIFY:
MULTIPLE APPROACHES TO
SMART NEEDS-IDENTIFICATION***

San Joaquin County, California

Help Me Grow National Forum April 2017

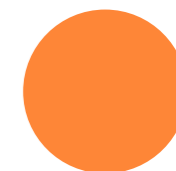
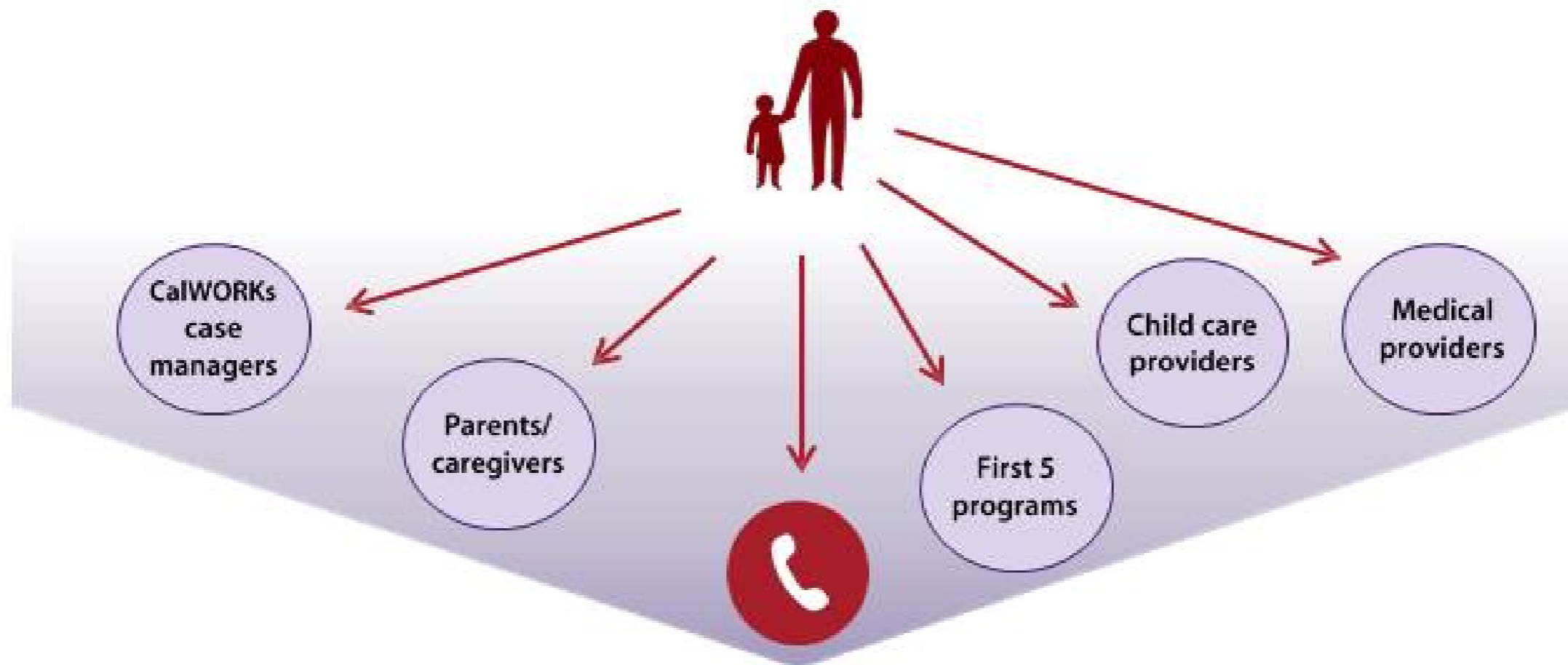


Help Me Grow[®]

San Joaquin County

Overview of *Help Me Grow* in San Joaquin County

Families access the *Help Me Grow* call center either directly or through referrals.



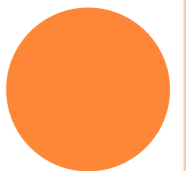
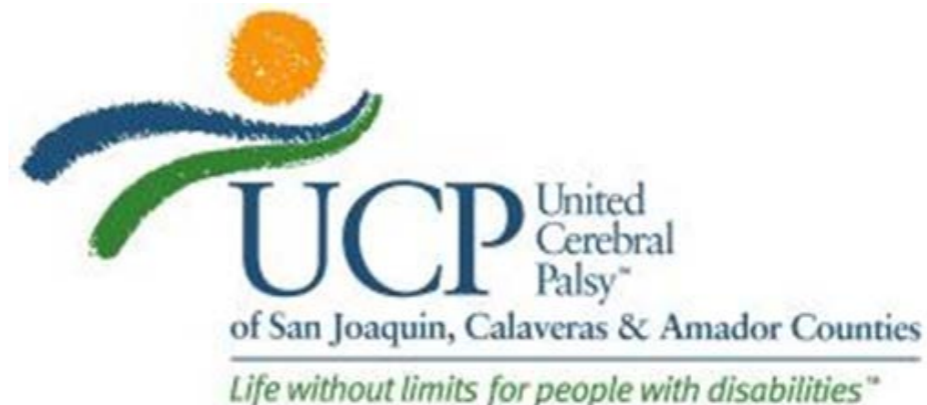


Family Resource & Referral Center
Serving San Joaquin County

THREE AGENCIES PARTNER TO PROVIDE THE:



The *Help Me Grow* Call Center links families to needed services.



CALL CENTERS ARE A COORDINATED EFFORT

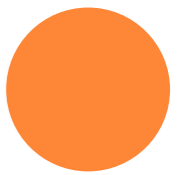
The first years of a child's life are critical to brain development, school success, and later life outcomes

If your child is under five years of age

Dial 2-1-1

To connect with the Help Me Grow Call Center about a FREE Ages and Stages Questionnaire to find out how your child is learning, growing, speaking and behaving for his/her age.

Learn about free or low cost early childhood programs in the community to boost your child's development



2-1-1, FIRST 5 SAN JOAQUIN AND HELP ME GROW SEND CONSISTENT MESSAGING TO OUR COMMUNITY

Emphasize a Common Agenda like Promotion of Protective Factors



When you dial 2-1-1, you can speak with trained **HMG Child Development Specialists** who can

- answer your questions about your child's development, learning and or behavior and connect you to services that support your child and you
- offer tips to help with problems or concerns
- find useful resources in your community to meet your needs
- coordinate with your child's health care provider so that everyone is on the same page



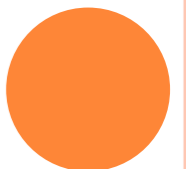
Promotion of Protective Factors

Parental Resilience

When a resource does not exist or has been exhausted....“You mentioned your sister offered to bring you to the store earlier today. Is she someone you could ask to loan you money for diapers?”

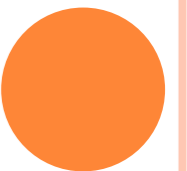
Social Connections

When a grandparent fostering a grandchild calls....“Sounds like you may be feeling a little isolated and are wanting to connect with others in your situation.”

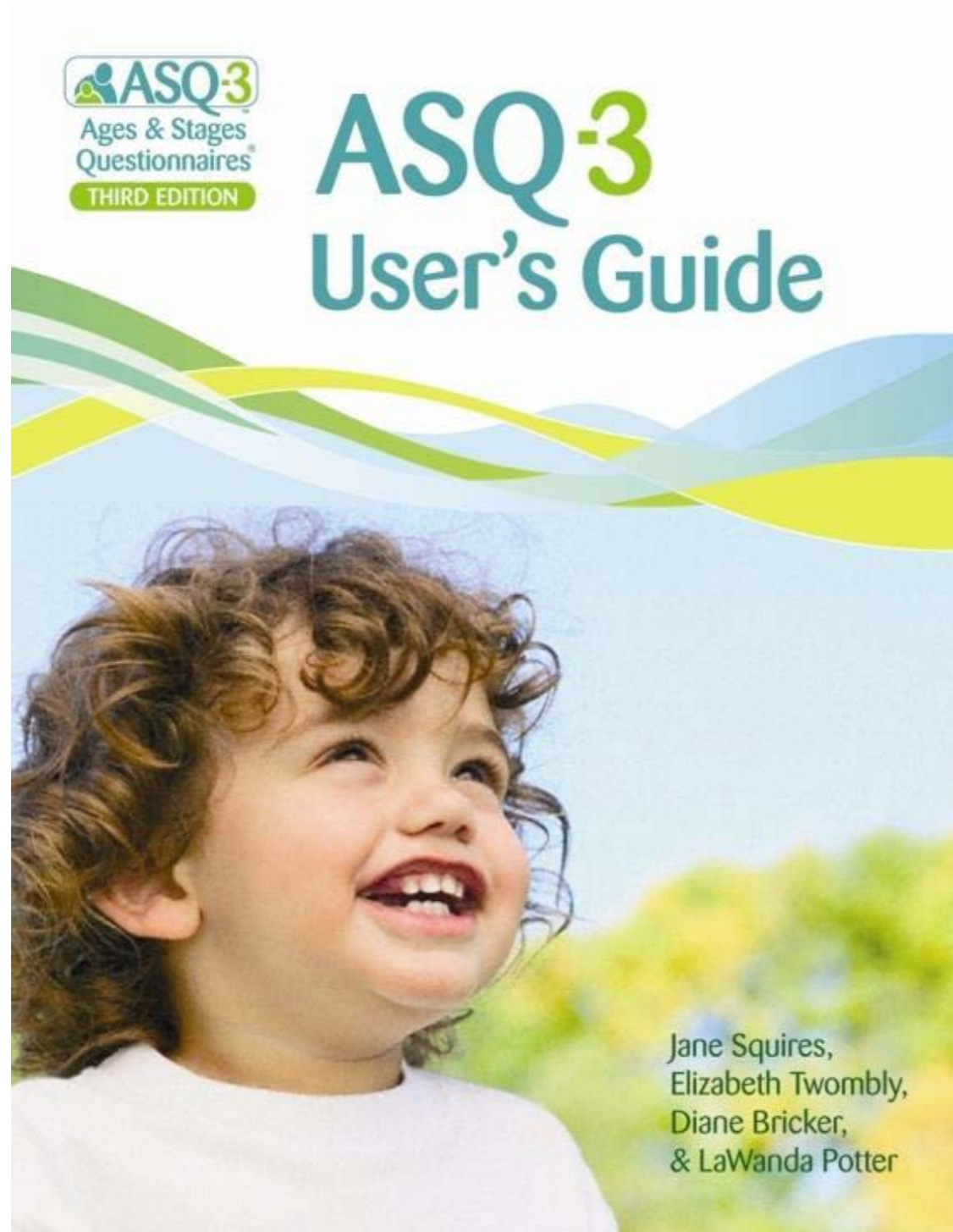


- Call Monitoring and Remote Listening
- Mentoring/Coaching
- Call Management System Reports, Measures and Metrics
- Adherence to work schedules
- Database Reviews

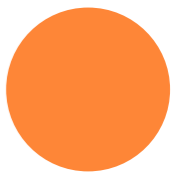
Quality
Control
Tasks for
Call Center
Supervisors



DEVELOPMENTAL SCREENING IS OFFERED TO ALL CALLERS



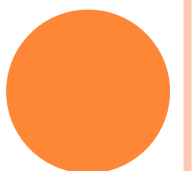
FIRST 
San Joaquin



- Ages and Stages Questionnaire 3
- Ages and Stages Questionnaire Social Emotional 2

SCREENING

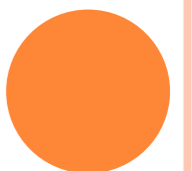
Screening Tools Are Used by the Help Me Grow Call Center to Determine if the Child Exhibits a Need for Concern or further Assessment



- Children with ASQ Scores in multiple Monitoring Zones or Below Cutoff may be referred from the HMG Call Center to Care Coordination*.
- Based on the ASQ Scores and initial interview with the family, Care Coordinators determines whether the child receives;
 - 1. Referral to mandated services
 - 2. MLDA (Assessment).
- Children may return to the Mid-Level Treatment Services Program* for their treatment services if they are not accepted by the mandated services program.
- *United Cerebral Palsy Great Beginnings Program

CARE COORDINATION

Children Are Referred to Care Coordination, Mid-Level Developmental Assessment and/or Treatment, and/or Mandated Services

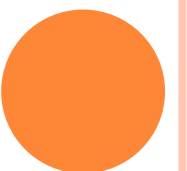


MLDA tools include the following:

- Battelle Developmental Inventory – 2 (BDI-2), Beery-Buktencia Test, Carolina Curriculum, Early Intervention Developmental Profile, Infant/Toddler Sensory Profile, Miller Assessment, Peabody Developmental Motor Scale, Preschool Language Scale IV, Receptive Expressive Emergent Language Scale 3 (REEL-3), ASQ: SE2, a brief child health screen, Protective Factors Survey.

ASSESSMENT

**Mid-Level
Development
Assessment
(MLDA)
Tools Are Used
to Determine
Needs and the
Referral Level:
Mandated or
Community
Based Services**



MLDA ADVANTAGES AND BENEFITS

Call Centers

Call Center staff receive support from developmental specialists for assessment, care coordination and referral.

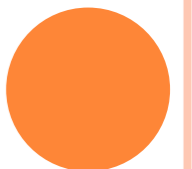
MLDA

Developmental Specialists are a bridge between programs with highly technical eligibility criteria and community programs.

Mandated Services

Medical and mandated service providers have improved access to community-based services.

MLDA brings new partners!



A COMMON DATABASE TRACKS SERVICES BETWEEN CALL CENTERS AND MLDA

The image shows a screenshot of a web-based form titled "San Joaquin County Help Me Grow Database Form". The form contains various input fields for client and child information, including text boxes, dropdown menus, and checkboxes. A dropdown menu for "Services Received" is open, showing a list of services with checkboxes next to them. An orange arrow points from the text "Check all that apply" to the "Services Received" dropdown menu.

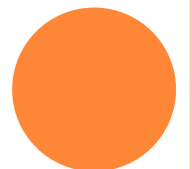
Field Name	Field Type
HMG Client ID	Text
Other ID	Text
CalWORKs	Dropdown
2-1-1 Case Number	Text
Child First Name	Text
Child Last Name	Text
Child Date of Birth	Text
Child Ethnicity	Dropdown
Child Language	Dropdown
Parent First Name	Text
Parent Last Name	Text
Parent Type	Dropdown
Parent Ethnicity	Dropdown
Parent Language	Dropdown
Street Address	Text
City	Text
Zip Code	Text
Parent Phone	Text
Parent Email	Text
Learned about HMG/GB From	Dropdown
Date of Initial Contact	Text
Reason for Contact	Dropdown
Contact Type	Dropdown
Contact Relation	Dropdown
Call Ctr Referral Reason(s)	Dropdown
Referral Location(s)	Text
Referral Status	Dropdown
Services Received	Dropdown (Open)

Services Received dropdown options:

- Developmental Assessment
- Developmental Screen
- Svc. for Dev. Delay/Disability
- Vision Screen
- Hearing Screen
- None
- Unknown

Buttons: OK, Cancel

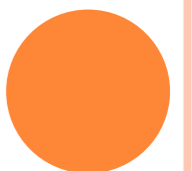
Check all that apply



- Upon completion of mid-level developmental treatment services families are once again referred to the 2-1-1/Help Me Grow Call Centers for possible referral to community or school based programs. This was added to the overall process because as children grow from 18 months to five years of age their eligibility for a variety of services changes quickly. The closing referral to the Help Me Grow Call Center allows the family an opportunity to receive a supported referral to a next level of services that the child may benefit from, such as preschool.

TREATMENT AND EXIT FROM SERVICES

Identified
Children
Receive
Developmental
Treatment
Services and
are Referred
Back to the
Help Me Grow
Call Center





QUESTIONS?

For more information, contact us:

Tiffany Phovixay at tphovixay@frrcsj.org

and Kelly Mraz at kmraz@sjgov.org



Help Me Grow[®]

National Center

A program of Connecticut Children's Office for Community Child Health.