Promoting Early Identification in Family Child Care -

A Developmental Continuum



Background

HMG Alameda's Early Care and Education (ECE) strategy is designed to promote the Central Access Point and support integrating early identification strategies in ECE. In general, the ECE strategy has been challenging especially with reaching Family Child Care (FCC).

Map of

Alameda County

Population, urban/suburban

Census estimates about 1,647,704

Early History

Early efforts in our ECE outreach and screening support focused on 7 center-based programs. The strategy specifically involved a conventional plan to provide training and technical assistance to sites to implement screening into their systems. Sites struggled with full implementation and lack of familiarity with the process and benefits of developmental and social emotional support. We learned that we needed to listen more and communicate more clearly about the limits and benefits of screening.

Partnering with QRIS

people living in Alameda County and 98,862 are children under 5 years of age. HMG Alameda has been a partner with FCC in Alameda County our Quality Rating and Improvement System Approximately 1,800 FCC Homes, (QRIS) since its origin in 2012 and we hoped serving approximately 14,000 children. to capitalize on the screening element in the quality matrix. Early work with QRIS involved the similar conventional plan of teaching sites how to implement screening so that they could meet the matrix requirements. This is when we started to support FCC. Though there was lots of success in bringing up sites to screen and have a high rating for this element, programs still seemed to lack a full commitment in developing a robust early ID strategy. Through this observation we began understanding that ECE

sites undergo a developmental process when creating their early ID system. Additionally, we began to understand better that sites are at different levels of readiness for early ID and screening and that support to ECE needed to be more individualized. As a result we felt we needed to offer

> a broader range of options for entry into early ID, especially for FCC providers. FCC Providers' unique challenges included lack of experience with screening, isolation, and worries about sharing concerns and its impact to their business. Although most FCC providers related situations where they had concerns about children, they were often unaware of resources and how to connect families to them.

Developing a Continuum

We developed an early identification continuum of service and support to meet both QRIS and non-QRIS

FCC providers at their level of readiness. The continuum stretches from simply understanding what early ID is and how to utilize HMG as a resource to full implementation of a developmental screening system utilizing the Ages and Stages Questionnaires (ASQs) and HMG for linkage support. We anticipate that providing different levels of support to FCC will help them develop sustainable and meaningful early ID systems that include screening and follow-up.

Project Goals

- Increase the number of FCC who are aware of HMG and understand how to utilize our services
- Increase the number of FCC who develop an early ID strategy
- Increase the number of FCC who are engaged in the developmental screening process
- Increase the number of FCC families who access HMG
- Increase the number of FCC who sustain their screening efforts after a period of technical support.

Approach

Multi-pronged approach to outreach to FCC with the goal of at least one site-visit with provider

- In-Person Site visits
 - a. Offer an opportunity for FCC providers to better understand how HMG can support them and their families
 - b. Help HMG develop relationships with FCC providers and increase their trust with HMG
 - c. Provides QRIS FCC with how HMG can support their quality improvement process with health and developmental screening
 - d. Allowed HMG to engage providers in thinking about their early ID practices and menu of options to support it



FCC providers chose the level of their engagement with HMG and early ID. Options range from simply knowing about HMG to full implementation of a screening and referral system.

Results

- Increased HMG connections, relationships and trust with FCC providers
- Increased understanding and visibility of HMG among FCC provider community
- Increased early ID practices for FCC providers to include developmental screening
- Increased QRIS ratings

- Engaged over 75 FCC providers
- 26 FCC providers are offering developmental screening to their families
 - 17 using HMG Developmental Screening Program (DSP)
 - 4 using paper ASQs with TA support
 - 5 using ASQ Online

Discussion

Response to the continuum has been positive. FCC providers have appreciated the ability to choose their level of engagement. Overtime, we have noticed that providers who choose the options where HMG has a significant role, have wanted to become more involved in the screening and delivery of results to families. In person communication has been crucial to develop trust in screening, HMG and making referrals.

Next Steps

We intend to offer this early ID continuum with all FCC providers we work with now and in the future. We will track which part of the continuum FCC providers choose to enter when beginning their early ID processes and track their movement as they increase their understanding and comfort with early ID within their program. We will continue to learn about FCC providers' needs and modify our support as appropriate.



