

Linking Vulnerable Underserved Children to Early Intervention Services



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Annual NACM Case Management Conference

Learning Objectives

- Identify barriers to early identification and intervention
- Identify the different components for phone-based screening and care coordination
- Implement cross system collaboration
- Implement developmental screening and care coordination in programs serving children 0-5.

Why 211 LA County Matters

- Helps 500,000 of the poorest, most vulnerable people every year.
- Veterans, homeless families, low income, unemployed, and uninsured individuals
- Connects target populations to specialized services, cost effectively and in coordination or collaboration s.
- Services available 24/7 and in over 140 languages.

211 LA Callers

- “In-reach” targets children 0-5 among larger pool of 500,000 211 callers annually.
- Demographics of 211 LA Callers:
 - ❖ **91%** female
 - ❖ **37%** high school education or less
 - ❖ **65%** Hispanic; 2 in 5 Spanish as primary language
 - ❖ **25%** African-American
 - ❖ **20%** uninsured (80% qualify for Medi-Cal)
- Half have low incomes (<1,000 /mo.) and half are unemployed

Who is getting screened?

Profile of the families participating in the screening:

- Female **96%**
- Single-parents **49%.**
- Children with health insurance **92%**
- Children with Medi-Cal coverage **87%**
- Children uninsured **5%**
- One or two children 5 or younger **90%**

Data from September 2009 to September, 2012

211 LA's Unique Connection

- 1 of 6 callers to 211 LA have children under age 5 and are calling 211 for basic needs.
- First 5 LA already funding 211 LA for Information and Referral services for children 0-5.
- In 2006 the Early Identification and Intervention Collaborative asked 211 LA to screen children.

Why is Developmental Screening Important?

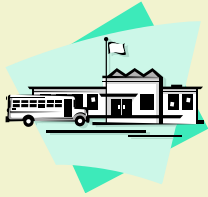
- Fewer than 70% of children with developmental and behavioral problems are identified and referred before school entrance.
- Most children of 211 callers are at high risk and have not had even *one* developmental screening. (they need annual screening and monitoring)
- Low-income and ethnic-minority children – the children most served by 211 LA County – are much **less likely** to have developmental issues identified early
- Early intervention is more effective and less expensive. The absence of early intervention contributes to the fact that 1 in 3 children have either disabilities or substantial school difficulties; 18% drop out of high school.

Why Do You Need Care Coordination?

- Community works in silos- health providers, Regional Centers, early child care and education, schools, etc.
- Foster communication amongst providers when there are developmental concerns about a child.
- Facilitate flow of information across sectors, e.g. health, ECE, schools, foster care, and parents.

AGENCIES – PROGRAMS & SERVICES

Education



- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Health & Food



- Medi-Cal – EPSDT
- Healthy Families Parent Expansion
- Child Health & Disability Program
- Expanded Access Primary Care
- Trauma Case Funding
- Co-payments for ER Services
- Child Lead Poisoning Prevention Program
- HIV/AIDS Prevention & Education
- Breast Cancer Screening
- Food Stamps
- WIC

Social Services



- TANF
- GAIN, CAL Learn, Cal WORKS, etc.

Child & Family Services



- Child Care – CCDBG, SSBG, Cal WORKS Child Care, etc.
- After-School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child abuse & Neglect Programs
- Foster Care – Transition, Independent Living, Housing, etc.
- Adoption Assistance, Adoption Opportunities

Mental Health & Probation



- School-Based MH Services for Medi-Cal Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls

Which Agencies Could Help This Family?



Mom



Dad



9 year old



5 year old



Baby 1 1/2



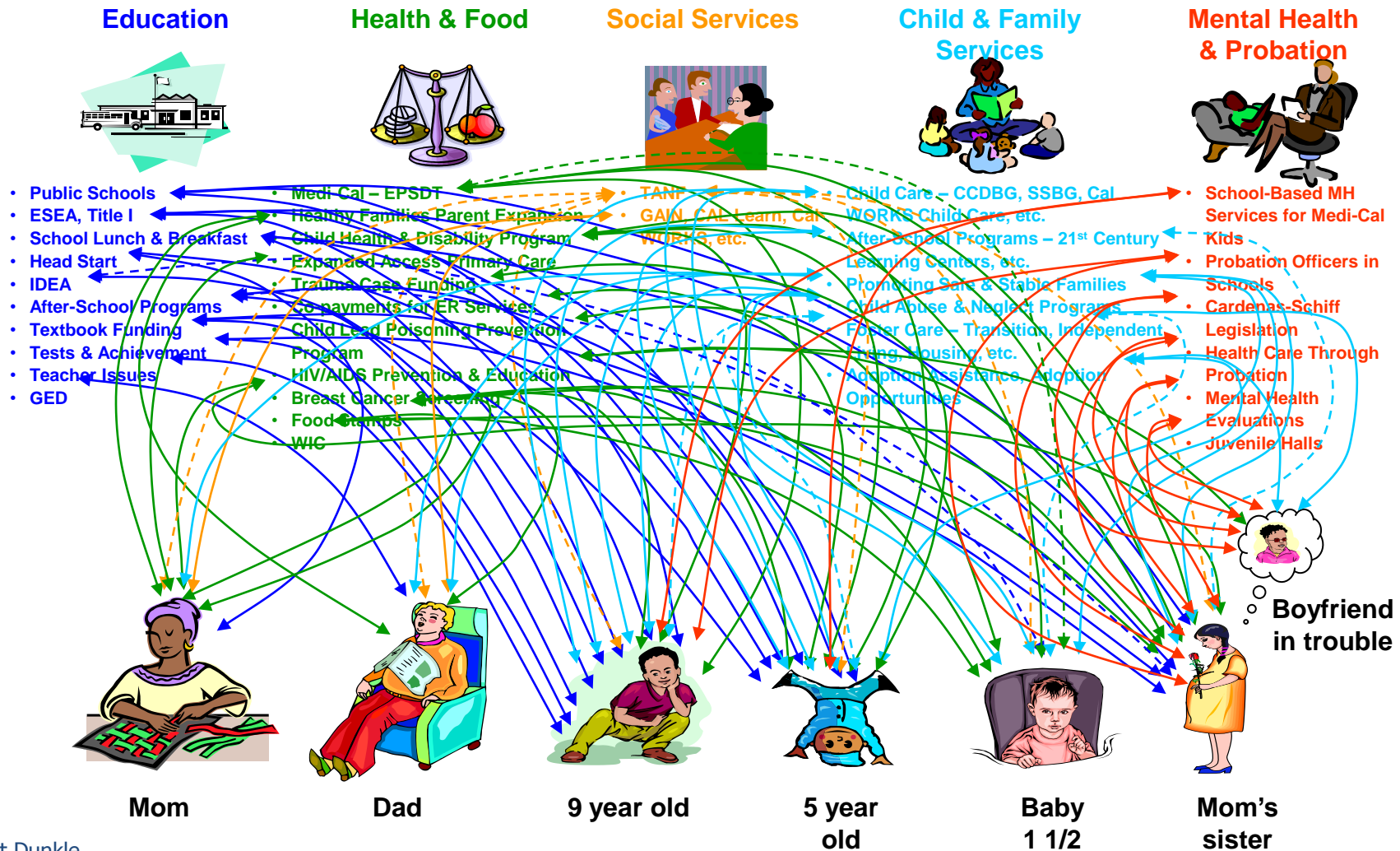
Mom's sister



Boyfriend in trouble

Understanding Systems That Affect Families

A Look at How 40+ Programs Might Touch One Los Angeles Family



What is Developmental Screening?

- Developmental screening looks at every way a child learns, behaves, grows, and develops. It is not diagnostic test.
- The American Academy of Pediatrics recommends regular developmental checkups at 9,18, and 24 months using a good screening tool for **all children**, not just those with suspected problems=UNIVERSAL SCREENING



Who is getting screened at 211 LA?

71,961¹



**Callers with
children 0-5**

8,270²



**Offered Screening
11.5%**

5,640



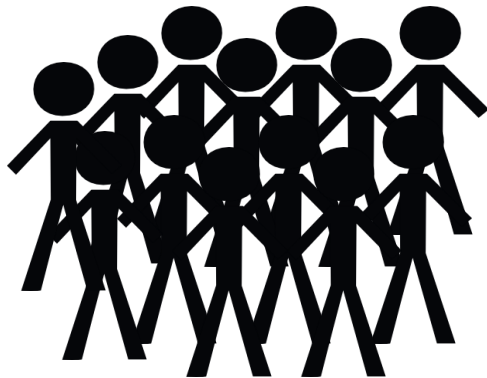
**Interested
68%
accept offer**

¹ 211 LA annual call volume of callers with children 0-5

² Data based on 11 month record review- November 2011 –September 2012

Who is getting screened?

75%



Hispanic

16%



Black

4%



White

Data from September 2009 to September, 2012

Evidenced-Based Screening Tools

- The Developmental Screening Project is testing the use of the *Parent's Evaluation of Developmental Status (PEDS)*, the *PEDS: Developmental Milestones* and the *Modified Checklist for Autism in Toddlers (MCHAT)*.
- *PEDS* is short, evidence-based, and accurately detects 70-80% of children with developmental concerns. Each family with a child at risk is provided with the needed care coordination to connect to timely and effective intervention.
- Never before has anyone attempted to provide high-quality developmental screenings through a web online format over the telephone.
- The Coordinators enter the parent's answers from a brief interview (about 10 questions) into a web-based form and immediately get a report of the likelihood that the child has a developmental issue.

Developmental Delay and Autism Screening Key Findings

- 30% of children screened result in high risk for autism or other developmental delay – that is over 2 times the rate in the general population.
- 69% of parents whose children screened at high risk for developmental delay or autism, called 211 for basic needs – not with concerns over their child's development.
- 46.5% of children screening at risk for autism or other developmental delay are successfully connected to services.
- 42% of children at low risk receive referrals to early childhood support services.

Developmental Screening Results September 2009 to September 2012

Developmental Screening Results (PEDS & PEDS:DM)	Number	Percent	National Standardization
High Risk (Path A)	1305	25%	11%
Moderate Risk (Path B)	1374	26%	26%
Low Risk Need Behavioral Guidance (Path C)	1008	19%	20%
Low Risk (Path E)	1,505	29%	43%
Total	5,192		

Data from September 2009 to September, 2012

Autism Screening (M-CHAT) For Children 16 to 48 months

Autism Screening (Modified Checklist for Autism in Toddlers)	Number	Percent
Fail	555	19%
Pass	2,533	81%
Total of Pass and Fail	3,088	
Not Taken	2131	
M-CHAT standardized study screened 4,797 children	466 Fail	9.7%

Data from September 2009 to September, 2012

Reason For Calling 211 Prior to Screening

Reasons for Calling 2-1-1	Number	Percent
Developmental Concern	375	16.6
Early Childhood Education	350	15.5
Child Care	266	11.8
Government / City Services	180	8.0
Household / Material Resources	180	8.0
Food	150	6.7
Utility Assistance	121	5.4
Legal Assistance	117	5.2
Medical Services	96	4.3
Emergency Shelter	90	4.0

Percentages based on total calls classified from
November 1, 2011 – Sept. 30, 2012 (N=2257)

Program and Service Referrals

Primary Referrals	Number	Percent
Head Start Program	1869	26%
Early Head Start Preschool Program	1193	17%
School District	1023	14%
Early Start Program at Regional Center	589	8%
Early Childhood Education	557	8%
Early Childhood Mental Health	533	8%
Parenting Skills/Training	281	4%
Pediatric Well Baby/Child Follow-up	253	4%
Regional Center (over 3 years of age)	230	3%
Follow-up Development Screening	192	3%
Child Already in Program	136	2%
Hearing and Speech Evaluation	127	2%
LAUP	47	1%
Advocacy	37	1%
Low Incidence referral to LACOE-EISS	12	0.17%

Data from September 2009 through September 2012

Effectiveness of Care Coordination

Outcomes to date for 5,170 children:	Number	Percent
Intervention Received – One or More Referrals	958	19%
Connected to Recommended Referrals / Application for Service in Progress	1447	28%
Low Risk-Scheduled for Annual Re-screening	2152	42%
Unknown Outcome After Follow-up Conducted	613	12%

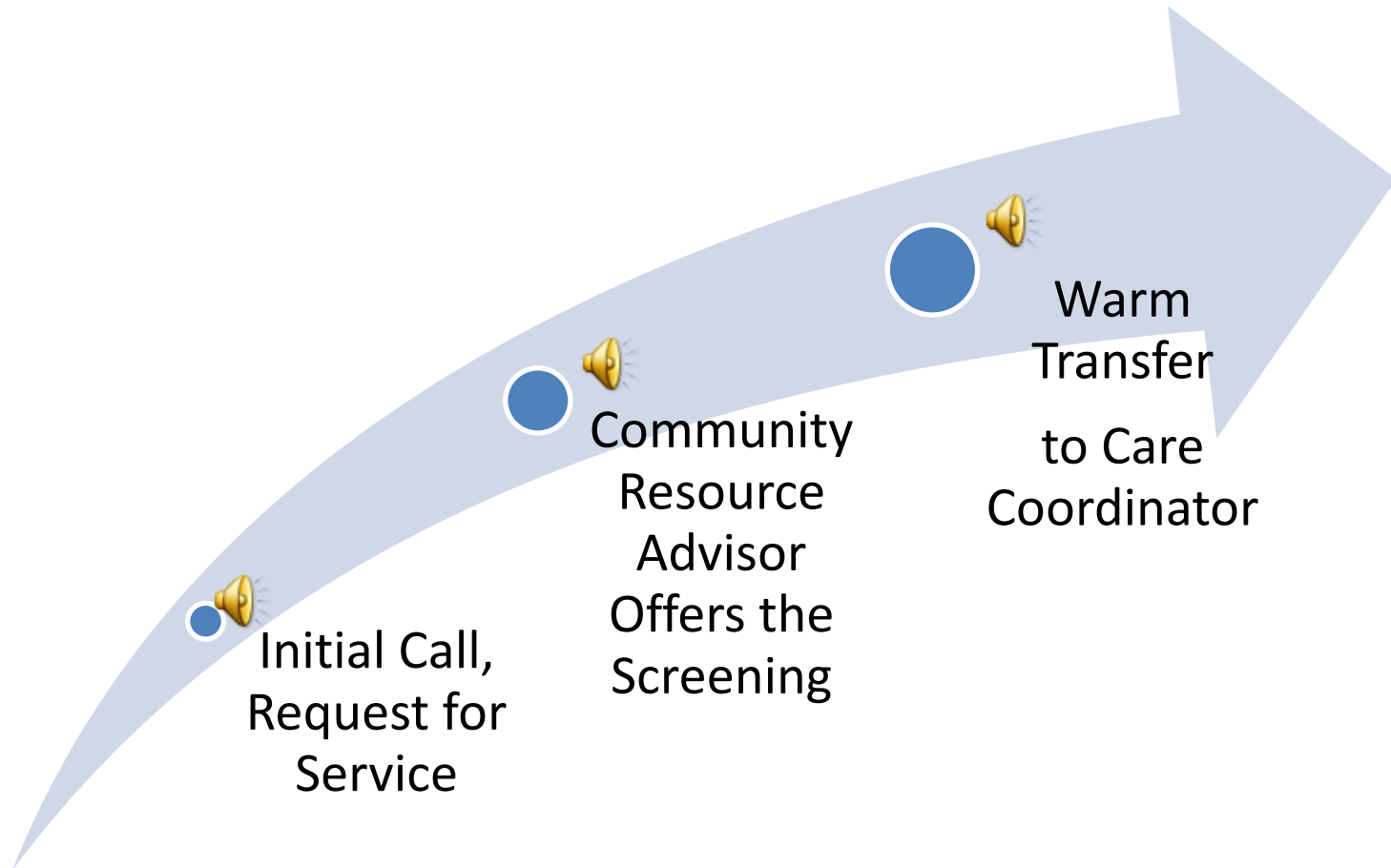
Data from September 2009 through September 2012

Program Quality Principles

- Use of evidence-based, on-line screening tools with results in real time.
- Data driven and outcomes oriented performance monitoring.
- Care coordination protocols based on best practice and responsive follow-up.
- Demographic data collection and care coordination outcomes tracked using innovative and integrated information systems platform.
- Program outcomes and evaluation conducted by reputable public health expert.
- Partner network consisting of organizations with overlapping and similar missions engaged through formal written agreements for client referral acceptance and outcomes/data sharing.



Warm Transfer with Stated Concern



How Does a Child get to a Care Coordinator for Screening?

CRA's Transfer inquirers to Care Coordinator for a Developmental Screening when:

- 1. Child is under 18 months-5 years of age**
- 2. Inquirer has a stated (expressed) Developmental Concern**

Sample Wording: *Transferring an Inquirer to a Care Coordinator when there is a stated developmental concern:*

“You shared with me that you are concerned about (paraphrase the inquirer’s concern). I would like to encourage you at this point to speak to our Care Coordinator who has been trained to ask specific questions about how your child is learning, developing and behaving and as needed, can connect you to additional services to make sure your child is developing as well as possible. May I transfer you to one of our Care Coordinators?”

Examples of Stated/Expressed Concerns

- Hearing impairments, concerns about how a child is affected by loud noises, or very particular sounds
- Visual impairments
- Eye contact, sensitive to touch, how child is not sleeping or eating properly
- Language delays, concerns about how a child is talking, like echoing words, repeating sentences, concerns about how a young infant cannot point and express what he/she wants
- How a child plays with objects, does not play with other children same age, entertains himself or herself for long periods of time,
- Tantrums frequently if there are changes in the child's routine, throws a tantrum on a consistent basis if not given what he or she wants
- High tolerance for pain and frequent falls/accidents
- Behavior problems, child being very frequently stubborn and difficult
- How a child uses fingers, hands, arms, legs
- How a child is not reaching certain milestones compared to other children the same age

Required Information for Warm Transfers

- Contact ID
- Name of the inquirer
- Telephone number of inquirer
- Reason for calling 2-1-1

Stated concern is provided by the CRA to the Care Coordinator when inquirer is being introduced.



Developmental Screening Call Mapping



Principles of Care Coordination

- Informed choice
- Confidentiality (sign consent)
- Client centered planning (Action Plan)

Assessment

- Family Assessment Interview
- Evidenced-based screening tools
- Care Coordination referral outcome tracking

Care Coordination

- Assessment
- Planning
- Implementing
- Coordinating, again and again
- Monitoring (referral outcome tracking)
- Re-evaluation
- Revise plan to obtain outcome

Two Best Practice Tips

- Focus on what the individual wants and needs (client-centered), not on what you see they need (expert-centered)
- Become a master in figuring out Care Pathways for the different service systems

Screening Partner Network – Changing the System

Signed MOUs

- LA County Office of Education- Special Education Division
- LA County Office of Education- Head Start State Preschool
- Child Development Institute
- Comprehensive Autism Related Education, Inc. (CARE)
- El Nido Family Services -Early Head Start Program
- South Central Los Angeles Regional Center
- Children's Institute, Inc. - Early Head Start and Head Start Program
- The Alliance for Children's Rights-Early Steps Initiative
- Kedren Community Health Center - Early Head Start/Head Start and State Preschool
- Human Services Association –Early Head Start Program
- Montebello Unified School District – Head Start Program
- Eisner Pediatric & Family Medical Center

MOUs in Progress

- Los Angeles County - Perinatal Mental Health Task Force
- USC –School of Early Childhood Education –Early Head Start and Head Start Program
- Training and Research Foundation Head Start Program
- Los Angeles County Public Health –Child Health and Disability Prevention Program (CHDP)
- Los Angeles County Public Health –Maternal, Child and Adolescent Health Programs
- Los Angeles County Office of Child Care- STEP for Excellence Program
- Magnolia Community Initiative
- Children's Bureau

211 LA Parent Information Tip Sheets

- Advocacy for Special Needs Children
- Autism and Related Disorders
- Basic Discipline: Teaching Children a Better Way to Behave
- Children and Divorce
- Dealing with Difficult Behavior: Tantrums and Aggression
- Developmental Milestones
- Dental Care
- Domestic Violence
- Early Education Readiness
- Eating and Nutrition Problems
- How to Choose a Day Care
- Helping Your Children Get Along with Each Other
- Potty Training
- Selecting and Installing a Car Seat
- Speech & Language Development

Current Funding Partners

- W.M. Keck Foundation
- Weingart Foundation
- S. Mark Taper Foundation
- First 5 LA Match Grant
- Robert Wood Johnson Foundation- Local Funding Partners

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Thank you!

