Help Me Grow
National Center

Building a System that Helps Pediatric Providers Connect Families to Services

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Strategies for Clinical Practice

- Practice-wide Systems Change Strategies (internal)
  - Routine, systematic developmental surveillance, screening and anticipatory guidance
  - A referral/linkage point person and follow up system (e.g. care coordinator)
  - Enhanced staffing (e.g. behavioral health provider)

- Service Provider Partnership Strategies (internal)
  - Co-location of services
  - Co-management of children
  - Networking and information sharing

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Beyond Clinical Practice

- We know that child health providers are often overloaded and do not have the time to find and connect families to services and resources.
- Many families feel confused and at times hopeless when trying to connect to services
- While many community-based resources exist finding them is a challenge
- And even when a service is found there are often barriers to successful connecting-- waiting lists, geography, insurance

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Strategies Beyond Clinical Practice

- Community-Wide Systems Change (External)
  - **Centralized referral/linkage resources**
  - **Enhancement and intervention services for at-risk children**
  - **Promotion and prevention resources for typically developing children and their families**
  - Secondary or mid-level assessment services

- Community Connectivity (External)
  - Opportunity Knocks, Middletown, CT
  - Iowa First Five
  - *Help Me Grow*

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Examples of Community Connectivity

- Opportunity Knocks, Middletown, CT
  - Coalition: School-Community Partnership, local health, social service, early childhood and families
  - Long term goal: avoiding school expulsion
  - Child health providers work to ensure all children are screened for developmental issues at well child visits and their families receive screening for maternal depression and domestic violence

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Examples of Community Connectivity

- 1st FIVE Iowa—Healthy Mental Development
  - Builds partnerships between physician practices and public service providers to enhance well child care
    - Promotes use of standardized developmental surveillance tools
    - User-friendly mental and developmental health screening and referral forms
    - Ongoing education and support for medical office staff on healthy development and use of screening and referral tools
  - Specialty trained care coordinators identify and address a wide range of children's and families' needs
  - Relationships with community resources that provide early intervention; and timely notification of outcomes to the referring physician offices
  - Evaluation: Families identified through the program have a range of unmet needs: each physician referral results in an average of three to five follow-up referrals for services.

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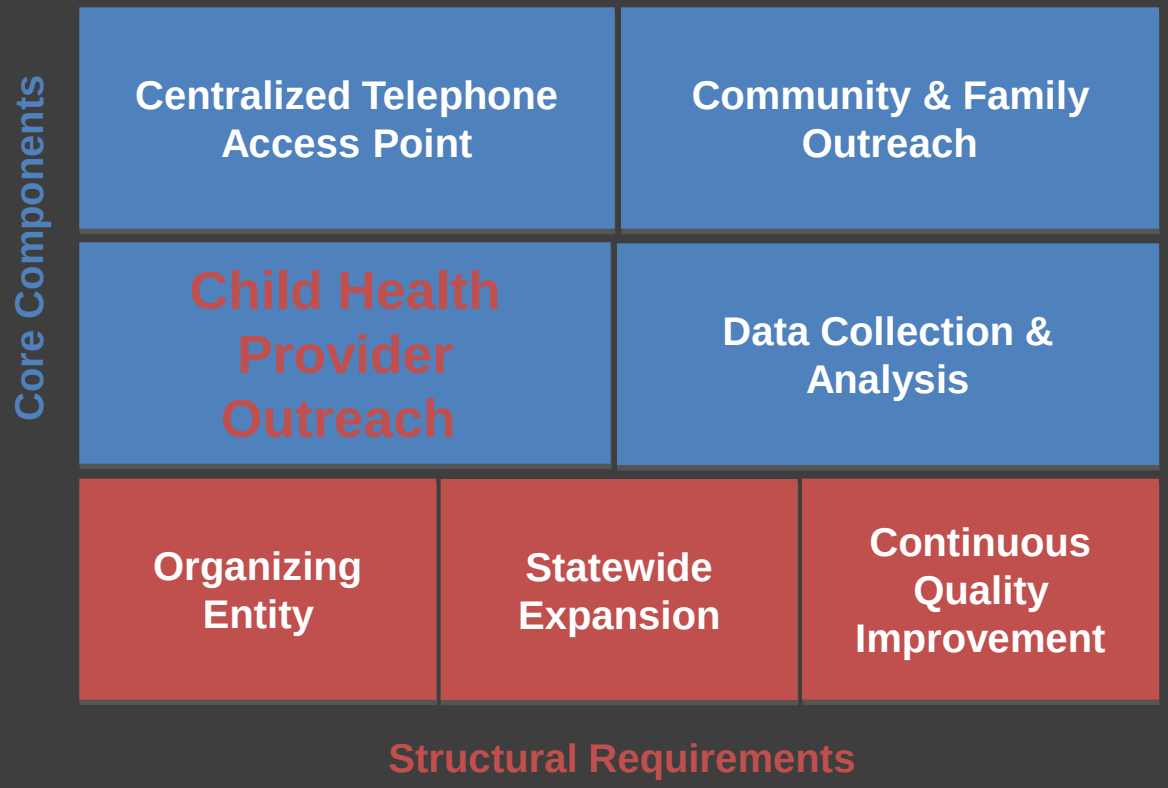
CAVEAT

- Detection without referral/intervention is ineffective and may be judged unethical

  (Perrin E. Ethical questions about screening. *J Dev Behav Pediatr* 1998;19:350-352)

Help Me Grow System



- Parent comes to well child visit and mentions that her four year old has been kicked out of three child care centers in a year.
- Mother shares that her child is soiling and mentions her husband “yells a lot”
- Parent of a child on the autism spectrum can’t find a support group
- Child health provider wants support for a two year old who is not eligible for early intervention

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1
Well-Child Visit
2
Solicit Parent Opinions
3
Contact Help Me Grow
4
Care Coordinator provides resources
5
Parent Connected to Resource
6
Provider Gets Feedback
Help Me Grow
1-800-505-7000
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Educating Practices in the Community (EPIC)

- Include clinical and office staff
- Bring lunch or breakfast
- Include resources that immediately help practices
- Presentations by outreach staff and physician peers

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Key Points

- **Developmental surveillance at every visit**
- **Screening at 9, 18, and 24 months with reimbursement**
- **Connect children to services with *Help Me Grow*:** A free resource that will ***save you time***

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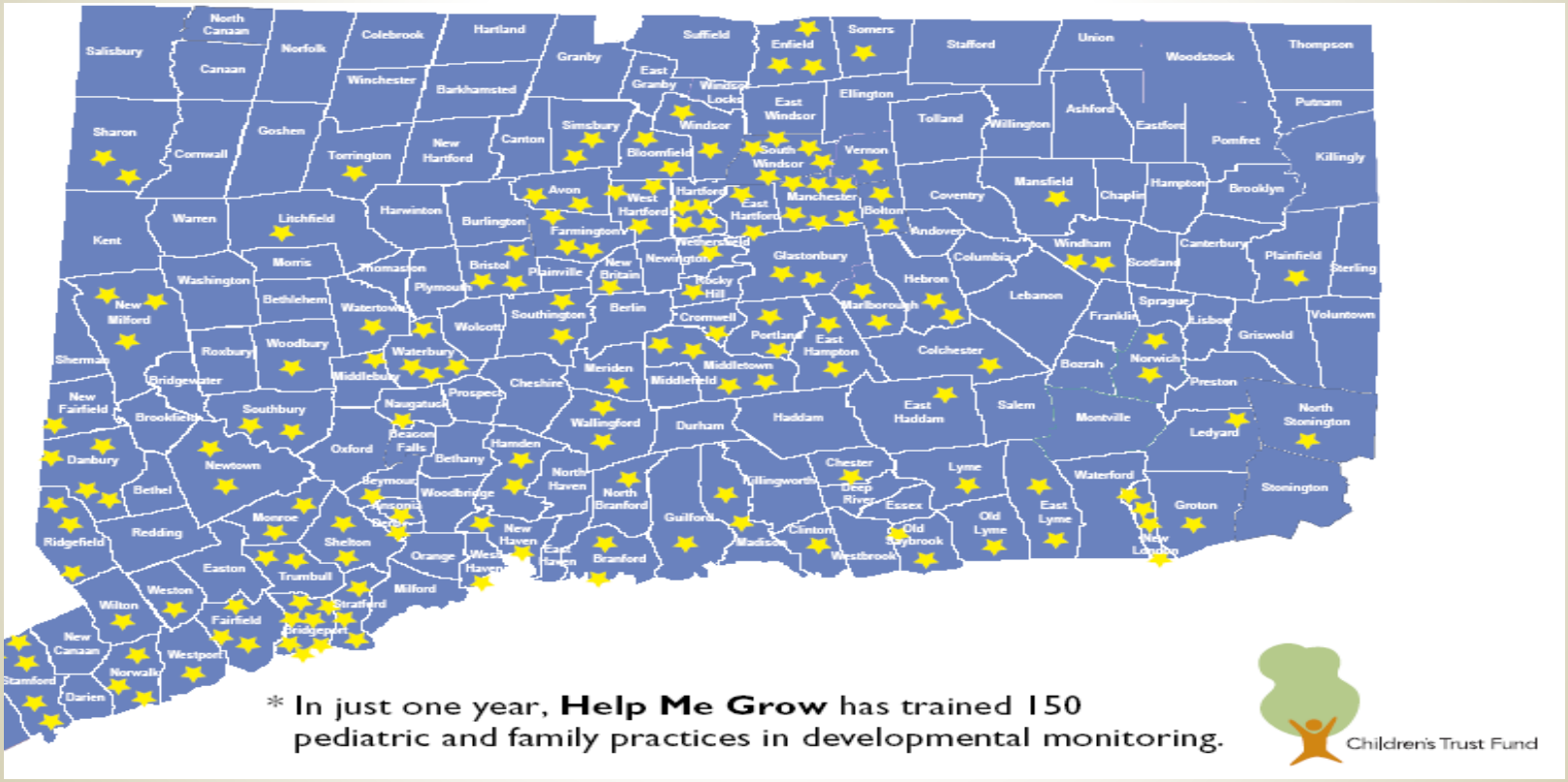
Practices that received Help Me Grow Training



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Referrals doubled with *Help Me Grow*

Practices before or without HMG training	Following HMG training
9% Referral Rate	18% Referral Rate

- Increased identification of developmental and behavioral concerns

- Increased referral rate to *Child Development Infoline*
  - Older children
  - behavioral concerns

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Cost Benefits of "De-medicalizing" Childhood Development and Behavioral Concerns

- Policy Brief presented at *Help Me Grow* National Forum
- Children presenting behavioral or developmental concerns are too frequently and inappropriately referred to specialists
- *Help Me Grow* system creates a cost effective alternative to unnecessary time-consuming and expensive medical specialty referrals
- Cost Savings*: Help Me Grow* - Orange County Data

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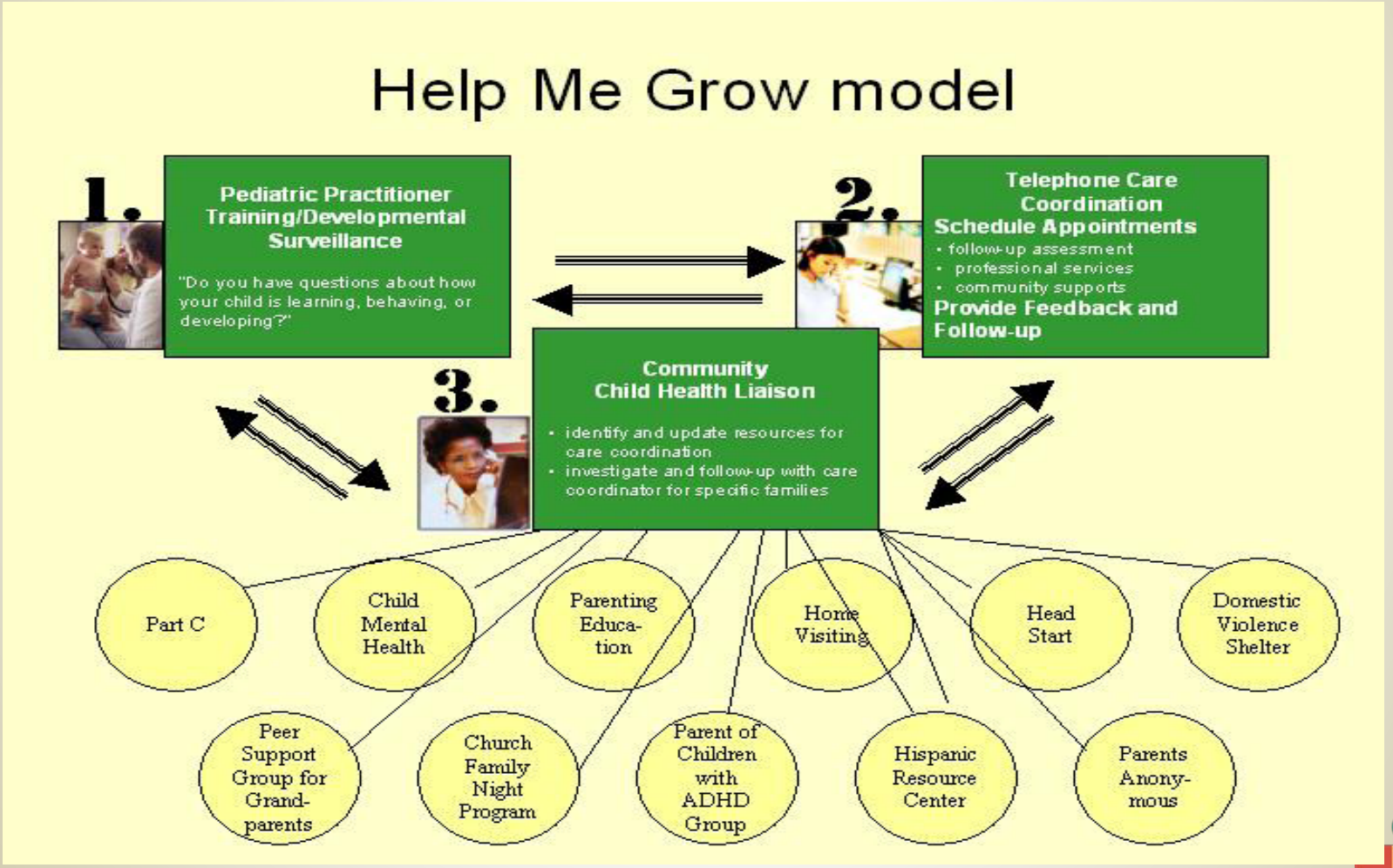
Child Development Infoline, a specialized call center of United Way 2-1-1, helps families with children who are at risk for or experiencing developmental delays or behavioral health issues find appropriate services.

Care Coordinators provide:

- Assessment of needs & referrals to services
- Education on development, behavior management and programs
- Ongoing developmental monitoring
- Advocacy and follow up

Child Development Infoline

Link to Community Resources



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Connecticut's Child Development Infoline

The Gateway to Help and Referrals for
Parents • Providers • Pediatric Professionals

1-800-505-7000

Connecticut Birth to Three System

For children birth-36 months of age with developmental delays or disabilities.

- Free Developmental Evaluation
- Service Coordination
- Individualized Family Service Plan (IFSP)
- Services from Early Childhood Therapists and Teachers as identified in the IFSP
- Focus on assisting families through natural routines and activities

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For children birth through age 8 considered 'at-risk' for developmental or behavioral problems

- Connects families to community based resources
- Provides Ages and Stages child monitoring program
- Trains child health providers in developmental screening
- Facilitates regional community networking

Early Childhood Special Education

For children ages 3 through 5 who are found eligible for special education services

- Evaluation
- Services to eligible children:
  - o Individualized Education Program (IEP)
  - o Special education and related services

Children and Youth with Special Health Care Needs

For children and youth birth to age 21 with chronic physical, developmental, behavioral, or emotional conditions who require more health and related services than other children the same age.

- Service Needs Assessment
- Care Coordination
- Benefits Coordination
- Family/Caregiver Support
- Respite Planning
- Links to medical home initiative
- Referrals to community based resources
- Transition Planning

Participating Agencies

Children's Trust Fund ▮ Department of Developmental Services ▮ Department of Public Health ▮ Department of Education ▮ United Way of Connecticut

July 2008

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COMMUNITY OUTREACH Activities

- Maintenance of the resource inventory
  - Community-based networking
  - Listserv
    - Share information
    - Identify specific resources
- Trainings
  - Parents
  - Early Care and Education
  - Child Health (EPIC)

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Help Me Grow
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HMG National supports affiliate states by:

- Promoting development and expansion of a national network of states that are building *HMG* systems
- Providing technical assistance to help states implement *HMG*'s core components and structural requirements
- Informing the public discourse on the crucial importance of optimal child development
- Providing tools for implementation

Affiliate States as of 2012

Alabama
California
Colorado
Connecticut
Delaware
Florida
Iowa
Kentucky
Louisiana
Massachusetts
New Jersey
New York
Oregon
South Carolina
Utah
Washington

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LESSONS LEARNED

Key Strategies to Link Services

- *Convene diverse constituencies* early in planning process
- Achieve *consensus on assumptions and key components* of initiative
- *Build components to facilitate linkage* function
  - Centralized point of access to programs/services
  - Provide venue for cross-sector communication and collaboration
  - Community-based care coordination and maintenance of resource inventory
- *Blend funding streams/administrative activities* to promote efficacy and cost effectiveness/economies of scale
- *Create and embed a common vision* to inform program development, public policy, and resource allocation

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