



HELP ME GROW* NATIONAL REPLICATION PROJECT

Paul H. Dworkin, MD

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University of Connecticut



INTRODUCTION

1990's: *The Decade of the Brain*



INTRODUCTION

The New Millennium



Help Me Grow NATIONAL REPLICATION

Linking Children and Families to Programs and Services

- The “new science” of brain development
- Critical concepts in child development
- One state’s success in organizing services
 - Commitment to dissemination/replication
- Service issues in the context of state system reform
 - “Child health services building blocks”



- **Critical Concepts in Early Brain Development**
 - Proportional brain growth
 - Neural plasticity
 - Critical periods
 - Sequential development
 - Role of experience

ROLE OF EXPERIENCE



- The human brain has the ability to be shaped by experience
- Experience, in turn, leads to neural changes in the brain
 - birth: 50 trillion synapses
 - 1 year: 1,000 trillion
 - 20 years: 500 trillion
- The remolded brain facilitates the embrace of new experiences – and so the process goes on

SERVICE IMPERATIVES

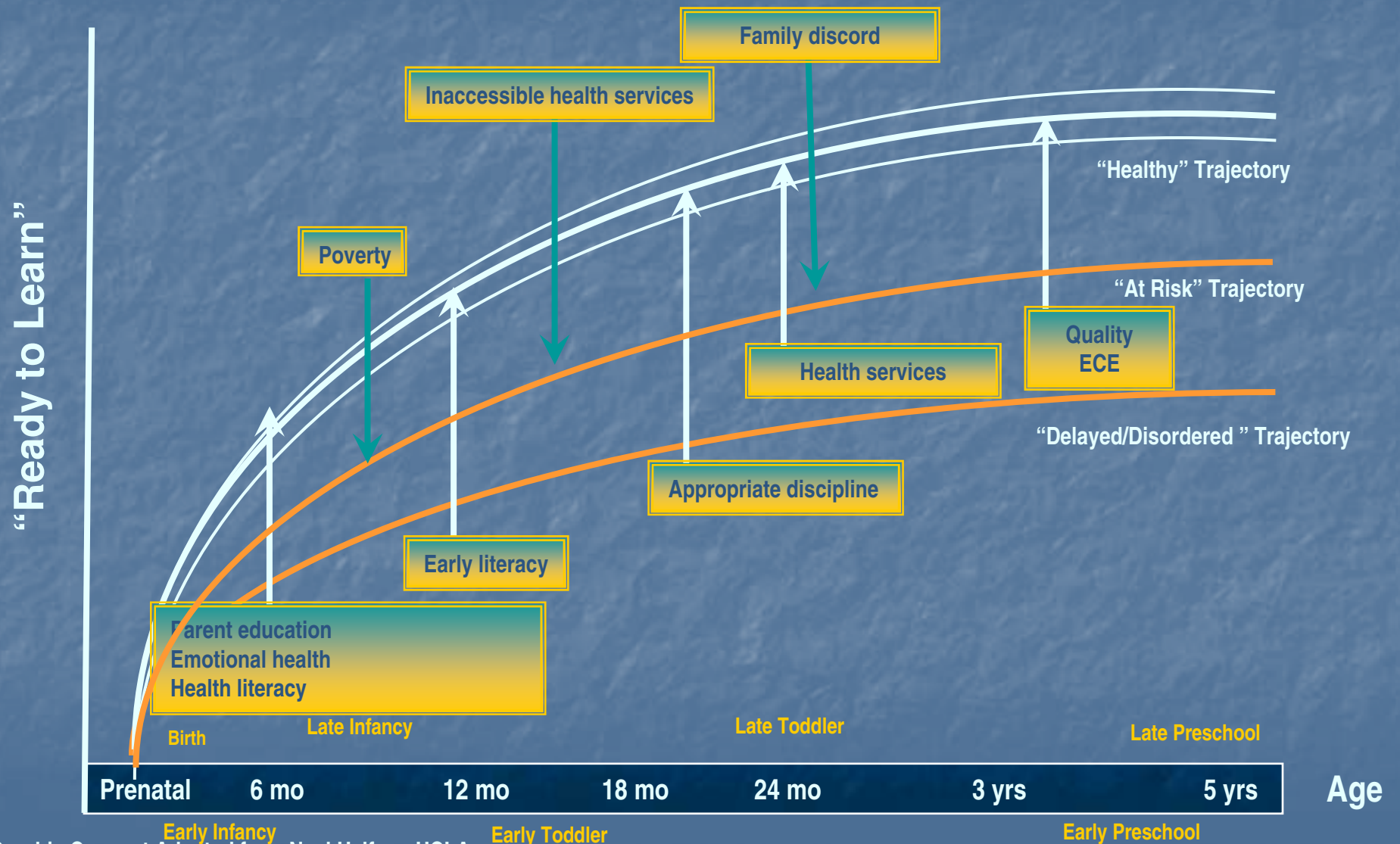
Early Brain Development

- For optimal effectiveness, services must begin as begun as early as possible
- Stimulation during the *first three years* is particularly critical to ensure optimal development development
 - “use it or lose it”
- Services must be comprehensive and aligned with children’s developmental stages and needs

CRITICAL CONCEPTS IN CHILD DEVELOPMENT

Implications for Services

“School Readiness Trajectories”



Graphic Concept Adapted from Neal Halfon, UCLA
Center for Healthier Children, Families, and Communities

Chamberlin RW. Preventing low birth weight, child abuse, and school failure: the need for comprehensive, community-wide approaches. *Pediatr Rev* 1992;13(2):64-71

- “The most effective long-term strategy appears to be the development of a comprehensive, coordinated, community-wide approach focused on preventing *low- and medium-risk families* from becoming *high-risk*, as well as providing intensive services to those who already have reached a high-risk status.”

SERVICE IMPERATIVES

Child Development Concepts

- Treatment programs and services must be comprehensive, multidisciplinary, and address the multiple factors that facilitate and hinder children's optimal development
- Services should address the needs of *all children* (e.g., the entire population), recognizing that those in greatest need will likely derive the greatest benefits
 - target at-risk children and families
 - perils of exclusive focus on CYSHCN

THE CONNECTICUT STORY

- Describe a *community-based approach* to enhancing intervention for developmental problems
 - *Help Me Grow*
- Derive implications for replication and dissemination to other states





Hartford, Connecticut

New England's Rising Star



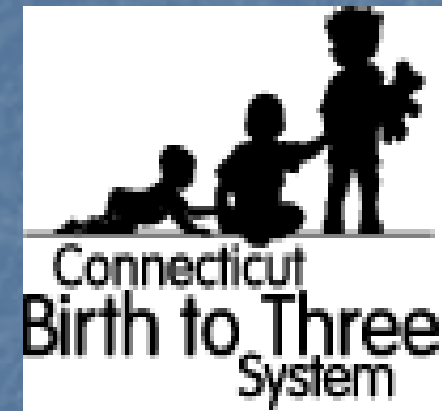
Hartford, Connecticut House with Peeling Paint



PLANNING PARTNERS



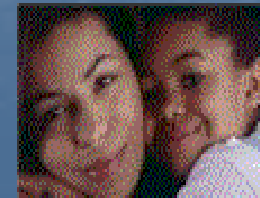
- Hartford Foundation for Public Giving (HFPG)
Brighter Futures initiative
- Hartford City Health Department
 - *Child Development Program (CDP)*
- Region's child health providers
 - Community health centers
- Children's Health Council
 - *Children's Health Infoline*
- *Hartford Parents Network*
- CT Birth to Three System (Part C)



CHILDREN'S HEALTH COUNCIL

Connecticut

CHILDREN'S  HEALTH PROJECT



ASSUMPTIONS



- Children with developmental/behavioral problems are *eluding early detection*
- Many *initiatives* exist to provide services to young children, their families
- A *gap* exists between child health and child development/early childhood education programs
- Children and their families would benefit from a *coordinated, region-wide system* of early detection, intervention for children at developmental risk

CAVEAT



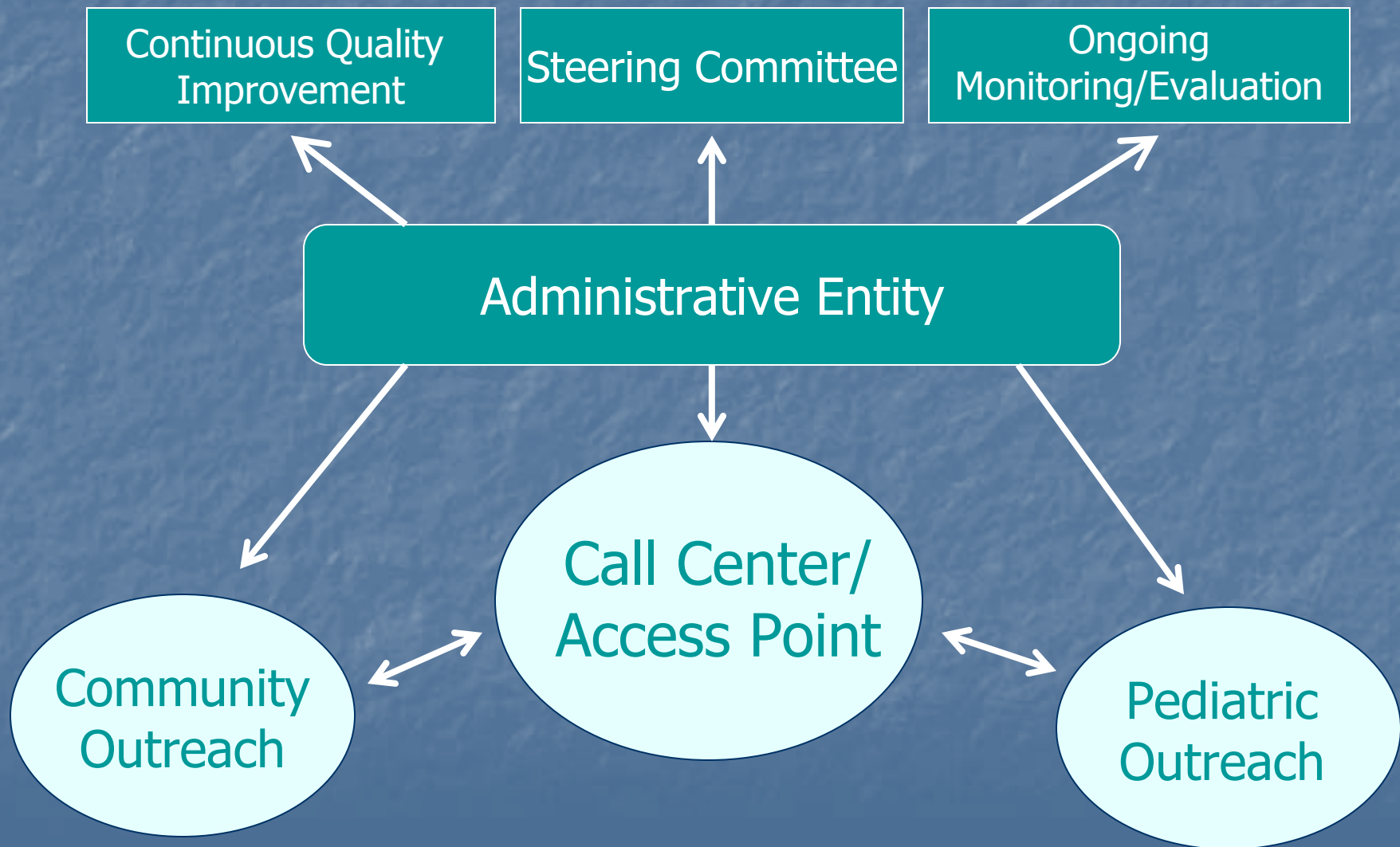
- Detection without referral/intervention is ineffective and may be judged unethical (Perrin E. Ethical questions about screening. *J Dev Behav Pediatr* 1998;19:350-352)

COMPONENTS



- Training of child health providers in effective developmental surveillance and screening
- Offering a free and confidential telephone access point
- Maintaining an inventory of community-based programs
- Maximizing the use of resources available to those who contact the call center
- Conducting an annual evaluation

ELEMENTS of the *Help Me Grow* SYSTEM



Pediatric Outreach

PEDIATRIC OUTREACH

Goals

- Engage child health providers in developmental surveillance and screening as part of child health supervision services
- Encourage child health providers to use the call center to link children for whom there are concerns to services
- Promote billing of public and private payers for screening performed with a formal screening tool

PEDIATRIC OUTREACH

Educating Practices in the Community (EPIC)

- Engages the entire practice team in change
- Offers system support for change (call center/*Help Me Grow*)
- Proven effectiveness in facilitating practice change

**Call Center/
Access Point**



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

CALL CENTER

Lessons Learned

- Telephone Access points
 - Are efficient “one stop shopping” vehicles
 - Must be adequately staffed
 - Must have valid & reliable data collection system
 - Must be co-located or have access to other help by phone resources



**Community
Outreach**

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)



Evaluation

EVALUATION

Results Based Accountability (Friedman, 2005)

- Trend data; “All performance indicators can fit into any of the following categories...”
 - How much did *Help Me Grow* do?
 - How well is *Help Me Grow* doing?
 - Is anyone better off as a result of utilizing *Help Me Grow*

FUTURE RESEARCH

Measuring Long-Term Impact

- Is there improvement in children's circumstances?
 - Are children with developmental problems successfully identified and at what age are they referred for services?
 - Are children receiving necessary services?
 - Are there improved developmental outcomes for children?
- Are their cost savings from "shifting forward" the intervention curve?

ADVOCACY

Lessons Learned

- Enhancement-not expansion-of *Birth to Three (Part C), Preschool Special Education, Children with Special Health Care Needs (Title V)*
 - focus on *at-risk* children
 - *single point of entry* for treatment services
- Primary and secondary prevention of emotional problems
 - frequency of behavioral concerns
 - *Connecticut Community KidCare* initiative
- Strengthening of outreach and care coordination activities
 - need for extensive outreach to link children to services
 - lack of effectiveness of “administrative” MCO outreach

A Framework for Child Health Services

Supporting the Healthy Development and
School Readiness of Connecticut's Children

Prepared for the Child Health and Development Institute by

Paul Dworkin, M.D.
Connecticut Children's Medical Center

Lisa Honigfeld, Ph.D. and Judith Meyers, Ph.D.
Child Health and Development Institute of Connecticut



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Child Health Services Building Blocks

Desired Outcomes for School Readiness

Emotional / Social /
Cognitive Development

Physical Health &
Development

Family Capacity and
Function

