

Local Efforts Supporting Innovation in Early Childhood Development

National Association of Counties

September 25, 2018 2:00 p.m. – 3:30 p.m. EST

Stronger Counties. Stronger America.



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NACo Early Childhood Initiative



The National Collaborative for Infants and Toddlers (NCIT) is a national effort to take action on increasing high-quality services for children birth to age three with a common goal of kindergarten readiness.

In collaboration with the Pritzker Children's Initiative (PCI) and our partner organizations, NACo aims to provide counties with the opportunity to share best practices and the tools necessary to strengthen early childhood systems.

| Today's Speakers

Bernita Sykes

Local System Manager, Infant and Toddler Connection of Henrico Area, Henrico County, Va.

Nazlin Huerta

Senior Health Services Manager and Maternal Child Adolescent Health Coordinator, Solano County, Calif.

Crystal Kelly

Executive Director, The Children's Council, Watauga County, N.C.

| Healthy Beginnings



Bernita Sykes

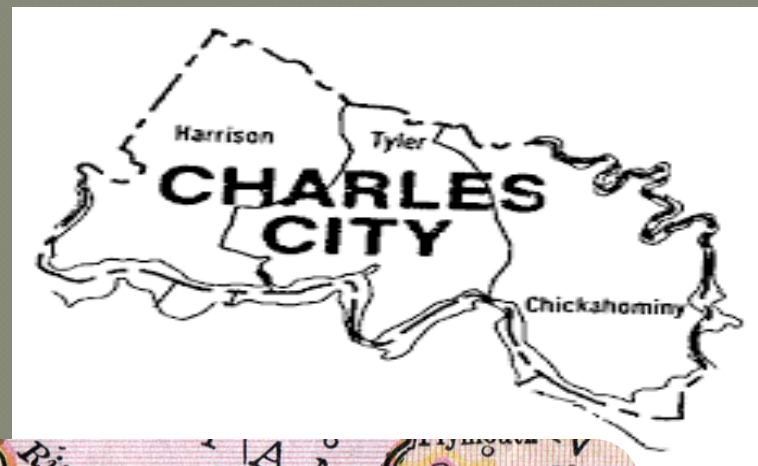
*Local System Manager, Infant and Toddler Connection
of Henrico Area, Henrico County, Va.*

Henrico County ADOS Clinic



Early Diagnosis

Henrico Area

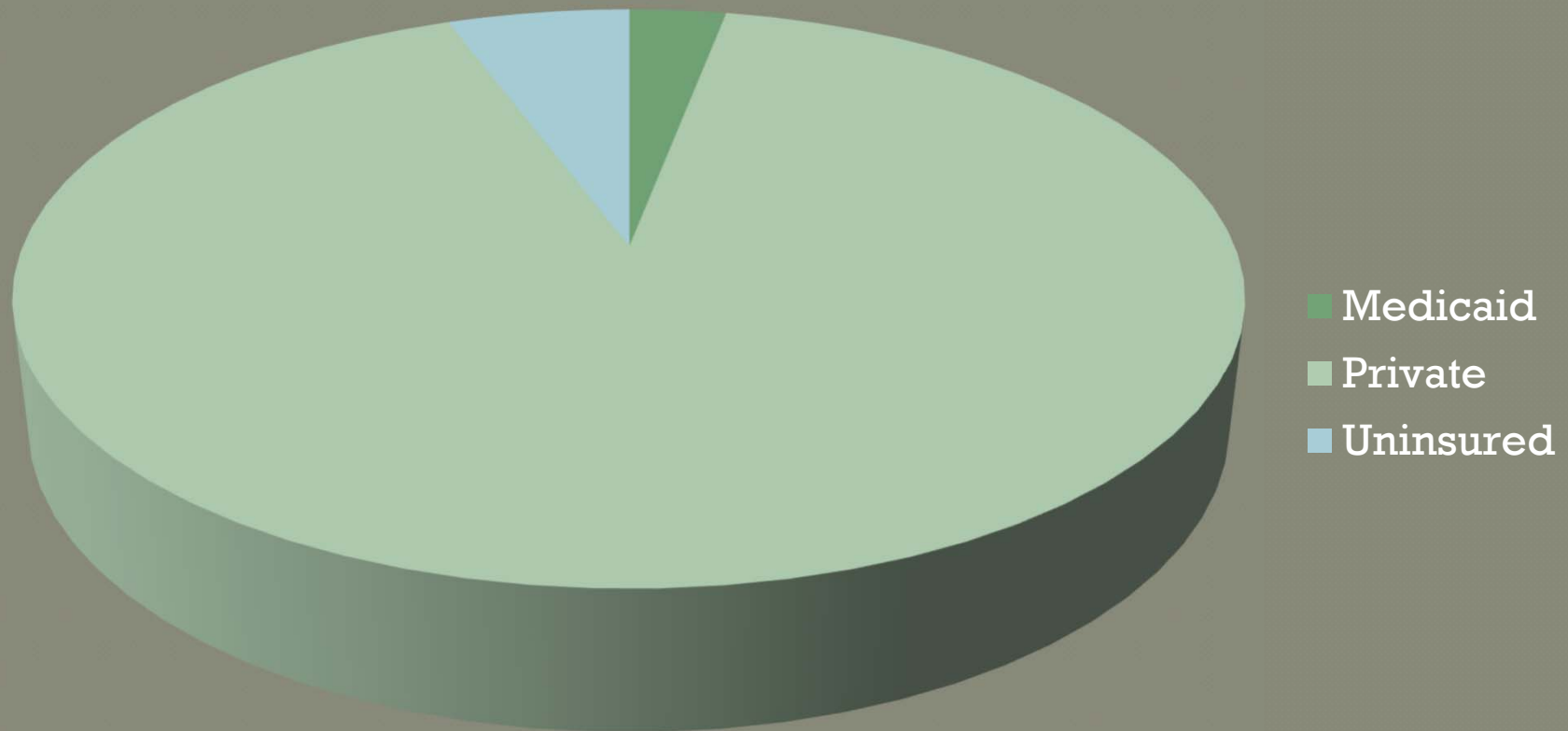


Early Intervention

- The Infant and Toddler Connection of Henrico Area, provides Early Intervention supports and services for babies and toddlers with developmental delays

Families that we Serve

Insurance



Early Intervention

- The Program for Infants and Toddlers with Disabilities (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities, ages birth through age 2 years, and their families

Mission of Early Intervention

- Early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

Purpose

- To enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families; in child care, preschool or school programs; and in the community.
- To enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.

Henrico Area/Referrals

- In 2017, Henrico Area's Early Intervention Program served 830 infants and toddlers
- We receive referrals from pediatricians, hospitals, Social Services, parents, daycares, etc.



Assessment For Service Planning

- Assessments are billed to Medicaid
- Assessments are billed to Part C for children who are privately insured or uninsured
- Assessments are completed to determine eligibility
- Assessments are completed for service planning

What we Observed

- Many of the referrals for children 18 months and older were due to speech concerns




What we Noticed

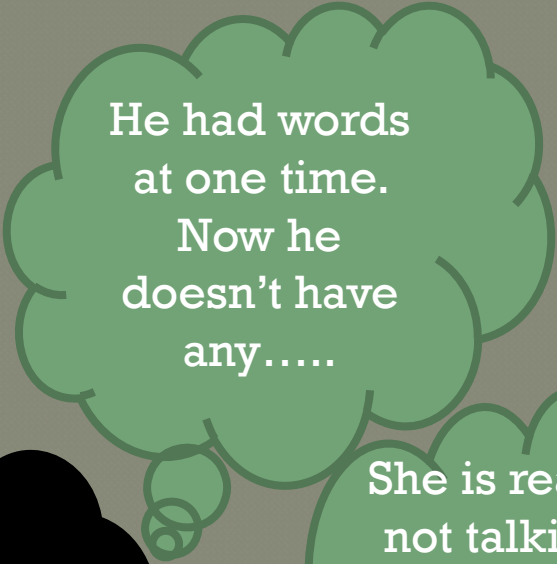
- Our speech referrals were not your average expressive or receptive delays



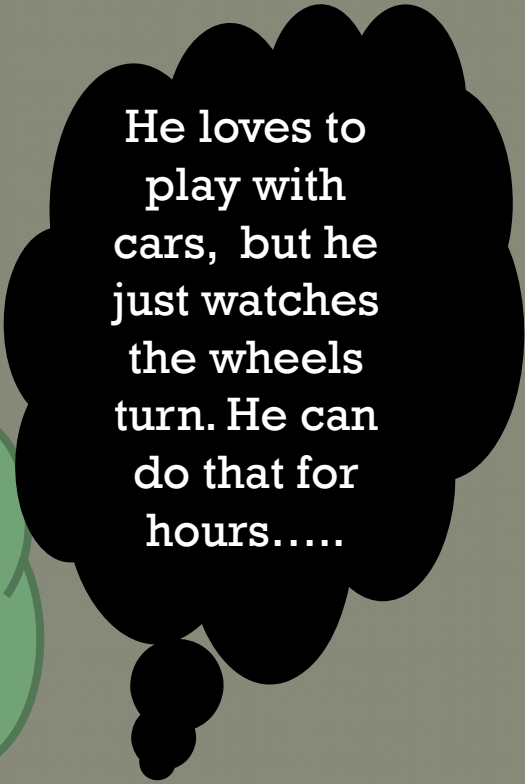
What we Observed



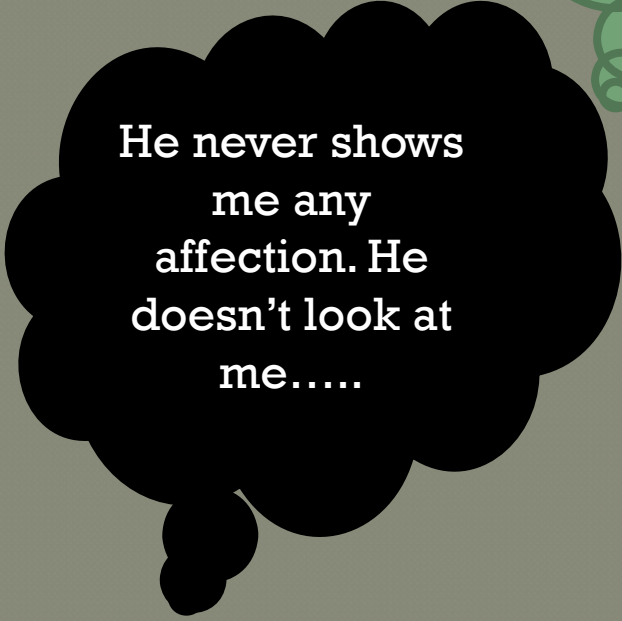
I'm not
sure if she
can hear
me



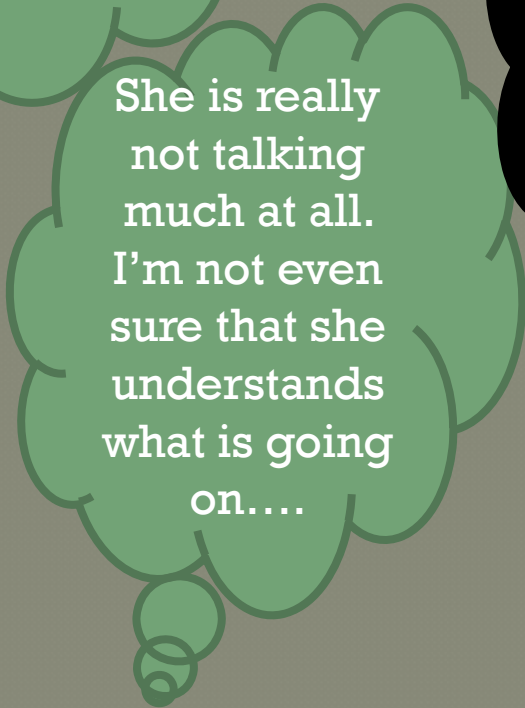
He had words
at one time.
Now he
doesn't have
any.....



He loves to
play with
cars, but he
just watches
the wheels
turn. He can
do that for
hours.....



He never shows
me any
affection. He
doesn't look at
me.....



She is really
not talking
much at all.
I'm not even
sure that she
understands
what is going
on....

What we Observed

Autism discriminators

- Oblivious to children
- Oblivious to adults or others
- Rarely responds to familiar social approach
- Language primarily echolalia or jargon
- Regression/loss of social, language, or play skills
- Lack of showing, bringing, etc.
- Little or no interest in others
- Repeats extensive dialog
- Absent or impaired imaginative play
- Markedly restricted interests
- Unusual preoccupation
- Insists on sameness
- Nonfunctional routines
- Excessive focus on parts
- Visual inspection
- Movement preoccupation
- Sensory preoccupation

What we Observed

- The assessment teams began to notice an increase in the number of children displaying behaviors and developmental concerns that mirrored the symptoms of autism.
- The team also noticed an increase of parents expressing concerns about autism at their child's initial assessment

Stunning Trend

- Between August and December of 2015, our program assessed and provided services for 199 (between 18 months and older) children that were referred for an early intervention assessment due to developmental concerns.
- Through an autism screening tool conducted in conjunction with each developmental assessment, 41 infants and toddlers scored in the high risk range of autism.

Stunning Trend

- The 41 high risk infants and toddlers were referred to developmental pediatricians in the area for autism assessments.
- The wait time for an evaluation ranged from 6-8 months. These results warranted the need for an autism assessment clinic to provide early diagnosis, lessen wait times for families, and to start targeted therapy treatment early.

We had to.....

- The Infant and Toddler Connection of Henrico Area went into collaboration with Commonwealth Autism's psychologist and Director of Diagnostics and Research Dr. Donald Oswald. Through grant funding that he secured from Virginia's Department Behavioral Health, he was able to provide free training and support that would allow our Early Intervention Program to create a dedicated autism assessment team.

We had to.....

- The collaboration created between our program and Commonwealth Autism, created an autism assessment team that is attached to a public agency early intervention program and a private non-profit program.

We had to.....

- The model is based on the best-practice literature regarding diagnostic assessment for young children, with particular emphasis on
 - (a) transdisciplinary team functioning
 - (b) family-centered practice
 - (c) evidence-based assessment instruments.

We Can do the Job

- Early Interventionists are typically the first professional to identify symptoms that that signify a need for further developmental/ autism evaluation.
- Early Interventionists are typically the professionals that will provide treatment and support to toddlers that have Autism.

Getting Started

- The team started our journey by visiting an existing autism clinic at Dr. Oswald's office.
- Dr. Oswald met with our agency's Developmental Disability director and I to review the process.
- We had an opportunity to tour his facility.

Getting Started

- We had to identify a team
- The team consisted of all Early Interventionist:
 - 1 LCSW
 - 1 Speech therapist
 - 1 Occupational therapist
 - 1 Physical Therapist
 - 1 Developmental therapist

Getting Started

- This collaboration included intensive training for the assessment team in the use of evidence-based assessment instruments which are widely acknowledged as the best available tools:
- Autism Diagnostic Observation Schedule -- Second Edition (ADOS-2)
- Autism Diagnostic Interview -- Revised (ADI-R).

Getting Started

- The prescribed training program for these instruments consisted of four days of initial training and two follow-up / refresher training days.
- Additionally, our team was provided a series of supplementary training sessions on a set of associated topics including:
 - Team Functioning Role of Related Service Providers
 - Family-Centered Practice, Conceptualization / Report Writing, From Assessment to IEP, and Evidence-Based Intervention Practices.

Why this Tool??

- “The ADOS-2 and the ADI-R are the most widely accepted instruments for contributing to diagnostic decisions in both clinical and research settings. They have the strongest evidence base of any of the diagnostic tools currently available and they provide essential information about the behavioral differences that make up the syndrome of autism.”
Donald Oswald

Why this Tool??

- “However, a comprehensive diagnostic evaluation goes beyond a simple yes/no decision about a diagnosis of autism spectrum disorder based on symptoms of autism. In order to adequately describe a child for whom there is a question of ASD, and to design an appropriate intervention plan, one must also know something about the child’s language functioning, sensory-motor functioning, adaptive behavior, and challenging behaviors, as well as information about the child’s developmental progress across domains. The tools and procedures represented in the toddler assessment clinic were selected to respond to the need for that broader information.” Donald Oswald

Putting it into Action....

- Once our assessment team was up and functioning, Dr. Oswald conducted coaching visits to provide feedback regarding the competencies targeted in the training. Although the project dates covers two years of time, the bulk of the training was completed in the first 6 months of the project.

Costs

- All assessments and diagnoses are free to parents. This makes it cost effective to parents that struggle with insurance denials and out of pocket cost that can range \$1000 -\$1500 for an autism assessment.

Costs

- This type of training is very expensive
- The training was of no cost to our Early Intervention team
- The grant budgeted 11,043 for the cost of this training

Costs

- Ongoing therapy services are either billed to Medicaid and/or private insurance companies.
- For services that are not covered by insurance, Early Intervention funds are used to supplement the difference between the parent's responsibility and insurance.
- There is a sliding scale and appeal process used to ensure that no family is denied services due to inability to pay for Early Intervention services.

It Works.....

- The clinic has been able to increase availability of autism assessment services for families in the area through the establishment of an interdisciplinary diagnostic assessment team attached to a local Infant and Toddler Connection program.

It Works.....

- We have been able to reduce the wait time for families who are seeking an assessment to confirm or rule out a diagnosis of autism in their young children. We have provided early diagnosis and referral to appropriate intervention services for young children with autism.

We Found the Missing Piece to the Puzzle in our Community



We Found the Missing Piece to the Puzzle in our Community

- The partnership and collaboration between the Parent Infant Program and Commonwealth autism is unique. Last year, we provided 8 early autism diagnoses to families.
- The quality of services provided to the families enrolled in our is directly interrelated to this unique private and public collaboration.



We Found the Missing Piece to the Puzzle in our Community

- We have been able to reduce the wait time for families who are seeking an assessment to confirm or rule out a diagnosis of autism in their young children.
- We have provided early diagnosis and referral to appropriate intervention services for young children with autism.



We Found the Missing Piece to the Puzzle in our Community



| Supported Families

Nazlin Huerta

Senior Health Services Manager and Maternal Child Adolescent Health Coordinator, Solano County, Calif.



Healthy Families Solano County™

Solano County H&SS/Public Health Division
Nazlin Huerta,
Maternal Child Adolescent Health Coordinator

SOLANO
PUBLIC
HEALTH



*SOLANO COUNTY

- * 821.77 square miles - mix of urban and rural
- * 7 cities within County
- * Population 428,705*
- * Diverse - 59% non-white
- * Unemployment Rate at 9.1%**



*CA Dept. of Finance 2014; **CA Employment Development Dept. 2012-2014)

* SOLANO COUNTY MCAH 2015 NEEDS ASSESSMENT

Priority Problem Areas

- * Child Abuse
- * Women's Mental Health
- * Prenatal Care (late or inadequate care)
- * Substance Use/Abuse
- * Intimate Partner Violence
- * Low Birth Weight/Very Low Birth Weight



**It is easier to build strong
children than to repair
broken men.
~Frederick Douglass**

* Solano County Perinatal & Home Visiting Programs

- * Adolescent Family Life Program
- * Black Infant Health
- * Healthy Families Solano
- * Nurse Family Partnership



*Healthy Families America

- * A nationally recognized, evidence-based home visiting program designed to help at-risk families and new babies get a healthy start.
- * Supports and nurtures the parent-child relationship to promote child well-being and prevent adverse childhood experiences (ACEs)

* Rationale for HFA

- * Correlation between adverse childhood experiences and leading causes of illness and death as well as poor quality of life in the U.S.
- * Early childhood trauma clearly contributes to serious health issues later in life
- * Early family interventions can reduce adverse childhood experiences



* KEYS TO HEALTHY FAMILIES SOLANO SUCCESS



- * Focus is on family strengths
- * Helps families develop their personal resources to improve family functioning
- * Infant Mental Health approach
- * Building and sustaining community partnerships
- * Reducing child maltreatment
- * Building protective factors
- * Nurturing parent-child relationships

*Eligibility Criteria

- *Residence of Solano County
- *Prenatal or Postpartum up to 3 months after delivery



* HFA Services

- * Services are voluntary and are provided up to child's 3rd birthday
- * Intensive home visits by highly skilled paraprofessional
- * Minimum of 6 months of weekly home visits after birth of child
- * Initial assessment provides information regarding parents' ACEs
- * Families are assessed and linked to resources and services for:
 - * Parent-child interaction
 - * Developmental Delays
 - * Mental Health
 - * Substance Use
 - * Domestic Violence



*HEALTHY FAMILIES SOLANO LOCAL OUTCOMES

*FY2017-2018 DATA

* **111** Families served

* **44** Births

* **93%** at optimal weight and gestation

* **96%** of children established a medical home

* **97%** of children up to date with IZ

* **92%** of those with history of CPS had no new CPS involvement

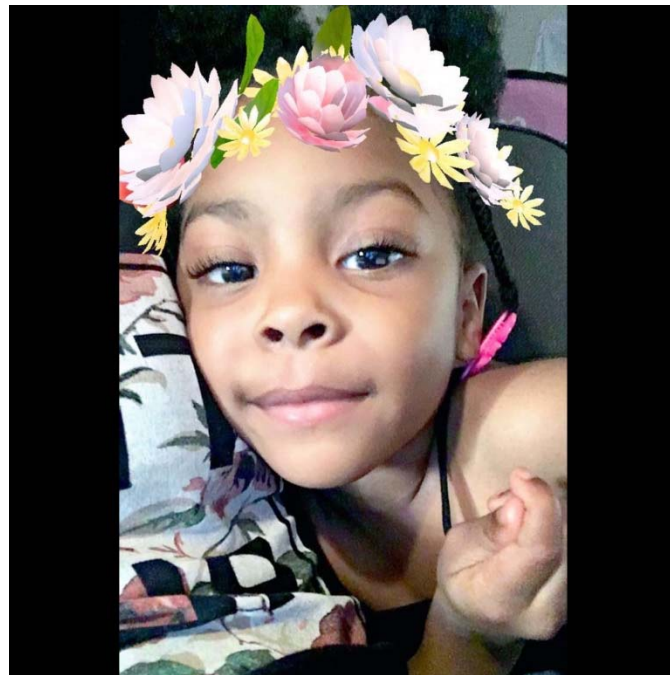


*FUNDING SOURCES PROGRAM SUSTAINABILITY

- *First5 Solano
- *Federal Financial Program- TITLE XIX
- *Public Health Realignment
- *TANF
- *NEW - CalWORKs Home Visiting Initiative
- *Other future funding
 - *Managed Care
 - *Corporate Partnership
 - *Foundation Funding



“Our mission is to promote child well-being and prevent the abuse and neglect of our nation’s children through intensive home visiting.” HFA National



Thank you!



| Quality Care & Learning



Dr. Crystal Kroner

*Collaborative Action Network Manager, Boone County
Cradle to Career Alliance, Boone County, Mo.*



Boone County & Cradle to Career Alliance Partnership

Building an Infrastructure to Support Access to Quality Care &
Early Learning Opportunities

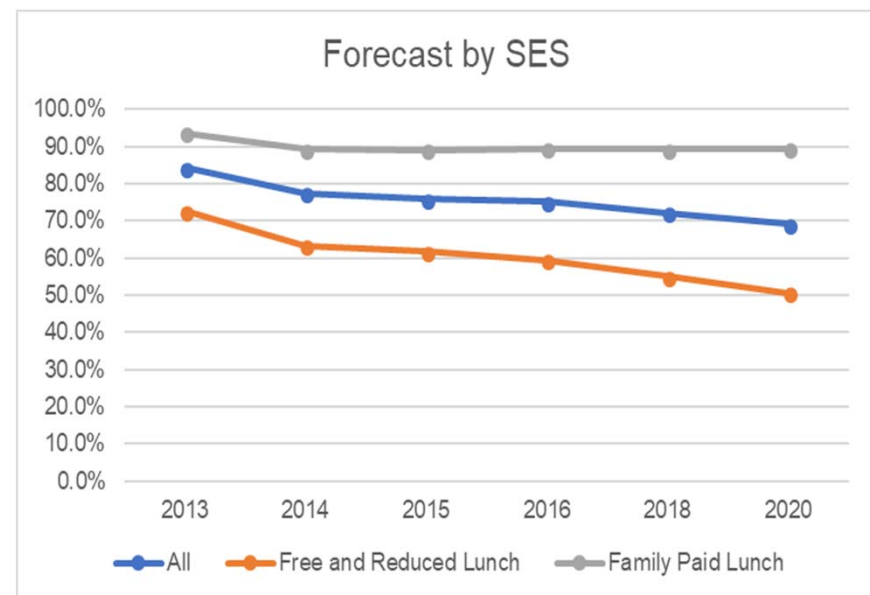
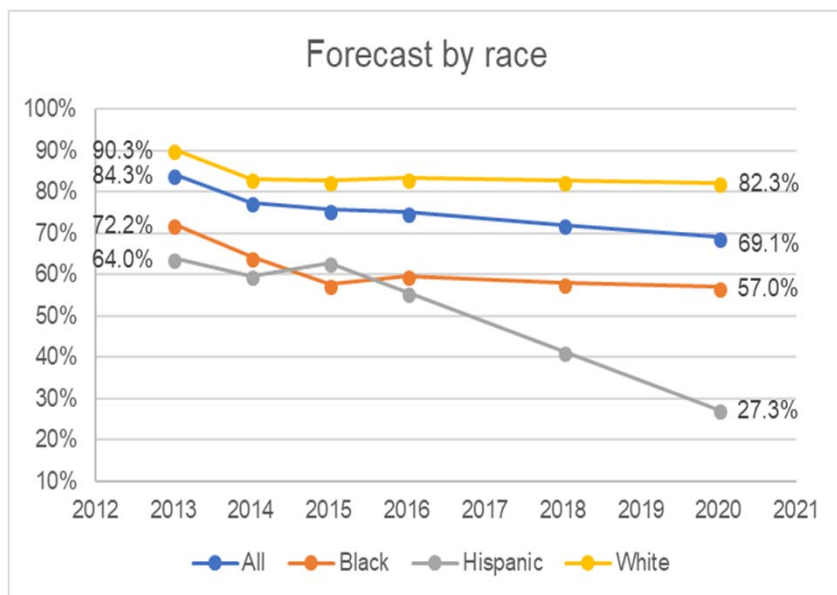
Crystal Kroner, Ph.D., Cradle to Career Alliance



Boone County

- Total population: 172,773
- Under the age of three: 6,863
- 31% individuals living below 185% FPL with 38% under age 3.
- Columbia Public Schools enrolls just over 75% of students in county
- CPS at nearly 50% mark for students eligible for free & reduced lunch.

Kindergarten Readiness Forecast



Overview of Childcare Programming

- 412 providers with 352 enrolling children aged 0-5
- 56% begin enrollment at birth and (12%) take subsidies
- 3,097 subsidy eligible slots in Boone County
- 86% of providers in Columbia including Head Start and Title I: both programs have a continuous 150 family cap for wait list.
- Missouri QRIS ban lifted in 2012, but work is back to square 1.

Access

- Preliminary analysis of Cradle to Career's provider inventory shows the majority of in-home and private providers **don't take subsidies. Not enough Head Start and Title I slots.**
- Preliminary results from parent interviews **show great need for open slots.** Most **could readily describe high quality care**, and many expressed the need for care outside “regular” business hours.
- Any raise in income would require nearly tripling their current earnings to offset loss in service benefits.

Short-term Goal: Develop a support network

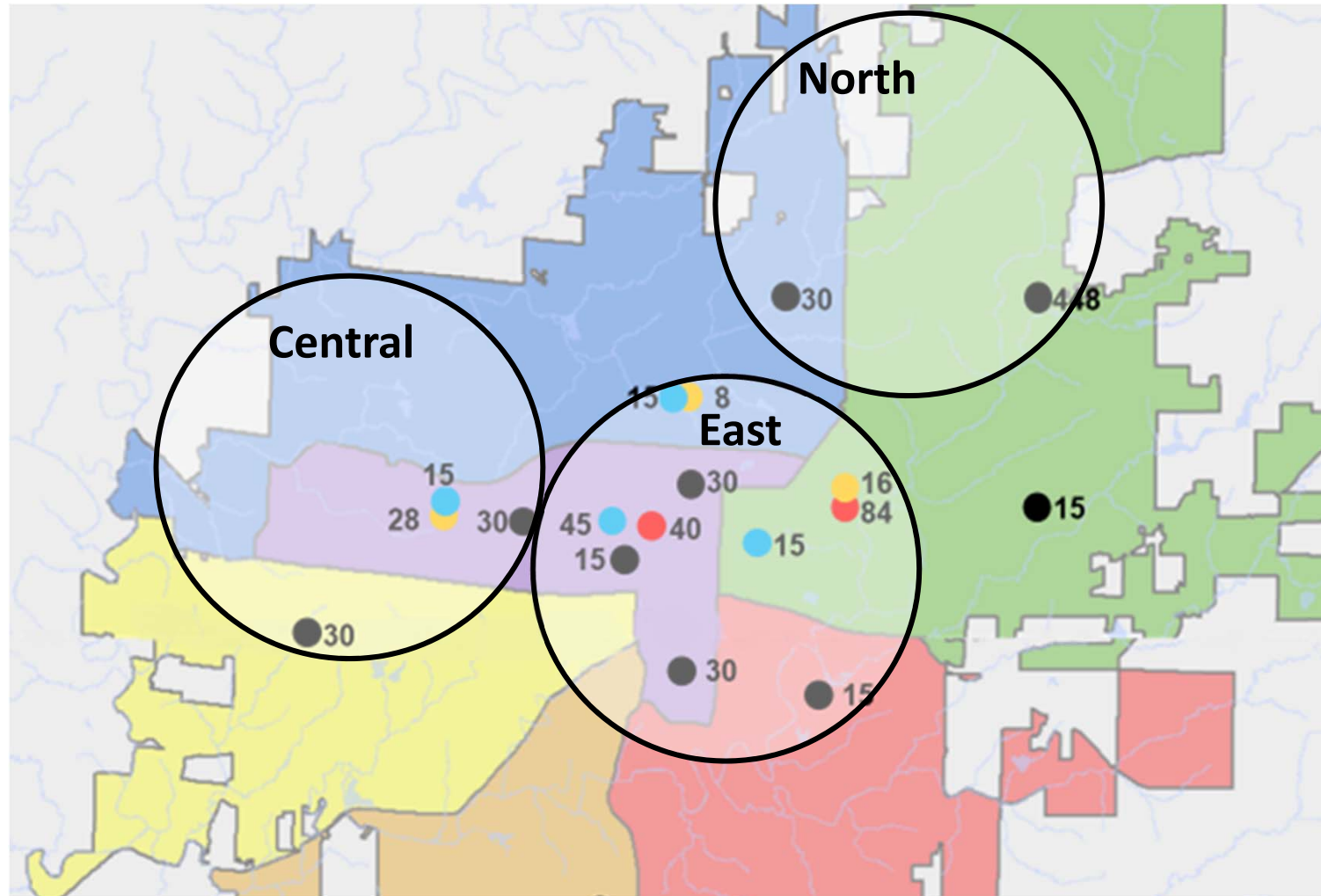
- Increase the number of slots providing free or reduced tuition
 - Expanding Head Start and Title I programming in strategic locations
 - Increasing private providers' capacity to offer subsidies or sliding scale tuition
- Enhance quality of early learning environments to enhance a safe & inclusive culture promoting literacy
 - Free trauma-informed and cultural responsiveness training with all staff, educators, and parents with a system in place for substitute staff and state credit.
 - Use results from PreK data literacy analysis to promote targeted literacy coaching as soon as children enter Kindergarten with connected curriculum for PreK enrichment.



Long-term Goal: Building a Network

Infrastructure

- **Judy Center Model:** Hubs providing wrap around, two generation support for families AND technical assistance and family support for all providers within radius.
 - *Pilot one hub in a strategic location with key partner agencies offering priority wrap around services.*





Outcomes for our community

- Evidence for ROI has already been powerfully demonstrated since the 70's.
- However, we have been organizing and using our current systems for much longer.
- Communities must create solutions based on their histories and their families' unique needs

Question & Answer Session

- Type your question into the “Questions” box and the moderator will read the question on your behalf.

| Get Involved!

- Resolution Template
- Rural, Suburban, Urban Peer Learning Networks
- National Website Launch

Additional questions, feedback or to learn more about NACo's early childhood initiative, please contact:

Tracy Steffek at tsteffek@naco.org
Rashida Brown at rbrown@naco.org



THANK YOU!

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