

BRAID Blueprint for Engaging High Need Families to Support SE Development

Parents with Developmental Disabilities

Identify

Over the last few years, there has been an increase in the number of adults served by SCLARC who are parenting one or more children under the age of three, who could benefit from Early Start services. This project worked to identify these families, as well as gain a better understanding of their specific needs through modifications to the agency's online charting system and through surveys and interviews with key stakeholders. SCLARC added a new data collection area, the parenting tab, to the electronic consumer profile, allowing for Service Coordinators to add information about the children of those served by SCLARC, and build a reporting feature allowing staff to pull a list of all children of individuals served by SCLARC. Finally, the project subcontractor held stakeholder interviews with SCLARC and ELARC consumer parents and collected feedback from Service Coordinators serving this population through an online survey.

Link

The modifications made to SCLARC's charting system allowed the agency to easily identify parents with developmental disabilities who may need additional support with accessing services for their young children. New reports produced through the project show 72 individuals currently served by SCLARC who are parenting 94 children, 53 of whom are under the age of three. This information allowed the agency to begin to conduct targeted outreach, and in partnership with staff from the Early Start department, undertake an effort to refer these children to early intervention services.

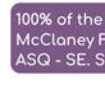
Treat

With a new perspective on the number of individuals served by SCLARC who are parenting young children, SCLARC is committed to working with and supporting these families in a different way. In the agency's proposal to continue funding for its disparity project focused on Early Start, SCLARC expanded the staff role to conduct specific outreach to adults who are parents of children under three, in an effort to link these young children to early intervention services. In addition, the new tracking system allows staff from other programs across the agency to quickly identify and serve families who are known to be at higher risk for child welfare involvement and poverty, linking them to parenting support and education programs through the Family Resource Center, to developmental screening, and to ongoing donations such as diapers, wipes, formula and other necessities.

The BRAID project evaluation focused on the ability of activities to identify families whose children had social emotional needs, link these families to appropriate accessible services at the Part C Family Resource Center, the Regional Center, Service Provider or Mental Health agency for effective evidence-based treatment. A set of indicators was created for each area of implementation and the program staff collected data on their activities to measure success in each area.



100% of the Early Start Service Coordinators at SCLARC have participated in the WestEd Open Access Social & Emotional Development online course and a majority participated in other live trainings around the identification and support of social emotional delays.



100% of the FRC parent support staff at both McClanley FRC and ELAFRC were trained in the ASQ - SE. Screening supports child find.



During the life of the project the McClanley FRC offered or linked over 300 Early Start Children to the Regional center or others for assessment. ELAFRC provided 43 Early Start Children an ASQ3 or ASQ-SE when parents expressed concern regarding their child's development.



Over the scope of the project, McClanley FRC and ELAFRC provided training on topics pertaining to identifying, referring and intervention for children with social emotional and mental health needs to over 115 Early Intervention and Education Service Providers and system partners.



A total of 142 families who had concerns regarding their child's social and emotional concerns were referred to evidence-based parenting programs. 98 families were referred to a positive parenting training, 23 families were referred to Incredible Years groups and 21 were referred to Positive Solutions for Families groups.



During the implementation phase of the project, 34 families attended either Incredible Years or Positive Solutions for Families.



44% of the families attending an Evidence Based Parenting series completed the series.



Satisfaction for each of the four Positive Parenting sessions were 100% positive. Data for IY had similar success.



100% of the respondents indicated they were more knowledgeable about their child's social and emotional needs at the end than at the beginning of the Evidence-Based parenting series.

Early Start Children with Social Emotional Delays

Identify

SCLARC made modifications to the agency online charting system to allow staff to quickly produce reports of children within the Early Start program who showed a delay of 50 percent or more in the area of social and emotional development during their intake assessment. For those children who developed social emotional concerns after intake, electronic referral forms for Early Start Service Coordinators were developed to refer children to SCLARC's Social Emotional Coordinator Specialist for support with accessing internal and external mental health support services. Finally, the agency developed a referral form for Early Start vendor service providers to make referrals of children in need of mental health services or other support with social/emotional delays based on their own assessments or observations.

Link

The MHSA project at SCLARC supported the development of a Social Emotional Coordinator Specialist (SECS), who works to support children with high social emotional delays or behavioral challenges in connecting to additional services. Early in the project the SECS built collaborations with community mental health providers serving young children, and identifying referral procedures for each agency.

The SECS contacted families of identified children, offering information about available services best suited to their child's needs, provided direct referral to mental health services, and offered follow up in the case of any barriers to connection.

Treat

Through this project, the SECS referred 96 children to external community mental health agencies, and was able to confirm that 43 of those children received intervention services. In addition, the SECS referred 66 families to internal evidenced based practice parenting programs, with a total of 29 attending a Positive Parenting training, and 15 attending Positive Solutions.



Eastern Los Angeles
FAMILY RESOURCE CENTER

<p>Step 1 Convening</p>	<p>Leading By Convening http://www.ideapartnership.org/building-connections/the-partnership-way.html</p> <p>The project's goal is develop a model of prevention and intervention for childhood mental health in two communities in two populations (children whose parents have a developmental disability & parents whose children receive Early Start services) in LA County through authentic engagement with both people with authority, and groups with influence including individuals who might receive the service.</p>	<p>The Taskforce recruitment included City/County child welfare and mental health departments, University, UCEDD, Regional Center-Early Start, parents, Advocates and service providers. Although a difficult process, the fact that the Taskforce was time limited and the active process of learning and development made it an enjoyable experience for the stakeholders. The workgroup over 4 sessions completed the following steps toward developing a partnership that would lead to the work:</p> <p>1st Session: Introduction to the process and the project 2nd Session: 4 Simple Questions Activity to help group coalesce around the issue 3rd Session: Ensuring relevant participation and authentic engagement around planning and implementation using LbC tools 4th Session: Building Engagement, planning activities</p>
<p>Step 2 Vision</p>	<p>Focus Groups Needs Assessment</p> <p>In an effort to ensure that the model developed was family-centered and would meet the needs of parents and caregivers, a needs assessment was completed. Four focus groups were planned, 2 in each RC catchment area. One focus group would identify the needs expressed by parents of children in Early Start, and the other would be adults diagnosed with developmental disabilities, who are parenting an Early Start eligible child. Service Coordinators were surveyed to understand the needs of adults served by the Regional Center who are parents of young children.</p>	<p>Key Findings</p> <ul style="list-style-type: none"> • Parents found services that showed results most helpful. • They did not understand much about the services and felt they were not given choices. • Barriers to receiving mental health services included poor communication between systems, late diagnosis and delays in receiving services. • Parents recommended more training for providers and Service Coordinators. Parents requested increased services available on Saturdays and evenings. Lastly, support during crisis. • None of the adults receiving services from the Regional Center were receiving mental health services, although the court had recommended, or they themselves thought it would be helpful.
<p>Step 3 Identify</p>	<p>Regional Center Operational Changes</p> <p>SCLARC was motivated to improve their ability to promote positive social and emotional development in the children of adults receiving services from regional center, and in infants and toddlers served by Early Start. Identification of these two populations required the creation of new policies and improvements to their web-based chart system.</p>	<ol style="list-style-type: none"> 1. Modification to the online charting system, - add a parenting tab to the electronic consumer profile, build a reporting feature allowing staff to pull a list of all children of individuals served by SCLARC. 2. Modifications to the online charting system to produce reports of children who showed a delay of 50% or more in the area of SE development during intake. 3. Development of a position, Social Emotional Coordinator Specialist, for internal and external mental health support. 4. Development of electronic referral forms for service providers to make referrals of children in need of SE supports.
<p>Step 4 Identify</p>	<p>Training Professionals</p> <p>During the LbC process, stakeholders identified that training in the identification and treatment of social emotional or mental health concerns in young children with disabilities requires specific additional awareness and training.</p>	<ul style="list-style-type: none"> • All Service Coordinators at SCLARC as part of their onboarding process complete the WestEd Open Access Social and Emotional Development online course. • ASQ3 & ASQ-SE training provided to Early Start Partners including all 9 Los Angeles County Early Start FRCs to allow for identification of children with concerns and support. • Training on 3 EBP Parenting Series– Positive Parenting, Positive Solutions, and Incredible Years (Baby, Toddler and Preschool).
<p>Step 5 Link</p>	<p>Developing Relationships for Linkage</p> <p>Regional Centers in their case management responsibilities, and Family Resource Centers as a prevention level service, must develop relationships with other child and family serving systems. When a child with or at risk of a developmental disability needs mental health services or is involved in the child welfare system, family supports are not scarce.</p>	<ul style="list-style-type: none"> • Early in the project, the Social Emotional Coordinator Specialist built collaborations with community mental health providers serving young children. • Identified referral procedures internal and external to the agency, including those specific to community agencies. • During the LbC process discussions included who was doing the work currently in communities as well as systemic changes and opportunities that might lead to sustainability.
<p>Step 6 Treat</p>	<p>Training & Supporting Families</p> <p>Stakeholder and parent input asked for interventions that work. It was important that any interventions recommended for this project be Evidence-Based, parent friendly, accessible peer models, and improve the relational challenges sought by families.</p>	<p>The project identified several Evidence Based Practices to be implemented at Family Resource Centers:</p> <ul style="list-style-type: none"> • Positive Parenting, Positive Solutions, and Incredible Years (Baby, Toddler and Preschool) • A resource guide was created to support Service Coordinators and other professionals to understand EBPs available for treatment and identify local referral resources for families with children 0-5 using Infant Mental Health services • Promoting First Relationships was chosen as a service provider implemented intervention, however, due to time and cost constraints it was not implemented.
<p>Step 7 Sustainability</p>	<p>Sustainability</p> <p>The use of this model requires a commitment to ongoing identification, training, and treatment efforts. Implementation demands strong planning and relationship building skills within the team. This program has potential to be sustainable through contracts with entities to provide the EBP for this special population.</p>	<p>Future Directions include the following:</p> <ol style="list-style-type: none"> 1. Deepen relationships across infant and family serving systems. 2. Financing resource or leveraging for the EB Parenting series for FRCs. 3. Improving and sustaining initial and ongoing training to professionals around best practice relational models that support SE development, i.e., Promoting First Relationships. 4. Improve the identification, referral and treatment for children whose parents are served by Regional Centers.