Massachusetts Early Childhood Linkage Initiative: Taking CAPTA Pilot to Scale

Early Childhood Partners, 1/19/07
Kate Roper, MECCS, Massachusetts DPH

Based on presentation by John A. Lippitt, Ph.D., Massachusetts DPH
From Policy to Implementation

- MECLI piloted referrals from child welfare (CW) to Part C Early Intervention (EI)
- Both CW and EI were supportive
- Robust EI system able to handle referrals

The MECLI project was funded by the U.S. DHHS, ACF, Children's Bureau; The A.L. Mailman Family Foundation; The Annie E. Casey Foundation; and The Frank and Theresa Caplan Endowment for Early Childhood and Parenting Education at The Heller School for Social Policy and Management, Brandeis University.
MECLI Findings: Referrals

- 540 children offered referral to EI
- 18% of parents refused the referral
- 19% of families referred did not engage with EI
- 40% of children were assessed
MECLI Findings: Eligibility

- 74% of children assessed were eligible under MA broad eligibility criteria (161/218)
- 49% had an eligible delay
- 17% eligible due to 4 of 20 risk factors
- 1% eligible by established condition or judgment
- 6% eligibility criterion unknown
MECLI Findings: Delays

- 40% language delay (84/211)
- 24% adaptive / self-help delay
- 23% gross motor delay
- 21% fine motor delay
- 20% cognitive delay
- 15% social-emotional delay
MECLI Findings: Risk Factors

- CW involvement 69% (145/211)
- Parental chronic illness or disability 35%
- Domestic violence 25%
- Substance abuse 25%
- Multiple traumas or losses 17%
- Inadequate food, shelter, or clothing 14%
- Family lacking social supports 13%
Challenges

- Establishing new policy
- Resources: time, money, expertise
- Collaboration
- Increased referrals
- Who to refer
- Screening vs. assessment
Challenges (cont’d)

- Appropriate assessment and services
- Engagement of referred families
- Working with families facing multiple challenges
- Rate of eligibility
- Confidentiality and information sharing
- Local variation
Success Factors & Strategies

- Clear policies and procedures
- Clear roles and responsibilities
- Obtain buy-in & develop shared vision
- Referral coordinators and collaboration facilitator
- Attainable goals and objectives
Success Factors & Strategies (cont’d)

- Funding for service delivery
- Training
- Time for collaboration & case management
- Expertise on social-emotional development & ECMH
- Diversity & cultural competence
Conclusions

- CW to Part C EI referrals will identify eligible kids
- Multiple implications for Part C EI systems
- Build collaboration among CW, Part C EI, and the courts
- Work with biological and foster families
- Hard work but can be done and can improve outcomes for children and families
Taking it to Scale: Current Status

- Policy guidance drafted fall 2005
- Work with unions:
  - Social Worker: approved
  - NAGE: in progress
- Training plan drafted for 29 area offices, include EI staff and EI parents as presenters
Substance Exposed Newborns Pilot: “A Helping Hand: Mother to Mother”

- Director: John Lippitt, former MECLI Director
- Integrates the delivery of substance use, child welfare, child development, mental health, health, and other social services
- Family Support Specialist, trained mom in recovery: mentor, advocate, support
- One pilot community; additional two next FY
- Barry Lester keynote at kickoff: Jan. 18th
## Contact Information

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