

The Massachusetts Early Childhood Linkage Initiative (MECLI)



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Project funders

- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau
- The A.L. Mailman Family Foundation
- The Annie E. Casey Foundation
- The Frank and Theresa Caplan Endowment for Early Childhood and Parenting Education at The Heller School

We thank these organizations for their support but acknowledge that the findings and conclusions presented are those of the presenter alone and do not necessarily reflect the opinions of these organizations.

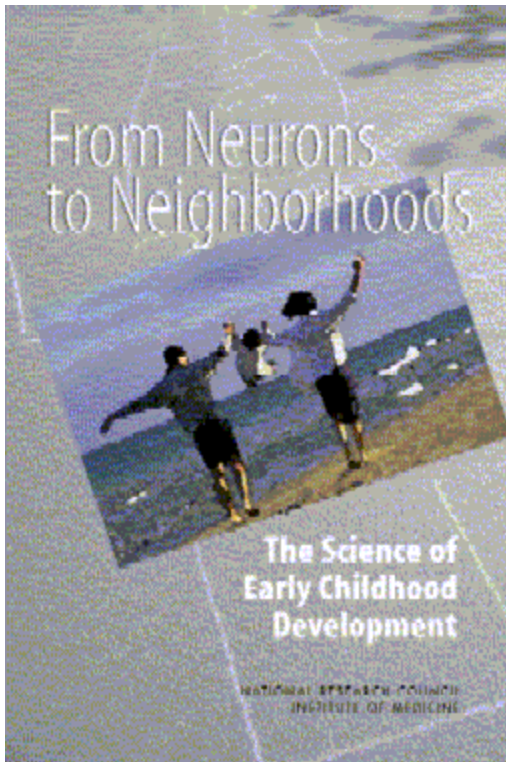


MECLI Background

- **Guided by the science of early childhood development**
- **Goal: to close the gap between what we know and what we do**
- **Objective: refer young children under three years of age with newly substantiated cases of child abuse or neglect to Part C Early Intervention (EI)**



From Neurons to Neighborhoods: The Science of Early Childhood Development



- **Committee on Integrating the Science of Early Childhood Development**
- **Board on Children, Youth, and Families**
- **National Research Council and Institute of Medicine**
- **Jack P. Shonkoff, Chair and Co-editor, with Deborah A. Phillips**



Putting the Study in Context

- **Explosion of knowledge in neurobiology and the behavioral and social sciences**
- **Marked transformations in the social and economic circumstances under which families are raising young children**
- **Unacceptably wide gap between what we know and what we do to promote healthy development in early childhood**



Core Concepts of Development

- **Early experiences matter: they shape the architecture of the brain**
- **Nurturing human relationships and interactions build healthy brains**
- **The development of language, intelligence, emotions, and social skills is highly interrelated**



Closing the Gap

- **Early childhood interventions can have substantial positive impacts, but those that work are rarely simple, inexpensive, or easy to implement**



MECLI Pilot Project - Background

- **3 pilot sites:**
 - **3 of 28 Area Offices of DSS**
 - **6 of 65 EI Programs**
- **5,000 children under 3 involved in new, substantiated CAN cases in fiscal year 2003 in MA**
- **34,000 children seen by EI in fiscal year 2003 in MA**



Data Collection

- **From child welfare (CW) agency**
- **From Part C Service Providers**
- **From Part C Lead Agency**



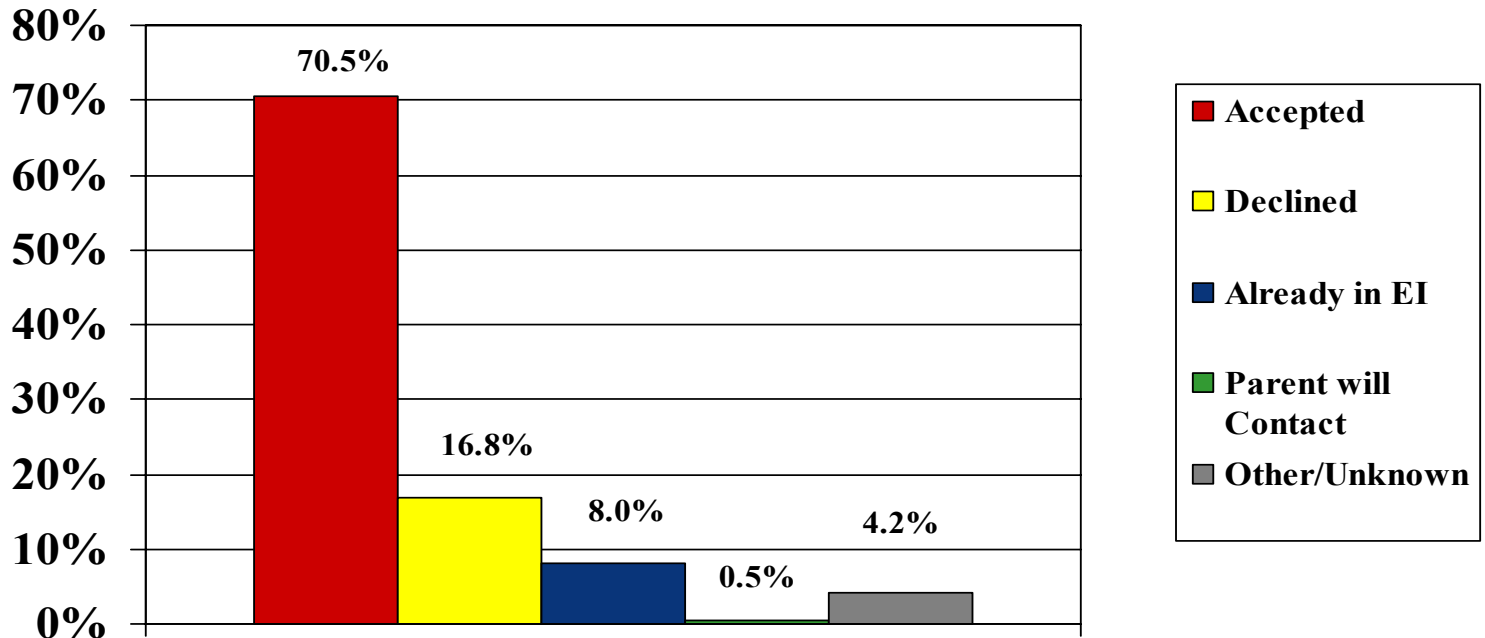
Data To Date

- **410 referrals offered by DSS**
- **305 children referred to EI**



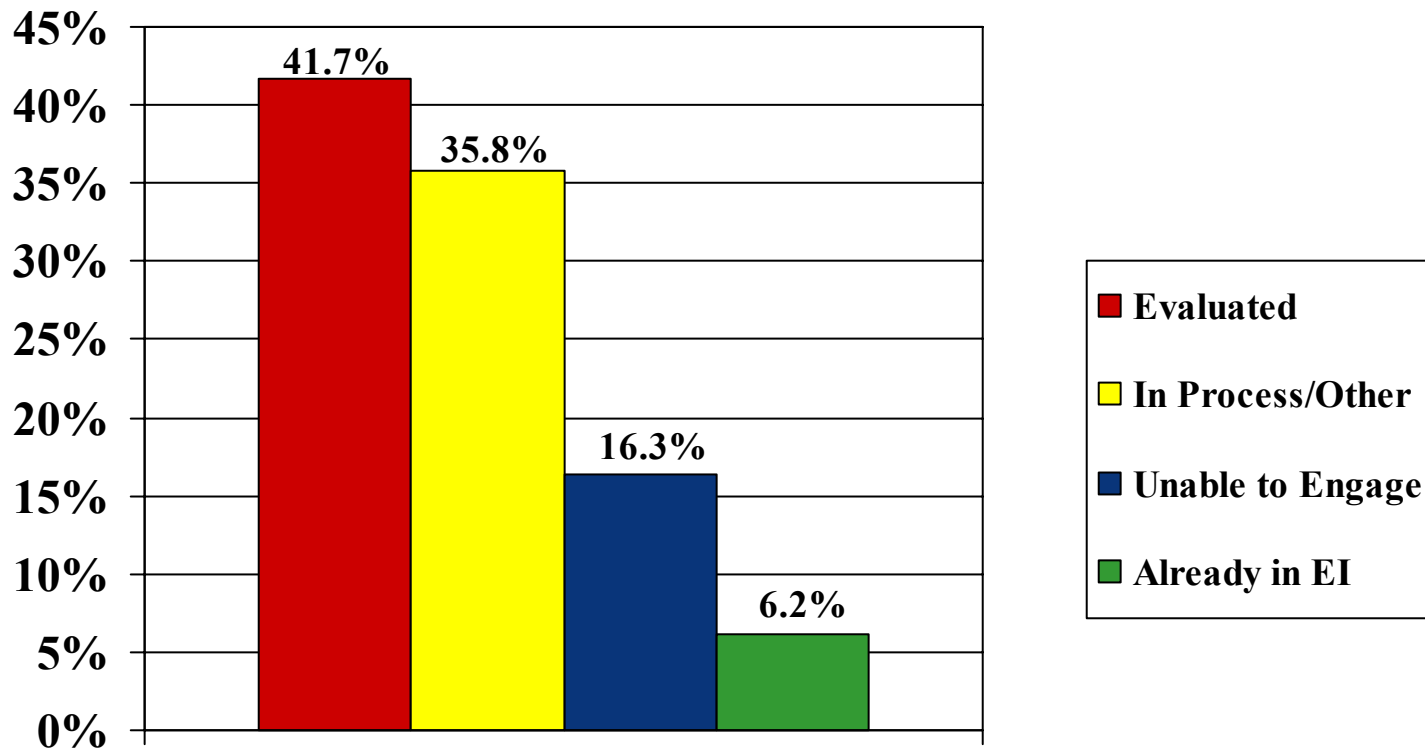
DSS Results on Offering Referrals

- **70% of MECLI eligible families have been offered a referral to EI**
- **71% accept the referral offer**



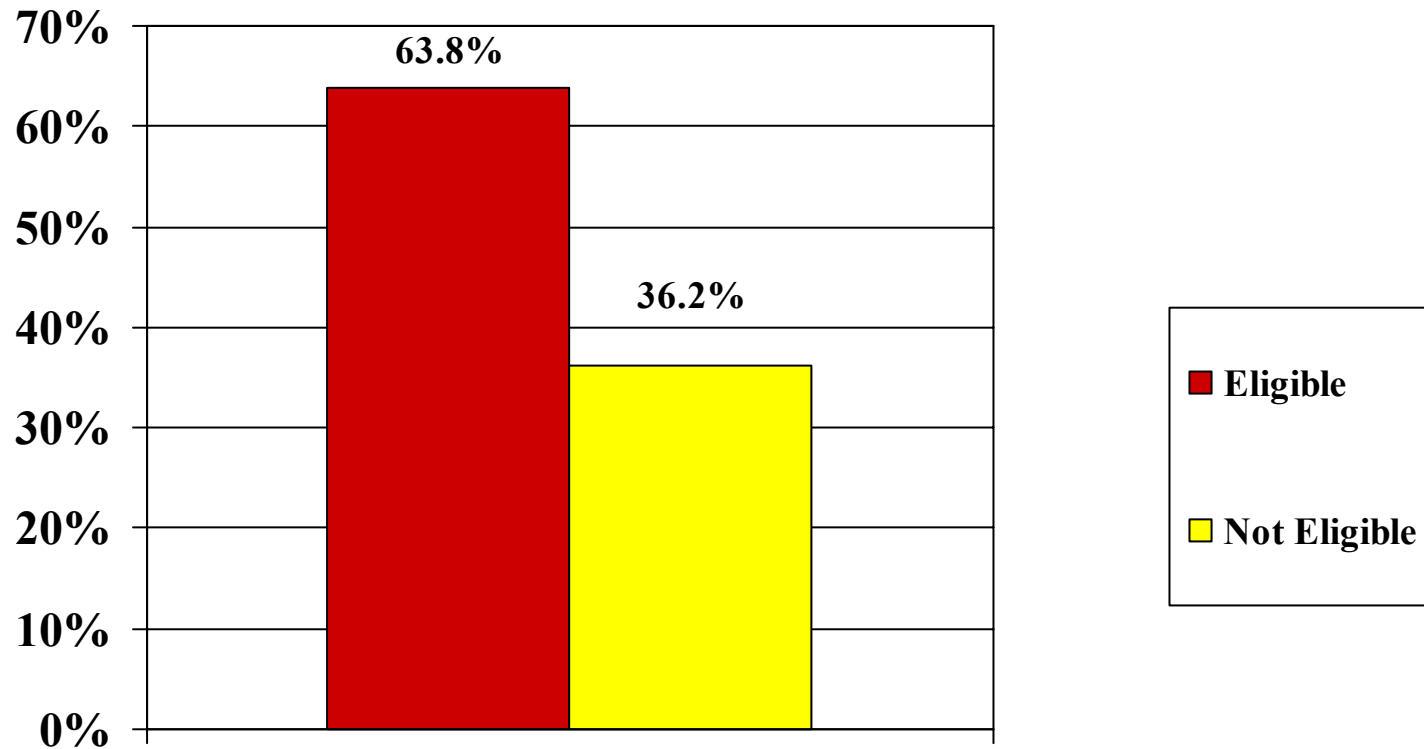


EI Results from Referrals





EI Eligibility Results





Age Data

Age at Referral:

- **46% under 1 year old**
- **26% 1 year old**
- **28% 2 years old**



Delay Data

Types of Delays:

- 46% language**
- 36% adaptive / self-help**
- 32% cognitive**
- 30% fine motor**
- 26% social-emotional**
- 25% gross motor**



Risk Factor Data

Risk Factors:

- **57% protective services case**
- **20% parent chronic illness**
- **20% lacking shelter**
- **19% multiple trauma / loss**
- **18% parental substance abuse**
- **17% lacking goods**
- **10% domestic violence**
- **9% attachment difficulties**
- **9% biological mom low education**



IFSP Data

IFSP Services:

- 24% developmental specialist**
- 22% social worker**
- 17% occupational therapist**
- 16% nurse**
- 12% educator**
- 7% speech / language therapist**



EI Service Delivery and Cost Data

- **117 MECLI-referred children**
- **4,472 children with no CW involvement indicated**
- **Analyzed Screenings, Eligibility Evaluations, and On-going services**



Screenings Data

MECLI Children:

- **More screening events (1.56 vs. 1.37)**
- **Shorter duration (.72 vs. .97 hours)**
- **Less total time (1.02 vs. 1.22 hours)**
- **Lower total cost (\$87 vs. \$104)**



Eligibility Evaluation Data

MECLI Children:

- Fewer eligibility eval events (2.80 vs. 3.26)**
- Less total time (3.06 vs. 3.74 hours)**
- Lower total cost (\$299 vs. \$365)**



On-going Services Data

MECLI Children:

- Fewer service events per 30 day period
(2.84 vs. 4.65)**
- Lower total cost per 30 day period
(\$230 vs. \$340)**



Impact of New Referrals

- **CW agencies will be offering more referrals to Part C Early Intervention**
- **EI will be working to engage more families**
- **EI will be evaluating 5% more children in MA**
- **EI eligible children will increase by 4% in MA**
- **Additional joint cases for DSS and EI will be between 1,000 and 1,500 in MA**



Lessons Learned

- **Build a strong collaboration**
- **Referral coordinator at each local agency**
- **Local relationships through regular face-to-face meetings**
- **Clear roles and responsibilities**



Lessons Learned

- **Offer referrals consistently and effectively**
- **For both Part C and CW agencies:**
 - **Provide orientation materials & training**
 - **Allocate appropriate personnel time**
 - **Allocate appropriate financial resources**



Implementation Issues

- **Standardize where appropriate, but allow local flexibility where needed**
- **Efficient referral process**
- **Sharing referrals among Part C programs**
- **Data collection and analyses**
- **Training**



Benefits

- **Enhanced Child Find for Part C**
- **Part C services can assist CW in reaching its goals**
- **Part C services can improve child and family outcomes**
- **Increased cross-agency knowledge and collaboration**



Conclusions

- **Mutually beneficial collaboration for children and families, Part C, and CW**
- **Relationships and communication**
- **Time and money**
- **Clear procedures, roles, and responsibilities**
- **Standardization and flexibility**

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[Evaluation Link](#)