



Mid-Level Developmental Assessment: Addressing Developmental Concerns in Young Children Efficiently



Identifying and addressing developmental or behavioral concerns in young children early, before problems escalate, can rewrite the script for their future. For this early intervention to occur, developmental surveillance and screening must be followed by timely assessment to determine the need for intervention services. Children for whom surveillance and screening show concerns but don't meet the threshold for a high-level evaluation historically fall through the cracks. Fortunately this is changing as a new assessment service spreads across Connecticut and five other states.

Addressing the Gap

Mid-Level Developmental Assessment (MLDA) offers an **alternative, or “mid-level”, option for children 6 months to 6 years old with mild to moderate developmental or behavioral concerns.** This service provides an efficient assessment between initial screening and a full evaluation.

Concerns identified by a primary care provider through developmental surveillance and screening at well-child visits can range from mild to severe

and may lead to a referral to Connecticut's *Birth to Three* early intervention program. Yet, 40 percent of children in Connecticut referred to *Birth to Three* fail to meet the eligibility criteria for services. Without an alternative, “mid-level” assessment resource, these children and their families often end up on long waiting lists for costly and sometimes unnecessary evaluations by specialists in neurology, developmental pediatrics or psychiatry. Precious intervention time is lost, and most children evaluated by specialists do not end up meeting the threshold for an official diagnosis despite real concerns and delays. Without a diagnosis, many families are not connected to helpful services. Furthermore, children with the most severe concerns are precluded from securing timely assessments and interventions, as appointment times are scarce.

MLDA optimizes the screening process; delivers more appropriate care earlier; and leads to more efficient use of limited full-evaluation resources in Connecticut.

In 2009, three child-serving organizations – [The Village for Families and Children](#), Pediatric Associates of Bristol and the Pediatric Primary Care Center at Yale New Haven Hospital – pilot tested MLDA with a grant awarded by CHDI and funded by the [Children’s Fund of Connecticut](#). The pilot study showed that MLDA could efficiently identify developmentally vulnerable children who could benefit from community-based services. It also highlighted the need to integrate MLDA within the broader child assessment system. Results were published in CHDI’s [IMPACT: Mid-Level Developmental and Behavioral Assessments](#).

The pilot study of MLDA in Connecticut found:

- Fewer than 20 percent of children undergoing MLDA required higher-level evaluations.
- Eighty percent could be enrolled immediately in available developmental & mental health programs.
- Children referred to more extensive evaluations qualified for services with stringent eligibility criteria.

Creating a Sustainable Framework

The Village’s MLDA model is now available for young children in the Greater Hartford area through a partnership with Connecticut’s [Help Me Grow](#) access point, [Child Development Infoline](#) (CDI). CDI serves as the single point of entry for connection to support and resources when a question or concern exists regarding how a child is learning, developing or behaving and connects children with mild or moderate concerns to the MLDA program at The Village.

The MLDA evaluation consists of a parent interview, play-based assessment of the child, and an individualized family recommendation plan provided during a family feedback session. Assessment providers use validated tools and collect surveillance, screening and developmental information from medical and early care and education providers who know the child. Following the completed assessment, CDI connects children with mild concerns to MLDA-recommended community-based programs and services through [Help Me Grow](#). When MLDA reveals more severe

concerns, the team connects children to *Birth to Three* or early childhood special education. Since 2009, The Village has evaluated more than 350 children using the MLDA model.

Cost data suggest that MLDA can save an average of \$540 per child. The cost of a full evaluation averages approximately \$1,300 per child across Birth to Three and specialty services.

Expanding MLDA Across Connecticut

The partnership between the MLDA program and the statewide [Help Me Grow](#) access point has established solid groundwork for replication of MLDA among other organizations in Connecticut that perform *Birth to Three* and preschool special education evaluations. In partnership with The Village and the United Way of Connecticut, the [Office for Community Child Health](#) at Connecticut Children’s Medical Center is currently replicating MLDA throughout the state with the support of a two-year [grant](#) from the LEGO Community Fund U.S. CDI will continue to serve as the referral point to MLDA and [Help Me Grow](#) will continue to link families to services following assessment. On a national level, the [Help Me Grow National Center](#) is working with Florida, Washington, Vermont and four counties in California to disseminate MLDA.

MLDA was identified as a promising early childhood assessment strategy outlined in a 2006 Commonwealth Fund [report](#). Connecticut was the first state to test the feasibility of the model. Now it is becoming the standard of care for young children at risk for developmental delay and unlikely to qualify for publicly funded programs. By efficiently assessing children at risk of developmental delays, using limited specialist resources more efficiently, and decreasing health care system costs MLDA can have a profound effect in shaping the futures of children across Connecticut and other states.

For more information [download](#) CHDI’s IMPACT on MLDA, [watch a video](#) from The Village about a family using MLDA, or contact Lisa Honigfeld at honigfeld@uchc.edu.

