The Concerns Of Parents at High Psychosocial Risk:
Do Parents in Crisis Recognize Developmental-Behavioral Problems in Their Children?
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Background
- 2-1-1 is a national call service designed to connect people in need with available resources and deter unnecessary 911 calls, serving annually 16 million families with non-emergent crises (e.g., domestic violence, eviction, food instability, financial crisis, etc.).
- 211 LA County (211LA) receives ½ million calls per year.
- In 2009, 211LA added health and developmental-behavioral (DB) screening to its services.

Objectives
1) Do families in crisis notice DB problems?
2) Are families willing to spend time on screening?
3) Do their children have elevated needs for health and DB services as compared to general pediatric practices?

Methods

- Setting
  211LA call center
- Procedure
  1) Parents’ reasons for calling were addressed first;
  2) Next parents were asked if they would like to discuss any concerns about their children (if in the birth to 5 year age range);
  3) If so, parents were administered developmental-behavioral screening tests by interview using an online screening service, PEDS Online, providing real-time results from a range of screening tools;
  4) If screening test results were problematic, 211LA made live referrals to a range of intervention services (e.g., Head Start, Early Head Start, IDEA, etc.).
- Measurement
  1) Parents’ Evaluation of Developmental Status (PEDS);
  2) Modified Checklist of Autism in Toddlers (MCHAT);
  3) PEDS: Developmental Milestones (PEDS:DM).

Data Acquisition
1) All screening results were captured by the PEDS Online database and then transferred to 211LA’s electronic health record;
2) Demographic data, the status of referrals and whether a referral resulted in delivery of services were tracked in 211LA’s database.

Samples
211LA.
70% of 211LA parents (N =3919) whose children were in the targeted age-range agreed to complete screens.

Community Pediatric Practices
Data on children of comparable ages from 12 general pediatric clinics across 6 US States where PEDS Online screens was administered by interview at well-visits, served as a comparison group (N = 8367).

Results

<table>
<thead>
<tr>
<th>Demographics</th>
<th>211LA</th>
<th>General Pediatrics</th>
<th>US Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>36%</td>
<td>66%</td>
<td>64%</td>
</tr>
<tr>
<td>Latino</td>
<td>74%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Black</td>
<td>13%</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Asian/other</td>
<td>6%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>Interview Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>57%</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>Spanish</td>
<td>4%</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Poverty*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Ages (mean/SD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.0 months (sd = 16.68)</td>
<td>36.1 months (sd = 22.48)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Screening Test Performance</th>
<th>211LA</th>
<th>General Pediatrics</th>
<th>Odds Ratios (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDS (any concern)</td>
<td>69% (N = 2704)</td>
<td>26% (N = 2175)</td>
<td>6.3* (3.42 – 11.73)</td>
</tr>
<tr>
<td>PEDS (delayed risk)</td>
<td>48% (N = 1881)</td>
<td>18% (N = 1506)</td>
<td>4.2* (2.21 – 8.00)</td>
</tr>
<tr>
<td>PEDS:DM (≥ 1 milestone missed)</td>
<td>60% (N = 2355)</td>
<td>17% (N = 1422)</td>
<td>3.8* (1.89 – 14.13)</td>
</tr>
<tr>
<td>MCHAT (failed)</td>
<td>16% (N = 627)</td>
<td>9% (N = 753)</td>
<td>1.9</td>
</tr>
</tbody>
</table>

* p < .01

Conclusions:
1) Parents, even in the midst of financial crises and stressful living situations are willing to discuss worries about their children;
2) Families with high rates of psychosocial risk have children with high rates of developmental behavior problems and health concerns;
3) Opportunistic screening and surveillance in non-emergent crisis call centers is readily accomplished and has a high yield in terms of early detection;
4) 211 can work with 911 to deflect non-emergency family issues and decrease the burden of 911 calls for non-medical emergencies;
5) Live referrals to services have a high uptake rate as compared to other referral methods (e.g., fax, email, requiring parents to make their own appointments, etc.).

References:

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