

Mid-Level Developmental Assessment (MLDA)



What is MLDA?

MLDA is a new level of care; it is briefer and more affordable than a full multidisciplinary or behavioral/ mental health evaluation. It addresses an identified service gap by assessing and carefully triaging children to community based programs and service in a timely, effective manner with the goal of improving children's developmental trajectories.

When there is a question about how a child is learning, developing or behaving and/or a developmental screening identifies the need for further assessment, an MLDA provides a comprehensive global developmental assessment protocol that confirms the areas and levels of delay and behavioral concerns and includes caregiver(s) perception and report throughout the process. The brief but comprehensive MLDA addresses the needs of children with mild and moderate levels of developmental and behavior concerns. It ensures that children identified through developmental surveillance and screening will receive timely assessment. MLDA promotes earlier intervention for these children by allowing a majority of them to bypass full diagnostic tertiary level evaluations and begin appropriate supportive or therapeutic services right away.

Because the MLDA results in timely family- and child-specific recommendations and a service plan, it expedites referral to lesser intensity community-based services such as family resource centers, parent education, home visiting services, and developmental and therapeutic play groups.

MLDA Principles

- Assessment is provided by a multidisciplinary MLDA team of well-trained professionals (including health, child development, education or behavioral health clinicians).
- The MLDA team includes parents/caregivers as integral partners.
- The MLDA team works with and expands upon existing collateral information about the child
- The MLDA yields comprehensive developmental and behavioral status findings and recommendations within 4 weeks and 4 hours of family/child contact.
- The MLDA assessment protocol utilizes instruments that cover the full range of development (including developmental skills, behavior and psycho-social development), are reliable and valid, used for their specified purposes, and appropriate for specific cultural/ethnic groups and specific ages.
- The MLDA incorporates formal communication, planning, and information-sharing with the child's pediatric health care provider, education and care provider(s) and any other existing services or supports.
- The MLDA assessment is conducted in any natural, non-threatening setting.
- All collateral information, assessment findings, anecdotal observations and family feedback is reviewed by the MLDA multidisciplinary team and yields a report with formal and informal recommendations.

MLDA Components/Process/Protocols

- Collateral data from the child health, education and care, and referring provider is gathered by the MLDA Care Coordinator.
- A parent-caretaker interview and parental stress/perception measure is completed by the MLDA Clinician.

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- A comprehensive, developmental, play-based assessment is conducted by an MLDA Evaluator.
- Consultation, data synthesis and review of collateral information is done by the MLDA Team.
- A written summary of recommendations and findings is completed by the MLDA Evaluator.
- A family feedback session, led by an MLDA team member, in coordination with child health, service and education and care providers, is held to review the MLDA summary/report.

A key component of the MLDA process is the regular “case conference/rounds,” which provide the forum for a multidisciplinary group to interpret, consult and give clinical validation of the assessment findings and family recommendations. This is also the time to identify if a tertiary level evaluation is needed in one or more of the developmental or behavioral areas.

Why MLDA

The Child Health and Development Institute of Connecticut (CHDI) published A Framework for Child Health Services: Supporting the Healthy Development and School Readiness of Connecticut’s Children. The Framework document articulates the full continuum of services, from primary health care to highly specialized care, needed in a comprehensive system of child health services.¹ In the category of “selective services,” or “services available to all children and families and likely to be accessed by some to promote early intervention for health and developmental problems,” the Framework identified the need for Mid-Level Developmental Assessment (MLDA). The authors describe MLDA as the expedient assessment of a child with a behavioral or developmental health concern identified through screening “aiming to provide “the right child with the right service at the right time.”²

MLDA Pilot: Feasibility and Effectiveness of Mid-Level Developmental Assessment for Young Children

Purpose

When developmental screening identifies children in need of further evaluation, referral for comprehensive assessment is often delayed. We report on the feasibility and effectiveness of a Mid-level Developmental Assessment (MLDA) model designed to address the needs of children with mild/moderate levels of delay and to enable children with more severe delay to access tertiary-level assessment in a timely fashion.

Methods

Referrals for MLDA were solicited from child health, early care and education, mental health, and social service providers, and parents. MLDA was conducted by a Master’s-level social worker and a developmental specialist. Components included: solicitation of data from the child health provider; parent interview and completion of the Parenting Stress Index; child evaluation using the Developmental Assessment of Young Children or the Provence Profile of the Infant and Toddler Developmental Assessment; the development of an Individualized Family Service Plan (IFSP); and case management.

Results

80 children from an at-risk, urban population received MLDA during a 22-month pilot period. 82% were found to have mild to moderate delays. 18% were referred for tertiary evaluation and were found eligible for categorical programs (e.g., Part C and Part B). Children were typically seen within one week of referral and MLDA completed within two weeks of initial interview. All children were connected to community-based programs and services. MLDA was largely covered by third-party reimbursement.

Conclusion

MLDA is a feasible and effective model for the timely assessment of children suspected of developmental delay on the basis of surveillance and screening. Children with mild/moderate delays are efficiently linked to programs and services, while children with more severe delays have facilitated access to more comprehensive assessment and services.

¹ Dworkin, P., Honigfeld, L. & Meyers J. “A Framework for Child Health Services.” Farmington, CT: CHDI, March 2009.

² Honigfeld, Chandhok, Fenick, Martini Carvell, Vater, Ward-Zimmerman, “Mid-level Developmental and Behavioral Assessments: Between Screening and Evaluation”. Farmington, CT:CHDI, May 2012