

CHILD DEVELOPMENT INFOLINE



2014-2016

Norwalk Initiative: Three Year Impact Report

Prepared for the Grossman Family Foundation 2016

Connecticut 
2-1-1[®]
Child Development
— Infoline —

Child Development Infoline

In April 2013, Child Development Infoline (CDI) received a three-year grant from the Grossman Family Foundation. The goal of the grant was to ensure that children enter kindergarten ready to learn. While three-years was not enough time to complete the work that is involved in realizing this goal, it was enough time to establish an integrated system of support and services that need to be in place to ensure that children enter school ready to learn. This impact report includes a description of CDI's three-year collaborative work with Norwalk's champions, providers and families; lessons learned; and makes recommendations for building on the work that has been done.

OVERVIEW OF CHILD DEVELOPMENT INFOLINE (CDI) AND THE NORWALK COMMUNITY INITIATIVE GRANT

CDI, a specialized unit within United Way of Connecticut (UWC)'s 2-1-1 system for the past 23 years, serves as the access point for a number of statewide systems supporting pregnant women, children, and families, including CT's early intervention system (Birth to Three); Help Me Grow (HMG) & the Ages and Stages (ASQ) Child Monitoring Program; Early Childhood Special Education; the Children & Youth with Special Health Care Needs (CYSHCNs) program; and Maternal, Infant and Early Childhood Home Visiting (MIECHV) programs.

CDI serves as a gateway to these services for families as well as for health, child care, education, social welfare, and family support service sectors. Care coordinators provide education on development, behavior management strategies and programs, make referrals to services, and provide advocacy and follow-up as needed. They work with families to understand their individual needs, connect them to the best services available, and follow up to ensure their needs are being met.

As a gateway to services, CDI seeks to identify as early as possible children at risk for poor developmental and behavioral outcomes, and connect them and their families to needed services. The overall goal is to optimize development during the early foundational years so that children are well-prepared and ready for school.

As a component of its HMG services, CDI offers families the Ages & Stages Questionnaires®, Third Edition (ASQ-3™), a series of questionnaires completed by parents (electronically or by mail) that are designed to screen children for developmental delays from 4 months to five years of age, as well as the Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™), which is a reliable, parent-completed tool with a focus on children's social and emotional development for children from 1 month to six years of age.

CDI's relationship with the Foundation began in the last quarter of 2012 and led to opportunities for networking with local groups and meetings with stakeholders. These meetings allowed CDI to learn more about Norwalk, while members of the Norwalk community learned about the unique resources CDI could bring to the City as a supplement to the work being done by local providers. The input provided by the Norwalk community guided the content of a letter of inquiry submitted to the Foundation. That letter of inquiry led to the submission of a grant for three years of funding to embed CDI's state level activities into Norwalk's local systems that serve young children, families and pregnant women. The proposal was approved by the Board of Trustees in December 2012 and began in April 2013.

The target population of this grant is Norwalk's young children, their families, and pregnant women; providers who work with this population; and key stakeholders. The focus is on both a micro and macro level. On the micro level, the needs to be addressed are ensuring that families and providers have "in real time" access to information, referrals to resources, and assistance in navigating health and human services systems. On the macro level, efforts include providing stakeholders with information on how Norwalk's children are developing, an overview of the use of the community resources as well as barriers that Norwalk families are experiencing.

This impact report reflects the work that has occurred during the past three years and adjustment made to reflect changes in the landscape, including the taking advantage of unanticipated opportunities.

RESEARCH BEHIND CDI'S EFFORTS IN SUPPORTING FAMILIES AND ENSURING THAT CHILDREN ENTER SCHOOL READY TO LEARN

There has been an ever-increasing awareness of the impact of undetected behavioral and developmental problems, not only on children and families who experience such difficulties, but also ultimately on our society's mental health, educational, welfare, and juvenile justice systems (National Research Council and Institute of Medicine, Committee on Integrating the Science of Early Childhood, 2000). A longitudinal study conducted in the US (Wertheimer, Croan, Moore, & Hair, 2003) of kindergarten students found fifty-six percent of the sample of approximately 4,000,000 children, were not ready for kindergarten. Thirty-five percent of the children lagged behind in one of three areas, cognitive skills associated with early academic achievement, health (specific health concerns included obesity, poor motor skill development, poor health or a disability), or social-emotional adaptation problems, and 21% lagged behind in two or more of the three areas. Moreover, children from disadvantaged households were overrepresented among the kindergartners who lagged behind in all three areas. A close inspection across multiple sources of data on the well-being of young children in Connecticut shows a somewhat complex (but consistent) picture as described in the next several paragraphs.



A longitudinal study conducted in the US (Wertheimer, Croan, Moore, & Hair, 2003) of kindergarten students found fifty-six percent of the sample of approximately 4,000,000 children, were not ready for kindergarten.

An analysis of state trends in child well-being conducted by the Annie E. Casey Foundation (2016) showed that for 28% of Connecticut children under age 6, parents had concerns about their development. This is slightly higher than the estimated 26% nationwide. In addition, it is estimated that 26% of Connecticut children under age 6 received a developmental screening as compared to 30% nationwide. Importantly, findings on how well young children fare in Connecticut show dramatic variation by income (Ali & Canny, 2008). First, approximately one in four Connecticut children (24% to 29%) reside in low-income households with an annual income under 200% of the federal poverty level (Annie E. Casey Foundation, 2016; Connecticut Voices for Children, 2014; Vandivere, O'Hare, Atienza, & Rivers, 2007). Compared with other states, this ranks Connecticut at just the second from the lowest in percentage of children in low-income families (Vandivere et al., 2007). Moreover, in terms of overall wellbeing for children, Connecticut ranks as 10th best on average. However, when comparing states on the well-being of low-income children, Connecticut is ranked as 39th. Compared with other states, Connecticut is 4th worst in terms of the gap in well-being between low- and higher-income children. More specifically, Connecticut's low-income children, as compared with low income children in other states, ranked 33rd in health status, 30th in social and emotional well-being, 48th in cognitive development and educational attainment, 24th in family activities, 35th in family and neighborhood context, and 41st in social and emotional context.

Analysis further shows that for Connecticut children, ages 3 to 5 years, more than one in five in low-income families (21%) have emotional or behavioral difficulties. This is 3.5 times the percentage of children in higher-income families (6%). In addition, estimates indicate that low-income young children ages 1 to 5 years were 2.2 times more likely to be at

moderate or high risk for developmental delay. Specifically, 39% (nearly two out of five children) in low-income families compared to 18% in higher-income families) (Connecticut Voices for Children, 2008). Finally, child wellbeing indicators by Connecticut town (Connecticut Voices for Children, 2014) shows that while only 51.4% of 3rd graders in Norwalk are at or above goal in reading on the CMT, the percentages are much higher in the surrounding (more affluent) towns: 80% in Darien, 89.7% in New Canaan, 82.8% in Westport, and 84.5% in Wilton.

Much has been learned about the importance of optimizing development during the early years of life for long-term health and well-being. Underlying the relatively new focus on children during the earliest years in life are findings from research on early brain development that point to the influence of the developmental context (i.e., family and parent-child interactions) and early experiences on setting attitudes and patterns of thinking that, in turn, influence future learning and behavior (Center on the Developing Child at Harvard University, 2016). Increasingly, early child care and psychological and social development are seen as critical components of school readiness and academic achievement (Shonkoff & Phillips, 2002). Moreover, a convergence of findings across decades of research in economics, developmental psychology, and neurobiology, highlight the powerful effect that early childhood environments have on adult productivity (Knudsen, Heckman, Cameron, Skonkoff, 2006). In their review of the findings - in particular that the capacity for foundational change is highest earlier in life and decreases over time, the authors conclude that the best strategy for strengthening the future workforce is by investing in the early developmental environments of children, especially children at risk for poor outcomes.

Even when needs are identified, connecting children and their families to services often proves difficult and requires knowledge of programs, understanding and meeting of eligibility requirements, and persistence in overcoming barriers. Young children with behavioral and developmental problems and their families have multiple needs (Hair, Halle, Terry-Humen, Lavelle, & Calkins, 2006; Neely-Barnes & Dia, 2008) and each vulnerability or obstacle is bound to the next. Service delivery and interventions, however, often focus on single problems or areas of concern (i.e., health care, educational needs, parenting, or family and psychosocial issues) and operate in isolation from each other. It is no wonder that families report problems



understanding what services are available and how to access them. Not only are they taxed in terms of their time and emotional and financial resources, but the long-term development of the family is affected as members react in different ways (Lu & Halfon, 2003; Murray-Garcia, 1996; Neely-Barnes & Dia, 2008). Much as a child's well-being depends on characteristics of the surrounding caregiving environment, the quality of parental care is dependent on the nature of surrounding stressors and supports (Luthar, 1999; Rak & Patterson, 1996). For a family with a child who has a developmental or behavioral problem, coping styles and belief in the ability to manage the child's care are better predictors of parental stress – and child outcomes – than the child's disability or problem itself (Amstrong, Birnie-Lefcovitch & Ungar, 2005; Guralnick, 2011; Hauser-Cram et al., 1999; Lu & Halfon, 2003; Neely-Barnes & Dia, 2008; Webster-Stratton & Taylor, 2001).

Experts have long agreed that early detection of at-risk children offers the best hope for early intervention and optimal outcomes (Chamberlin, 1992; Fisher, Gunnar, Chamberlain, and Reid, 2000). However, an historical division between health, child care, education, social welfare, and family support service sectors significantly contributes to the delay of investment in services for young children with behavioral and developmental problems (Bennett, 2003; Halfon, Duplessis, & Inkelas, 2007). The barriers to bringing service sectors together and developing a unified view of child development are deeply entrenched. The division in early intervention services has historical roots dating back to the 19th century, when services for young children were first institutionalized (Bennett, 2003). Childhood social and medical services, particularly for young children coming from disadvantaged backgrounds, were initiated with a charitable intent

while early education for children approaching obligatory school age (i.e., kindergarten), was incorporated by public education. The result is that early education (from three to six years of age) became an outgrowth of the public school systems and social and medical services for toddlers and infants developed within a welfare or health framework, predominantly for children of low-income families. The divide was further compounded by societal attitudes toward these separate institutions: education historically was seen as a public good, serving the economy, while child care was considered a private good and not a matter for state investment (Bennett, 2003).

To address the disconnection among programs, policies and funding sources supporting young children's growth and development, in 2014 Connecticut established the Office of Early Childhood (OEC). The work leading up to establishing the OEC started in 2005 with the creation of the Early Childhood Education Cabinet. The Cabinet brought together stakeholders including legislators and relevant state agencies serving young children. In 2011, the legislature convened a planning team charged to design a comprehensive early care and education system. The planning team developed, "A Plan for an Early Childhood System for Connecticut: The Office of Early Childhood." In 2013, Governor Malloy signed an Executive Order, recognizing the Office of Early Childhood as the office responsible for coordinating and improving the delivery of early childhood services, and in 2014 the Office was established via Public Act 14-394.

Consistent with the mission and goals of the OEC, in 2014 the Connecticut Office of Early Childhood ran a statewide public awareness and outreach campaign designed to increase awareness of the importance of developmental screening. Through the HMG program, they sponsored "Community Cafés" to give parents the opportunity to participate in guided, meaningful conversations about children's healthy growth and development and to learn more about community resources to support their children's development. Participating communities, in addition to Norwalk, were Bridgeport, Danbury, Lower Naugatuck Valley, Hartford, Killingly, Putnam, Sterling, Plainfield, Middletown, New Britain, and Stamford. Campaign activities also included: 1) trainings in the administration of the ASQ-3 and the ASQ:SE -2; 2) free screening events for two-year-olds across the state; and 3) recruitment of families to register in the HMG ASQ program. Close to 400 new ASQ administrators were trained, and more than 600 families were registered to receive ASQ screenings. Campaign events were designed to provide a service to the families who participated, but the primary purpose of the events was to promote developmental screening so that the message would continue to spread beyond the campaign activities. Statewide, one thousand five hundred and forty-five people participated in the campaign either as partners, volunteers, or parents. The campaign yielded positive results. From FY 2013 to FY 2015, there has been a substantial 474% increase in the number of children enrolled in Ages and Stages Child Monitoring Program. In addition, children of families participating in Connecticut's Nurturing Families Network, a home visiting program of the OEC, are regularly screened using the ASQ as part of program practice.

CDI promotes the early detection of young children at risk for adverse developmental and behavioral outcomes by placing health services within a broader system with other sectors (Fine & Hicks, 2008; Dworkin, Honigfeld, & Meyers, 2009), and linking children and their families to community-based programs and services through a single (centralized) point of entry (Carey, 2006). The model emphasizes the critical importance of linkages across sectors, and identifies care coordination as one of the key components to a successful system (Carey, 2006; Greco et al., 2006). Care coordination is provided for children and families at every level of need: for those concerned about developmental, behavioral, or social-emotional problems; for families in need of indicated services such as Early Intervention, special health care (Title V), and special education programs; and for families and others interested in optimizing healthy development (Dworkin, Honigfeld, & Meyers, 2009). Although the model is for universal access, importantly, it is designed to be a safety net for children with behavioral and developmental problems (identified or unidentified) with evaluation and service needs that do not automatically fit eligibility criteria.

In addition, HMG, through CDI, offers families' access to the Ages and Stages Child Monitoring Program. The ASQ-3, a cost-effective, parent-friendly instrument, is endorsed by the American Academy of Pediatrics, and over the past 10 years it has increasingly been used in primary care settings (Allen, Berry, Brewster, Chalasani, & Mack, 2010; AAP, 2006; AAP, 2011; Drotar, Stancin, & Dworkin, 2008; Dunkle & Hill, 2009; Limbos & Joyce, 2011). It has been validated

with large and diverse standardization samples, and translated and successfully used cross-culturally (Squires, Bricker, Twombly, & Potter, 2009). In addition to identifying developmental delays, among parents it helps to foster active involvement in and understanding of their child's development. It has been successfully used with the general population as well as high risk populations (Macy, 2012; Pizur-Barnekow, Erickson, Johnston, Bass, Lucinski, 2010), including for assessment of premature and at-risk infants (Flamant, Branger, Tich, Rocheborchard, Savagner, et al., 2011; AAP, 2003), as an outcome measure in public health studies (Chiu & DiMarco, 2010; Henriksen, Haugholt, Lindgren, Aurvag, Ronnestad, Gronn, et al., 2008), in home visiting programs (Squires, Katzev, Jenkins, 2002), and in Early Head Start, (Baggett, Warlen, Hamilton, Roberts, & Staker, 2007).

OPPORTUNITIES PRESENTED IN NORWALK

CDI's work, in partnership with the Norwalk community, provides an opportunity to operationalize the research cited above and offers guidance on lessons learned for replication efforts that have already begun on both a state level and within other CT cities.

Champions

CDI was sensitive to the need for the Norwalk community to accept a statewide program, not geographically located in or near Norwalk, as a useful resource that adds value to the impressive work already being done on behalf of young children and their families. An essential component to community acceptance was having a well-known and respected champion serve as CDI's Norwalk ambassador. Victoria Schilling, who was a member of the Norwalk Early Childhood Council (NECC) and Co-Chair of the Healthy Families Collaborative, was CDI's champion. She introduced CDI to a number of groups that, in turn, invited the CDI's Director and Maternal and Child Health (MCH) Consultant to their meetings. Between June and December 2013, the CDI Director and MCH consultant met with and, in many instances, presented to the following groups:

- A NECC meeting which, after the presentation, members had a formal vote to support CDI's efforts in Norwalk
- A Norwalk Child Care Provider meeting
- A Norwalk Family Support Alliance meeting
- Staff at Norwalk Community College (NCC)
- Staff at Norwalk Community Health Center
- A Norwalk ACTS meeting, and
- Norwalk ACTS Kindergarten School Readiness Community Action Network (KCAN) meeting

Through these meetings and presentations, CDI's network of support increased exponentially and its unique contribution was recognized and supported by well-known and respected colleagues.



The early childhood community in Norwalk has been fortunate in our partnership with CDI. Through our collaborative efforts we have increased the use of the Ages and Stages questionnaire (ASQ) among Norwalk families and preschool providers. This helps us to provide information and resources to parents to support their child's development.

Mary Oster
Early Childhood Coordinator
City of Norwalk

CDI's participation in Norwalk ACTS

In the summer of 2014 Anthony Allison was hired as the first Executive Director of Norwalk ACTS which, under his leadership, has become the backbone organization of

Norwalk's Collective Impact efforts on behalf of children and their families. The mission of Norwalk ACTS is to enrich and improve the lives of Norwalk children from cradle to career. On the national level, Norwalk ACTS is a member the Strive Together Cradle to Career Network. This national network is comprised of 64 community partnerships in 32 states and Washington D.C. working to improve education success for every child by bringing together cross-sector partners around a common vision.

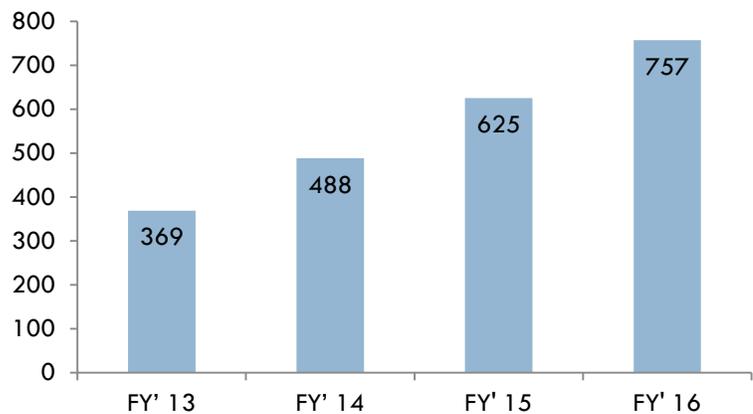
Norwalk ACTS operates through six community levels that represent a continuum for children from birth to young adulthood. They are kindergarten readiness; achieving goals for third grade reading levels; transitioning successfully from fifth to sixth grade, from eighth to ninth grade; preparing graduates for college; training in post-secondary training and full time employment; and preparing graduates for careers through college degrees or certification. (Kindergarten Readiness Community Action Network)

The KCAN and the newly reconvened home visiting and early childhood health and development workgroups, provide CDI with a niche for making a unique contribution to Norwalk ACTS in the age range that is most challenging in capturing and tracking services designed to ensure that children

enter school ready to learn. The care coordinators are the linchpin of CDI's contribution to Norwalk ACTS. This knowledgeable and caring staff often provide sanctuary to callers struggling with a situation that is difficult to articulate or with finding needed resources in complex delivery systems. As stated in the research section "Even when needs are identified, connecting children and their families to services often proves difficult and requires knowledge of programs, understanding and meeting of eligibility requirements, and persistence in overcoming barriers. CDI serves as a safety net for callers. The care coordinators ensure that those crucial connections are made.

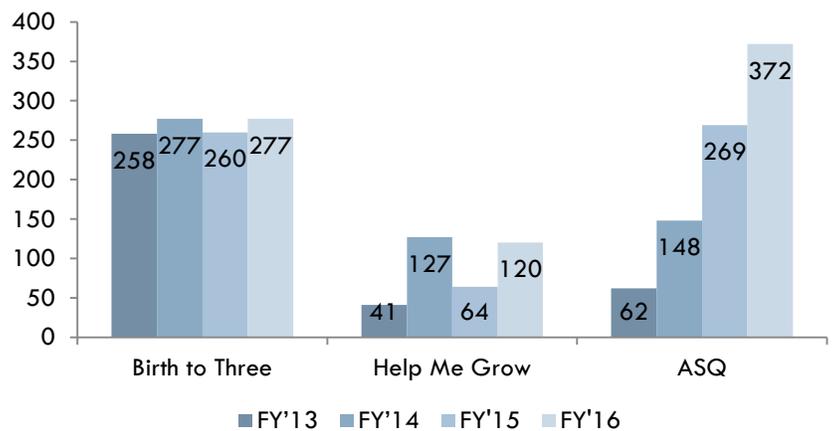
The data collected through CDI's cases informs Norwalk ACTS and contributes to the City's Collective Impact effort. Below are statistics on the cases and referrals made to services over the past 3 years.

Number of Norwalk Cases by Year



There was a 105% increase in cases from baseline FY'13 to the end of FY'16.

Number of Program Referrals by Year



Based on the research done by the Center for Social Research at the University of Hartford (Hughes, Joslyn, Wojton, O'Reilly, & Dworkin, 2016), care coordinators have an impact on families that go beyond referrals to services. The research examined the effects of CDI and HMG, one of the statewide systems accessed through CDI, on parents' perception of protective factors known to positively impact children's development (Center for the Study of Social Policy, 2014). A 10-item parent survey was administered to 79 families over the phone. The survey assessed changes perceived by the parent that occurred as a result of contacting HMG through CDI in the following areas: understanding of their children's development and needs; knowledge of available services; access to services; access to available assistance, advice or emotional support; family's day-to-day routines and interactions; the parent-child relationship; the child's behavior; and ability to better handle issues when they arise. Overall, parents reported a positive change in their family circumstances and a strengthening of protective factors despite differences in presenting issues. The findings of the study suggest that CDI and HMG services improved connections of families with vulnerable children to community-based programs and services and enhanced their perceptions of family functioning across a sample of 79 families with differing needs. Some parents needed help with complex issues or problems, whereas others needed practical information or guidance on their children's development. Families who called under stress, sometimes in crisis, were able to gain access to necessary help. Many families reported on the benefits of being connected to services such as the ASQ Child Monitoring Program, and to other parents of children with similar needs (e.g., parent support groups). CDI services, specifically HMG, contributed to having more engaged, supported, and educated parents who were better equipped to meet their children's needs and foster healthy developmental outcomes.

During a follow up interview, a mother of a two-year old stated, "I don't know what I would have done without CDI and Help Me Grow and that is the understatement of my life".

Below is a chart summarizing parents' responses to the survey questions administered by interviewers from the University of Hartford Center for Social Research.

| Responses to Survey Questions | Parent Responses (N=79) | | | | |
|--|--------------------------|-----------|--------------|------------|----------|
| As a result of my call to CDI and the information and services I received | Extremely or quite a bit | Some What | A Little bit | Not at all | N/A |
| I have a better understanding of my child's development. | 66 (84%) | 5 (6%) | 2 (2%) | 1 (1%) | 5 (6%) |
| I am able to better understand and meet my child's needs. | 64 (81%) | 9 (11%) | 2 (2%) | 1 (1%) | 3 (4%) |
| I have a better understanding of services for me and/or my child. | 66 (84%) | 8 (10%) | 0 (0%) | 4 (5%) | 1 (1%) |
| I am able to access services if I need it. | 66 (84%) | 7 (9%) | 3 (4%) | 1 (1%) | 2 (2%) |
| I have people I can talk to for advice and emotional support. | 62 (78%) | 9 (11%) | 4 (5%) | 1 (%) | 3 (4%) |
| There are people who can provide me with assistance when I need it. | 69 (87%) | 7 (9%) | 0 (0%) | 0 (0%) | 3 (4%) |
| There is improvement in my family's day to day circumstances. | 53 (67%) | 8 (10%) | 3 (4%) | 2 (2%) | 13 (17%) |
| My relationship with my child has improved. | 48 (61%) | 4 (5%) | 4 (5%) | 2 (2%) | 21 (27%) |
| My child's behavior has improved (e.g., mood, attitude, play, relationship with other children). | 37 (47%) | 16 (20%) | 2 (2%) | 0 (0%) | 24 (30%) |
| I feel like I can handle things better. | 59 (75%) | 10 (31%) | 1 (1%) | 1 (1%) | 8 (10%) |

The results of the study were presented to the care coordinators, who are now more aware of their ability to strengthen families through use of the protective factors.

The Ages & Stages (ASQ-3) Child Monitoring Program and the Ages and Stages Questionnaire: Social Emotional (ASQ:SE2)

The Norwalk Community College Early Childhood program has been working with the CDI Ages and Stages initiative for a few years through the Norwalk Early Childhood Council. We are engaged with the initiative to implement Ages and Stages as a city wide assessment. Norwalk Community College's Child Development Lab School had been implementing Ages and Stages so it was a natural next step to become a pilot for CDI's initiative to collect the data in a systematic way. CDI is community driven and brings their expertise of developing and implementing systems to the community level.

Joan Parris, Early Childhood Director of Community Education, Norwalk Community College

The ASQ component of the grant not only illustrates a state/local partnership, but also demonstrates how grant funded activities inform and support on both the micro and macro level.

With the overall goal of ensuring that children enter school ready to learn, CDI's Norwalk initiative includes the following ASQ-related objectives:

Micro level objectives:

- families learn about child development by enrolling in CDI's ASQ Child Monitoring Program resulting in more children being identified and screened for possible delays; and
- child health care, early care and education, and human service providers have the knowledge, skills, resources to identify children at risk for developmental and behavioral problems and can partner effectively with families to promote children's healthy development.

Macro level objective:

- key stakeholders have, via CDI and ASQ data, information on the developmental status of Norwalk's young children, understand barriers to services and are informed in order to make decisions on how best to meet the needs of children and families.

There are two methods for collecting ASQ information, which are:

1. CDI's Ages and Stages Child Monitoring Program

Once enrolled in this free service, CDI sends a questionnaire to families every few months. When the completed questionnaire is returned to CDI, a care coordinator scores the questionnaire. The results and information about their child's development, along with learning activities, are sent to the family. In some cases, connections to community services and resources may also be provided.

2. The ASQ Enterprise System

In order to increase the number of ASQs, CDI is promoting the use of the ASQ Enterprise System, which allows directly entering the information online, by those agencies that do the ASQs with their families. The process for using the ASQ Enterprise System has been field tested by the Lab School at Norwalk Community College (NCC) and the Family and Children's Agency (FCA). Based on their experiences, CDI will approach other early care and education providers and social services agencies about participating in this process.

In 2015, FCA began entering ASQ scores for the children in their programs into CDI's ASQ data system. In the spring of 2016, FCA administered the ASQ to the 24 children in the Infant/Toddler program at the Housing Authority and entered the data into CDI's system.

In June 2016, CDI's Director and the MCH consultant, along with Catherine Neiswonger from the Lab School, shared with the School Readiness Programs the Lab School's experience in field testing the on-line ASQ system to enter the ASQ scores of the children enrolled in their program. This helped to alleviate concerns around the data entry process and families' privacy. The programs indicated an interest in exploring the feasibility of their program participating in the on-line ASQ system.



While marketing the ASQ to school readiness programs, another opportunity presented itself around the Ages and Stages Questionnaire: Social Emotional (ASQ: SE-2), which is a companion tool to the ASQ-3 that looks at social-emotional development. This year's kindergarten registration packet (for approximately 900 children) includes the ASQ:SE-2 questionnaire for 5-year olds that parents are being asked to complete and return to the school system. After a discussion with Pamela Augustine-Jefferson, Instructional Specialist - Early Childhood, Norwalk Public Schools, and Mary Kate Locke, Director of Adoption and Prevention Services, Family and Children's Agency, there was consensus that the ASQ:SE-2 scores should be directly entered into CDI's ASQ on-line data system by the school system for analysis. This information will provide stakeholders, including Norwalk ACTS, with data on the social/emotional status of young children, as well as identify families who could benefit from additional support from CDI and Norwalk's resources.

To support these efforts, CDI's no cost 4th year extension of the grant has established a Continuous Quality Improvement (CQI) process, which is a data driven management system that strives to create a constantly improving environment for both staff and families. It will look at the various approaches for enrolling children in ASQ and how best to utilize the data to inform Norwalk's work. Specifically, the CQI Committee will look at the process for having school readiness programs directly enter the ASQ-3 scores of children in their programs into the ASQ on-line system well as the entering of the ASQ:SE-2 data from the kindergarten registration packets by the school system. This process will guide a purposeful and proactive approach for working with and learning from the school readiness programs and the school system with the goal of developing best practices related to the ASQ work done with their families. This Norwalk activity is being modeled after the CQI work that CDI has been managing with state level partners for several years. Norwalk CQI committee members joining the CDI Director and MCH consultant are Mary Kate Locke and Meg Woglom, FCA; Pamela Augustine-Jefferson and Mary Oster, Early Education/Norwalk School System; Sandy Bria and Paula Palermo, Norwalk ACTS; Joan Parris and Catherine Neiswonger, Norwalk Lab School @ the Community College; and Marcia Hughes from the University of Hartford. Dr. Hughes serves on the state level CQI committee and is the CDI/HMG evaluator.

The following information from CDI's ASQ system captures the data that has been entered as of July 8, 2016 and will be used to inform the CQI process:

| Data as of 7/8/2016 | Total Child Profiles | Children with a Completed Screening | % | Number of Children with a "Below" Score |
|--------------------------------------|-----------------------------|--|----------|--|
| CDI - Norwalk | 365 | 88 | 24% | 24 |
| Norwalk Housing Authority | 24 | 24 | 100% | 3 |
| Norwalk Family & Children | 37 | 33 | 89% | 3 |
| Norwalk Community College | 67 | 62 | 93% | 11 |

Below are comments from some of the parents participating in the ASQ Child Monitoring Program (Source: Center for Social Research study)

- “Love it...you see their little brains working as they complete the activities that come in the pamphlets, and they are really fun! The children think it’s a game. And the way they ask the questions it gives you ways to see their abilities.” Mom also shared, “Helps David, their father, when he is here (home) with ideas on what to do with them; he is at work 6 days a week and doesn’t know them like I do, so this is a great tool for him.”
- “My husband and I are much more confident, aren’t afraid and fueling on the feeling of fear, our mental well-being, and not calling a doctor a hundred times a day if we thought something was wrong.”
- “As a mom you have concerns but the program (ASQ) has alleviated that for me. ASQ provides validation for where he should be at his age.”
- “Due to the chart (from ASQ), lists and helpful hints to get them where they need to be; they have made me a better parent which has allowed me to make their growth and development better.”
- “ASQ is giving me re-assurance to know he is on track.”
- “Now she is going through the terrible two’s, they (CDI) just sent me some info on temper tantrums which is helpful since I marked that as a concern on the last questionnaire I sent back.”

The Home Visiting Centralized Access Point

When Norwalk embarked on its work to establish a home visiting system, the creation of the universal referral form in partnership with CDI was a critical step in helping families access the most appropriate in home services in the community. The leadership at CDI have been instrumental in developing a universal referral system and establishing appropriate protocols for connecting families to home visiting programs. Community providers are thrilled to see that CDI’s presence in Norwalk has created a greater ease in making referrals and that the most vulnerable families are being connected to services.

Meg Woglom, LCSW
Manager, Family Support & Prevention Program Family and Children’s Agency

The goal of establishing a centralized referral process is to help providers make referrals to Norwalk’s home visiting programs in a user friendly, simple and timely manner. This system removes the burden of needing to know the eligibility criteria for each home visiting program or the status on openings at the time of the referral, which are time-consuming tasks. Despite the best of intentions, the lack of time to do this research often resulted in a family being referred to an inappropriate service or not referred to a service at all. This centralized home visiting referral process was implemented in 2014. It has been reviewed on a regular basis and revised when warranted.

The referral process begins by a provider contacting CDI, the centralized access point, with a request for home visiting services on behalf of a family. A CDI care coordinator reaches out to the family to gather demographic information, assess needs, explain the home visiting programs, and obtain permission to move forward with the referral. The care coordinator sends the information obtained from the family to FCA, the hub for the City’s home visiting programs. FCA staff triages the referral to the most appropriate home visiting program available and shares the status of the referral with CDI. CDI, in turn, follows up with the family to ensure that connections have been made. Data on referrals and referral outcomes are maintained by CDI.

Referrals to home visiting programs have come from a variety of providers, including:

- Norwalk Hospital for a mom being treated for depression and her 1-year-old child, family was connected to Child First
- A high school in Bridgeport for a Norwalk teen mom and 3-month old with a request that the teen be enrolled in the Nurturing Families program, young mom was connected to Nurturing Families

- Norwalk Community Health Center for a 4 -year old autistic child with behavioral issues living with grandmother, family was connected to Child First
- Children's Playhouse, Too! for a family with a 4-year old who was acting out while in the program, family was connected to the MOMs program.

The concept of a centralized access point has been well received; however changing behaviors by those making referrals has been labor intensive. A successful transition to this streamlined system requires ongoing communication and guidance on using the form.

Norwalk's design and implementation of a centralized access point for home visiting referrals presents a model for replication in other CT communities as well as on a statewide level.

Maximizing 2-1-1's Resource Inventory for the Norwalk community

Before Victoria Schilling left Norwalk, she and other representatives from the Healthy Families Collaborative met with the CDI Director and members of 2-1-1's Information Department. Based on the extensive resources and support available from 2-1-1, a decision was made that 2-1-1 would take over managing the resource information for Norwalk. The Norwalk website now redirects users to the UWC 2-1-1 website. In September 2014, after Norwalk's website migrated to 2-1-1's web-based resource (www.211CT.org), FCA hosted a training session conducted by the CDI director and 2-1-1 staff members to introduce Norwalk providers to the 2-1-1 website. More than 150 people attended this session.



Replicating this relationship with 2-1-1 is currently being explored by the Director of Stamford's Youth Services who is responsible for maintaining an electronic directory of resources on the Youth Services website.

In the past year, 2-1-1 and CDI's websites have been redesigned to be more intuitive and user friendly. Information on and demonstrations of the updated websites have been done for Norwalk providers at staff meetings and networking events.

State Level Visibility

While increasing CDI's local involvement, state level opportunities and supports were also occurring and included participating in the Children's Trust Funds' HMG/ASQ campaign and arranging a meeting between the Office of Early Childhood Commissioner Myra Jones-Taylor and Norwalk stakeholders. This meeting provided the Commissioner with information about CDI's Norwalk Initiative, local ASQ efforts, the City's centralized access point for home visiting programs and an overview of Norwalk ACTS. The meeting generated a fruitful discussion on potential replication of Norwalk's work. The CDI Norwalk Initiative was presented as one model for increasing and improving developmental screening efforts in the state's ECCS (Early Childhood Comprehensive System) grant, which focused on developing a coordinated system of early detection, screening and linkage to services. This resulted in the Norwalk community being included in the 2016 ECCS grant application to HRSA.

Norwalk's home visiting referral system is contributing to the work of the state level Home Visiting Consortium, which is looking at developing a comprehensive home visiting system in Connecticut.

CHALLENGES ENCOUNTERED

Infrastructure building, which is essential for long term sustainability, is labor intensive and relational. This work is dependent on the involvement of many and often confronts factors that cannot be controlled. In the course of the three-year grant period, agencies and programs that serve CDI's target population were experiencing internal changes that prevented timely opportunities for collaboration. Staff changes at the Norwalk Community Health Center resulted in losing staff with whom relationships had been developed. Plans to offer ASQ screenings to children enrolled in Head Start were put on hold as the Head Start program transitions under a new administration. While these changes affected proposed time lines, activities to support and reconnect continue.

A SNAPSHOT OF CDI'S CONTRIBUTION TO NORWALK'S COLLECTIVE IMPACT EFFORTS

The City of Norwalk, via Norwalk ACTS, has made a commitment to ensuring that the five conditions of collective impact are guiding its work on behalf of children from birth through young adulthood.

The five conditions and CDI's contribution to each condition is as follows:

| Collective Impact Conditions | CDI's Contribution |
|--|---|
| <p>A Common Agenda <i>All participants have a shared vision for change including common understanding of the problem and a joint approach to solving it through agreed upon actions.</i></p> | <p>Children enter kindergarten ready to learn</p> |
| <p>Shared Measurement <i>Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.</i></p> | <p>Provides data from:</p> <ul style="list-style-type: none"> • The CDI client database • Home visiting central access point cases • CDI's ASQ on-line database • Birth to Three data system |
| <p>Mutually Reinforcing Activities/ Continuous Communication <i>Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action./Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.</i></p> | <p>Participates in the following groups</p> <ul style="list-style-type: none"> The KCAN Prenatal to 8 workshops The home visiting workgroup The early childhood health and development workgroup Norwalk Help Me Grow networking meetings The Healthy Families Collaborative NEW: Facilitation of a Continuous Quality Improvement (CQI) Advisory Committee re: the ASQ-3 and ASQ:SE |
| <p>Backbone Support <i>Creating and managing Collective Impact requires a separate organization with staff and a specific set of skills to serve as the backbone for the entire initiative and for the coordination of participating organizations and agencies.</i></p> | <p>CDI supports Norwalk ACTS, as the backbone organization, through its work with young children and their families on both the state and local level.</p> |

FRAMEWORK FOR PROJECT REPLICATION

This project provides an opportunity to explore and document ways in which CDI can integrate state and local resources to ensure that children enter kindergarten ready to learn. The lessons learned and implementation strategies documented in this report offer a framework for replication in those communities poised to take advantage of this type of collaborative relationship.

In summary -

- Have something concrete to offer
 - Assist in increasing awareness about the importance of developmental screening, early identification and linkage to services
 - Offer a screening tool and a system to collect the screening data (ASQ on-line system)
 - Provide resources to support providers and families in addressing identified needs
- Identify and recruit champions and partners
- Become active members of local councils, workgroups, networks and collaboratives
- Provide training on utilization on CDI services
- Stay flexible
 - Be receptive to unanticipated opportunities, such as serving as a centralized access point for all home visiting programs
 - Be willing to redirect efforts if something is not working
- Track and document the work being done
 - Establish a CQI process to guide and inform CDI's collection and sharing of data
 - Support systems' development by establishing protocols and procedures, such as formalized referral forms
- Celebrate the successes within the community and beyond

The presence of CDI in the Norwalk community has taken our collective impact efforts to an entirely new level. Because of CDI, Norwalk understands the value of developmental screenings and how the regular use of screenings with young children can truly change outcomes for this vulnerable population. CDI has helped us to be big picture thinkers, always shedding light on how other communities are tackling complex early childhood issues and the challenges that also exist on a state level. Norwalk is better equipped to help children enter kindergarten ready to learn because of CDI and its wonderful staff

Mary Kate Locke, LCSW
Director of Adoption & Prevention
Services Family & Children's Agency

RECOMMENDATIONS

This three-year grant period allowed for the identification of roles and responsibilities of CDI and local partner agencies, including but not limited to FCA, early care and education programs, the Norwalk Public Schools, Norwalk Community College, and Norwalk ACTS. The focus of the below listed recommendations is to increase developmental screening and awareness among families, providers, and the community as a whole.

1. Continue to fund CDI's current work around developmental screenings, care coordination and linkage to services including home visiting programs, and the use of the CQI process to inform efforts.
2. Develop a family friendly marketing campaign that focuses on the value of developmental screenings, the importance of linkage to services through CDI, and the availability of home visiting supports.
 - Target high need communities through outreach efforts at trusted sites, such as the hospital (for parents of all newborns), WIC sites, Head Start, community health centers and homeless shelters.
 - Work with DCF in connecting families to the ASQ child monitoring program and home visiting services.

3. Work with local medical providers in systematizing referrals to CDI for ASQ screenings and for referrals to home visiting programs and other services needed by their patients.
4. Hire a 20-hours per week locally based program coordinator to support early care and education programs' use of the ASQ-3.
 - Offer training on the ASQ-3 to child care programs that are or are planning to use the tool.
 - Promote the toolkit on developmental screening developed for child care providers through the state's federal Early Childhood Comprehensive Systems' (ECCS) grant,
 - Serve as a conduit between the Norwalk's early care and education community and CDI's care coordinators for assistance around specific needs of children in their programs.
 - Increase the number of early care and education programs that use, at least annually, the ASQ-3 and enter the ASQ data into CDI's on line ASQ data system.

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