Maternal and Child Health Programs & Child Welfare: A New Partnership in Connecticut to Improve Child Outcomes

An Innovation Station Cutting-Edge Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	Farmington CT	**Title V/MCH Block Grant Measures Addressed**
Category:	Cutting-Edge	CSHCN, CSHCN Systems of Care, Autism, and ADD/ADHD
Date Submitted:	06/2020	

Practice Description

This practice increased the knowledge of Child Welfare staff in Connecticut on young child development and recognizing developmental milestones, how to identify red flags, document those interactions, concerns, and make beneficial referrals. Our practice demonstrates how partnerships can improve systems for developmental monitoring, early identification, and intervention. This collaboration also exhibits the collective impact of all stakeholders that constitute the larger system we aim to change and improve outcomes for children is a shared responsibility across professionals, agencies, and settings.

Purpose

Families with young children in Connecticut face a multitude of challenges that negatively affect parenting, maternal and child health, child development, and school readiness. Connecticut has high rates of poverty, unemployment, homelessness, crime, domestic violence, maternal depression, child maltreatment, substance abuse, and teen parenting. The number of children living in poverty in Connecticut continues to remain stubbornly high, increasing 17 percent since 2008. Children living in poverty are at greater risk for developmental and behavioral problems, health issues, learning disabilities and cognitive delays. Poverty substantially increases the chance a child will be abused and neglected. Children experiencing poverty are more likely to become involved with the child protection and juvenile justice systems, and those living in high-risk communities tend to do poorly in school and struggle through the school years. The prevalence and increase of Connecticut children in poverty deserves serious attention.

A Needs Assessment done by the CT Department of Public Health in 2010 cites early childhood poverty as a risk factor for child health and development outcomes. A total of 9,126 children were referred to the Connecticut Birth to Three program for test screening during fiscal year 2010 (July 1, 2009 – June 30, 2010; Table VIII). Of this total, 50% (5,590) children were found to have a significant delay in their development, which made them eligible to receive services under Part C of Individuals with Disabilities Education Act (IDEA). Of the remaining 3,536 children, 551 were not evaluated, either because the family declined, or because the family could not be located. Forty-two percent (3,804) of the children referred for evaluation were residents of one of these top ten towns: Bridgeport, Bristol, Danbury, Hartford, Meriden, New Britain, New Haven, Norwalk, Stamford, or Waterbury. Of all children statewide referred for evaluation, 21% of White/Caucasian referrals were from these top 10 towns, while 50% of Black/African American and Asian/Pacific Islander referrals, and 50% of Hispanic referrals were from these top towns. Compared to birth records for calendar year 2008, these data suggest that a disproportionate percent of children referred into the program lived in large urban areas of the State. Further, a greater than expected percent of statewide referrals were for children of minority race/ethnicity. Intervention strategies for children with special needs need to be culturally sensitive and available to these communities.

Data available on early childhood health and development collectively indicate that children living in urban areas of Connecticut, as well as more rural parts of the State, are at increased risk of poor developmental outcomes.

Practice Foundation

N/A

Core Components:

CT Maternal Child Health's priority is to train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state. The CDC Act Early Ambassador for Connecticut (LTSAE) is housed at the UConn Center on Excellence in Developmental Disabilities (UCONN UCEDD), and has been working in partnership with the CT Department of Children and Families (DCF) to improve their ability to identify infants and young children who should be screened for ASD. This partnership builds upon a DCF initiative to improve on interactions with young children and aligns with CT's Act Early goals to collaborate with state agencies and partners on workforce development including child welfare workers.

An interactive training about Learn the Signs Act Early and screening was developed by CT Learn the Signs Act Early Ambassador. The training has been co-facilitated by the LTSAE Ambassador and DCF's Early Childhood Specialist. The training is focused on how to recognize developmental milestones that are age appropriate for infants and young children age 0-5 years old and then how to documenting children interactions through observations. CT DCF has a mandatory 5-day Early Childhood Training, which includes the 3 hour, Lean the Signs Act Early Training. This initiative impacts Connecticut's most vulnerable population children (prenatal through age five) who been referred to CT child welfare system.

Practice Activities

Core Component	Activities	Operational Details
Identification	• More DCF staff are identifying red flags for developmental delays and a need for screening. DCF staff will partner with families on child development, red flags and access to screening and a medical home	• Number of referrals made to Birth to Three, Pre-K Special Education, Child Development Infoline and Medical Home by DCF social workers; • Number of families who demonstrate awareness • of developmental red flags
Screening	• Pediatric primary care practices will increase and coordinate the screening young children at risk for developmental delays • More families receive family-centered, ongoing comprehensive care within a medical home	• Number of children who receive screenings Number of children who receive developmental evaluations • Number of children who receive early intervention or preschool planning
Referrals	• More referrals for infants and toddlers to be evaluated for early intervention services • More referrals for those children who are age 3-5 for evaluations for eligibility for special education • Early intervention staff will collaborate with DCF workers on the development of the IFSP with eligible families • Preschool early intervention staff will collaborate with DCF workers to support families to attend PPTs and establish an on-going communication system with the schools	• Number of referrals made by Department of Children and Families • Number of children receiving EI services • Number of families who participate in the IFSP process and communicate with EI staff • Number of children receiving preschool services Number of families who participate in the PPT process and communicate with school staff

Evidence of Effectiveness (e.g. Evaluation Data*)*

The DCF administration has identified the DCF academy as the vehicle through which Learn the Signs Act Early training will be provided. All of DCF's Social Workers, Social Worker Case Aides, Social Work Supervisors, Program Supervisors, Ongoing Services, Intake, Probate, Permanency services, Adolescent Services, Medically Complex and Sexual Abuse Division are required to attend the Learning Academy.
Outcomes measured include:

- Measuring change in DCF knowledge and skills
- Number of disseminated LTSAE materials
- Number of referrals to Early Intervention and Preschool Special Education

- Follow up of referrals into Early Intervention and Preschool Special Education
- Quality of DCF staff notes as reported by Supervisors using a rubric developed by UConn UCEDD

Data collected include:

- Pre and Posttest to evaluate knowledge
- Referrals to be monitored by DCF to Early Intervention on a monthly basis
- Quality of DCF staff notes will be sampled every 3 months
- Follow up to Early Intervention every 3 months

Regarding data analysis, thus far we have only analyzed pre post, each assessment composed of nine (9) question worth one (1) point each. A post survey sent out to participants 3 months after completion of training. Also we are surveying DCF staff every 6 months on materials used with families.

To date we have trained three-hundred and twenty-two (322) individuals. The overall mean rating for pre-test knowledge assessment was 2.76 (SD = 1.18). The overall mean rating for post-test knowledge assessment was 3.29 (SD = 1.15) using a paired-sample t-test. Results were statistically significant, $t(322) = -5.545$, $p < 0.000$, two-tailed. The Satisfactory evaluation contained five sections: content, the presenter(s), diversity, learning, and the participant's overall satisfaction with the training. Response options for these sections were on a four-point Likert scale from 'strongly disagree' to 'strongly agree' with the option of "N/A" indicating 'does not apply'. The overall mean rating for participant satisfactory was 3.85 (SD=0.61). Participants were also asked four open-ended questions to elaborate on any responses of Disagree or Strongly Disagree, what they liked most about the training, what they liked least about the training, and what was the most important thing they will take away from the training. Participant answers included:

- Refreshing on milestones.
- The most important thing I took away from today's session is to observe children in here and document based on observation of child's development. How to properly intervene when there are developmental concerns. How to refer to child developmental info line.
- Use of video examples and sample narratives.
- Much needed to assess children!
- Helpful things to know when going out.
- Handouts.
- Group activity, videos.
- Nice refresher and video examples.
- Examples of documentation.
- Videos, handouts

Replication

N/A

Section II: Practice Implementation

Internal Capacity

This practice consisted of the Learn the Signs Act Early Ambassador and Department of Children and Families Caseworker to develop and facilitate the trainings. The DCF worker needed to have experience working with young children (0-5) and the ability to recognize

developmental red flags. The Leadership at Department of Children and Families was essential in incorporating this training for all caseworkers in Region 4 as well as the push to make it mandatory for all new caseworkers in the Workforce Academy.

Collaboration/Partners

Our partner Connecticut Department of Children and Families is the state's child welfare program. This collaboration started with the DCF's Continuous Quality Improvement Teams (CQI) Stay Home Go Home Find Home, which Focuses on Engagement and Assessment with an emphasis on children age 0-5. DCF staff include Social Workers, Social Worker Case Aides, Social Work Supervisors, Program Supervisors, Ongoing Services, Intake, Probate, Permanency services, Adolescent Services, Medically Complex and Sexual Abuse Division.

Practice Cost

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Cost of printing LTSAE materials to disseminate at trainings	Milestones books for Caseworkers to bring on home visits and place in waiting rooms	3000	**4000.00 (year supply)**
Staff time	3 hour training for 30 people monthly/quarterly Development of Training materials	$387.06 per day	**$20,127.25 a year**
		Total Amount:	**24,127.25**

Practice Timeline

Practice Timeline				
Phase	**Description of Activity**	**Date/Timeframe**	**# of hours needed to complete/ oversee activity**	**Person(s) Responsible**
Planning/ Pre-implementation	Meet with DCF Continuous Quality Improvement team	1 month	5 hours	LTSAE Ambassador
	Present LTSAE materials	1 week	2 hours	LTSAE Ambassador
	Develop DCF child interactions PPT and sample scenarios	1 week	4 hours	DCF
Implementation	Schedule trainings for each work group in Region 1	1 month	6 hours	LTSAE Ambassador/DCF

	Facilitate Trainings for 400 caseworkers	6 months	45 hours	LTSAE Ambassador/DCF
	Evaluation	6 months	45 hours	LTSAE Ambassador/DCF
Sustainability	Post survey	On going		LTSAE Ambassador
	Referral data	On going		LTSAE Ambassador

Resources Provided

N/A

Lessons Learned

Home visiting programs across the state provide an array of services that can lead to positive family and child outcomes. Home visiting programs have positively impacted many lives; however, it is also evident that many children and families in need still lack access to appropriate services, including developmental screening. Our lessons learned though this practice are that DCF workers are a part of our home visiting component and not just a welfare check. DCF workers can view the whole child's experience and not simply ensure that they are dressed appropriate for the weather, the home they are visiting is clean, and/or the child has no visible bruises. Adding DCF workers helps to promote the message of providing young children with comprehensive health services that include developmental screening to support their access to vital services, further extending cross sector partnerships.

Next Steps

We will be providing the LTSAE training in the DCF Workforce Academy each quarter (4 times a year) and continue to train all regions of DCF offices in Connecticut.

Practice Contact Information
For more information about this practice, please contact:
Name: Bethanne Vergean
Phone Number: 860-679-1500
Email: vergean@uchc.edu