

Help Me Grow 2007 Annual Evaluation Report

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Help Me Grow: 2007 Annual Evaluation Report

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Prepared for

The Children's Trust Fund
Hartford, Connecticut

November 1, 2007

We want to thank Joanna Bogin, Program Supervisor of *Help Me Grow*, the staff at Child Development Infoline, Kareena Duplessis and Shirley Caro, *Help Me Grow* staff, Laura Baird and Luz Rivera, MariJane Carey from Carey Consulting, and Barry Goff from the Charter Oak Group, LLC, for their contributions to this research project. We also want to thank the Children's Trust Fund for funding this research and their support of the evaluation project. Any opinions, findings or conclusions herein are, of course, those of the authors and do not necessarily reflect the views of the above agencies or individuals.

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Introduction

Help Me Grow Program

Help Me Grow is a comprehensive, statewide, coordinated system of early identification and referral for children at risk for developmental or behavioral problems. Parents, pediatricians and other providers are given information and training in how to recognize the early signs of developmental problems and to contact *Help Me Grow* when they have a concern or need help. Children who are facing difficulties are then connected to community resources and local programs.

Background information, program rationale and description

Help Me Grow is a program of the Connecticut Children's Trust Fund working in collaboration with The United Way of Connecticut/211 (the state's telephone information and referral service), the Connecticut Department of Disabilities' Birth to Three System, the State Department of Education Preschool Special Education Program, and the Department of Public Health's Children and Youth with Special Health Care Needs (CYSHCN) program. The programs work in partnership to facilitate coordinated services. It is through this collaboration that *Help Me Grow* contributes to a statewide network for providing triage and referral for those concerned about children's development.

The components of the program include: on-site training for Pediatricians and Family Health Care Providers in early detection of child developmental and behavioral concerns; a statewide toll free telephone number for accessing Child Development Infoline (CDI), part of The United Way of Connecticut/211 system; telephone Care Coordinators (CCs) who triage calls, provide referrals and follow up with families; and partnerships with community-based service and advocacy agencies facilitated by the *Help Me Grow* Child Development Liaisons (CDLs).

Help Me Grow is an expansion of Hartford's ChildServ program, a previous pilot project, begun in 1998, that was specifically designed to address early detection and referral (Dworkin, 2006). The project was effective in linking children and families with needed services, and provided the foundation to build the statewide program. In the ChildServ model, services were initiated by physicians (i.e., child health care providers) who were provided with training and materials for developmental surveillance as well as a physician-based triage, referral, and case management system via a centralized point of access (i.e., telephone care coordination service). *Help Me Grow* expanded the provider education and triage system statewide and opened the referral phone service to *anyone* with a concern for a child's health and development. In January 2002 the Hartford-based ChildServ was converted to the *Help Me Grow* system without interruption.

Program Rationale. Early detection of developmental and behavioral problems has been shown to improve long term outcomes for children. The critical influence of the early childhood years on later school success has been well documented. It is also widely recognized that pediatricians can play a critical role in assessing and monitoring children's development as part of primary health care services. At the same time, there are many barriers to developmental monitoring. Typically pediatricians are faced with little time, lack of support staff to do assessments, and lack of information on assessment tools and referral services, and are unsure about what to do when

parents raise concerns about their child's development (Honigfeld & McKay, 2006). Historically, referral to early developmental intervention services has not been well integrated with primary health care services in Connecticut (Dworkin, 2006). Fragmentation of early developmental services can result in children experiencing delay in identification, referral, evaluation, and ultimately enrollment in early intervention.

A chief strategy of *Help Me Grow* is to effectively reach out to community child health providers and provide training in practical methods of conducting developmental surveillance and screening. The training, coupled with *Help Me Grow's* centralized referral system, is designed to eliminate frequently cited barriers to developmental surveillance and to change provider practice so that a child's developmental needs are met at the earliest possible age. Through follow up after referrals are made, *Help Me Grow* ensures that health providers are informed about evaluations and recommended services. This communication enhances the role of the health care provider.

The Child Development Infoline number is available for parents, health care providers, childcare workers, and social service agencies who are concerned about a child's development or behavior. When a provider or family calls, they are asked a series of questions that help the care coordinator make an appropriate referral. If, after initial assessment, the child does not meet the criteria for Birth to Three, Pre-School Special Education services, or Children & Youth with Special Health Care Needs, the family becomes part of the Help Me Grow system. The Care Coordinator researches existing resources or services for the family. If the Care Coordinator experiences difficulty finding an appropriate resource, they call the Child Development Liaison (CDL) for technical assistance. The Child Development Liaisons are the researchers in the community. They facilitate networking and partnerships with community-based agencies through outreach and advocacy to maximize use of existing services. They serve as a conduit between the community-based services and the telephone access point (Bogin, 2006).

Children are connected to such existing resources as primary and specialty medical care, early childhood education, developmental disability services, mental health services, family and social support, and child advocacy providers. The Care Coordinators provide families with program information that includes a specific name of a contact person and details about services. If necessary, the care coordinator will call the resource and arrange a telephone conference call with the family. The Care Coordinators also contact the family approximately two weeks after the referral is made to see if they were able to access services, and send a letter to the child health provider to let them know when a family has been connected with a community-based resource. The letters are designed to be included in the medical record in order to prompt discussion with parents regarding development, concerns, and needed services at their next office visit.

Other *Help Me Grow* services and programs

Partnership Agreements. Beginning in January of 2007, two new Partnership Agreements were established: *Help Me Grow*, via CDI, began providing follow up services for the Birth to Three program. Specifically, whenever Care Coordinators refer families to Birth to Three (via the telephone referral system), they offer follow up phone contacts (e.g., after two to three months) to check on evaluation and program eligibility. If a child is not eligible for Birth to Three, they are offered *Help Me Grow* support. In addition, through a Memorandum of Agreement (MOA),

Help Me Grow assisted the Department of Public Health by providing interim (March through June) enhanced care coordination for the Children and Youth with Special Health Care Needs Program (CYSHCN) for two regions of their system.

Effective July 2002, *Help Me Grow*, through the Child Development Infoline, also offers families the *Ages & Stages (ASQ) Child Monitoring Program* designed to screen children for developmental delays. The ASQ is a screening tool completed by parents and used to identify children from four months to five years of age. It monitors child development in five core areas: communication, gross motor, fine motor, problem solving, and personal-social development. Families learn about the ASQ from several sources, including child health care providers, the Birth to Three program, and *Help Me Grow* contacts. Parents fill out an enrollment/consent form and are mailed the ASQ at specified intervals; once they complete the questionnaire, they mail them back for scoring. If the questionnaire reveals a potential problem, a CDI coordinator, on behalf of *Help Me Grow*, contacts the family directly and facilitates assessment and referral services. If no developmental delays are identified, the parent is sent an activity sheet that outlines the next stage of development and what to expect until the next questionnaire is mailed. The consent form includes permission to send the ASQ results to the child's health provider. The provider can then add the results to the child's chart and have a record of development to guide surveillance at subsequent health supervision visits.

As part of *Help Me Grow's* training to pediatricians and other child care providers, information and training is also provided by the Child Development Liaisons on how to encourage parent use of the ASQ developmental screening. For example, the *Help Me Grow* program is currently distributing *Ages & Stages Child Development Kits* for the four month well-child visit to all pediatric practices statewide in an effort to promote *universal* monitoring of development by parents that begins at the earliest age possible.

Help Me Grow is starting a new initiative this program year. With support from the Kellogg Foundation, *Help Me Grow* is conducting a pilot project in Hartford (North End neighborhoods) that connects hard to reach families to services. *Hard to Reach families* are defined as families who do not have telephones, require in-home assessment, or present complex needs. For example, telephone care coordinators frequently make an initial contact with a family but are unable to sustain contact for these three reasons. Maternity and Infant Outreach Program (MIOP), a community-based agency, has contracted with *Help Me Grow* to work in partnership in developing this new outreach model and providing the actual services. Families in need of these services will be identified either by direct referral to the outreach component of *Help Me Grow* (i.e., by their pediatrician or other provider), or will already be part of the client population where the outreach services are based (i.e., at MIOP). Similar to other program components, training will be provided to pediatric and other providers on developmental monitoring, accessing services through *Help Me Grow*, and providing information on the new and enhanced capability of *Help Me Grow*.

Overview of report

The report is divided into four sections. The first section, by far the largest section, reports on *Help Me Grow's statewide system of early detection and care coordination*. This includes data on the utilization of the program, referrals, outreach efforts (to both pediatricians and community support programs), and outcomes. The second section reports on utilization of *Help Me Grow's*

Ages & Stages Child Monitoring Program. The third section is on *Help Me Grow's* new initiative to support *Hard to Reach families*. The fourth section is a summary and recommendations.

Analysis of data by the "Five Connecticut's." We believed it was important to get a better understanding of family needs and services in the different communities of Connecticut. While Connecticut is a prosperous state with the highest per capita income in the country, it also has areas throughout the state with very high concentrations of low-income populations. Children living in poverty are at *increased* risk for developmental and behavioral problems that affect future learning and function. In the larger cities such as Hartford, over forty percent of the children live below poverty level. Because income and wealth in Connecticut is proportionately unequal, we compare utilization and outcomes of the program between five distinct Connecticut town groups: Wealthy CT, Suburban CT, Rural CT, Urban Periphery CT, and Urban Core CT (see *The Changing Demographics of Connecticut-1990-2000*, Center for Population Research, University of Connecticut, 2004).

Connecticut General Assembly and Results-Based Accountability. In accordance with Connecticut's General Assembly Appropriation Committee, results-based accountability (RBA, Freidman, 2005) provides a framework for this report; that is, data – or indicators of performance and results - are presented to show where the program's been, and a forecast of where the program is going. Specifically, "baselines" are created that show trends over time. Other measures are used to tell the story behind the baselines and other parts of the program process. In addition, performance measures are organized according to the following:

- "How much did *Help Me Grow* do?" (i.e., utilization of the program and related data)
- "How well is *Help Me Grow* doing?" (i.e., family referrals for services and community outreach efforts)
- "Is anyone better off as a result of utilizing *Help Me Grow*?" (i.e., outcomes and final disposition of cases)

SECTION I. *Help Me Grow*'s state-wide system of early detection and care coordination

A. How much is the program doing?

- **Utilization of *Help Me Grow*:** Number of calls made to *Help Me Grow* by parents, pediatricians, and others with concerns about a child's learning, development or behavior during the past three years (see Figure 1 and Table 1).

Figure 1. Who Calls *Help Me Grow*?

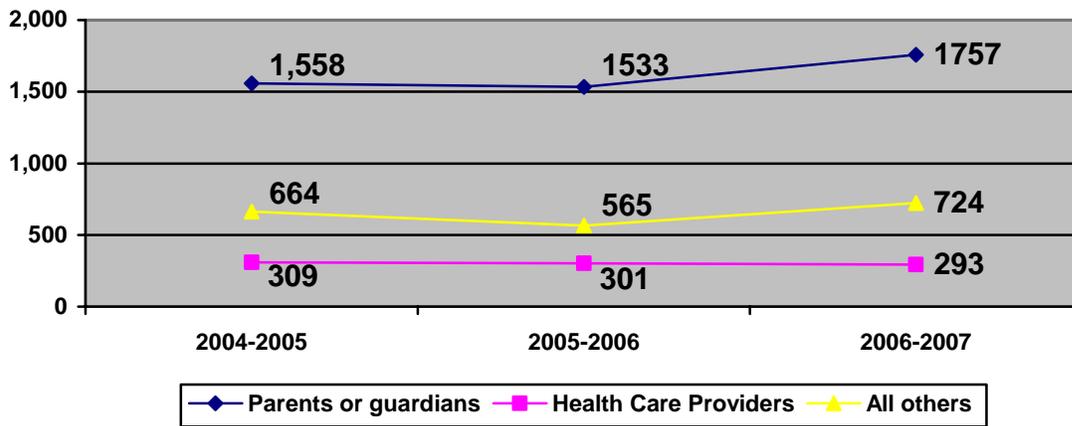


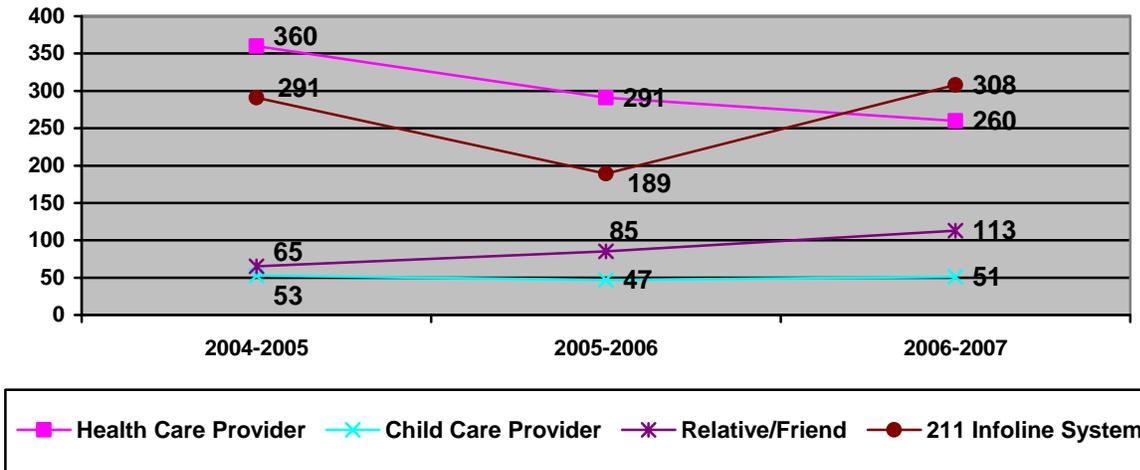
Table 1. Total Number of Callers

2004-2005	2005-2006	2006-2007
2,531	2,399	2,774

Summary analysis

- During the 2006-2007 program year, a total of 2,774 calls were made to *Help Me Grow* by parents, pediatricians and other providers, and families and friends who were concerned about a child's behavior, learning or development. This is a sixteen percent increase over last year's total of 2,399.
- The majority of callers are parents or guardians (63%) and during the past year parent callers increased by approximately fifteen percent. Pediatricians make up the second largest group of callers (17%).
- The remaining twenty six percent of the calls are evenly distributed among social service agencies, child care providers, relatives and friends, and the Department of Children and Families. There has been a 28% increase in calls from this group since June 30, 2006.
- **Story behind the baseline:** How families learn about the program (see Figure 2) and the nature of service requests and presenting issues (see Figure 3).

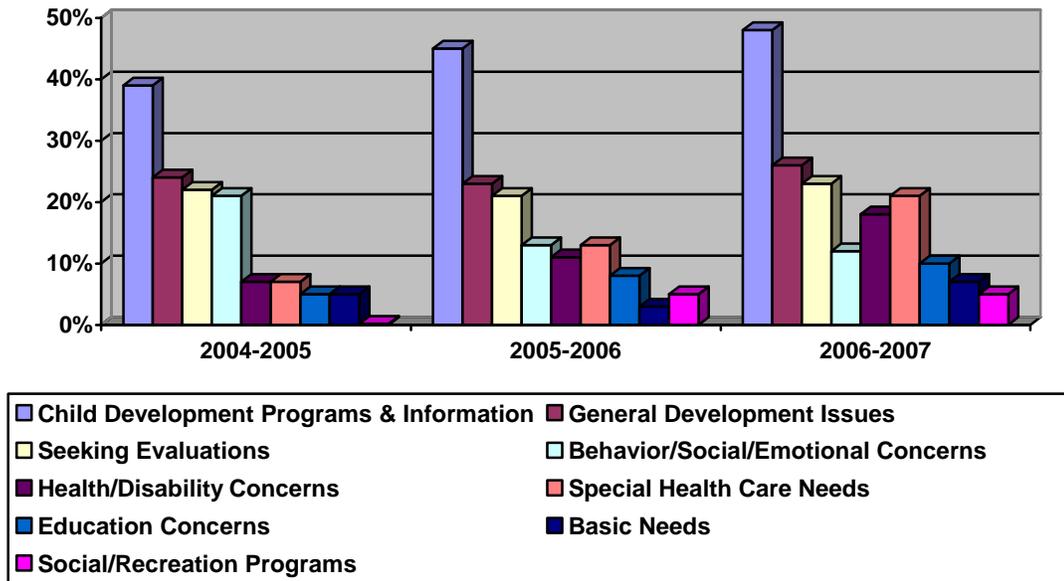
Figure 2: How Do Parents Learn About *Help Me Grow*?



Summary analysis

- Many families that call *Help Me Grow* report that they already knew of the program (60%). However, families often learn about *Help Me Grow* from their pediatricians or are transferred when they call the State’s 211 Infoline System at the United Way.
- In addition, families learn about *Help Me Grow* from their child care provider or from a relative or friend. Of significance, the number of families who were referred to *Help Me Grow* by a friend or relative has nearly doubled since June 30, 2005.

Figure 3: Nature of Service Requests and Presenting Issues



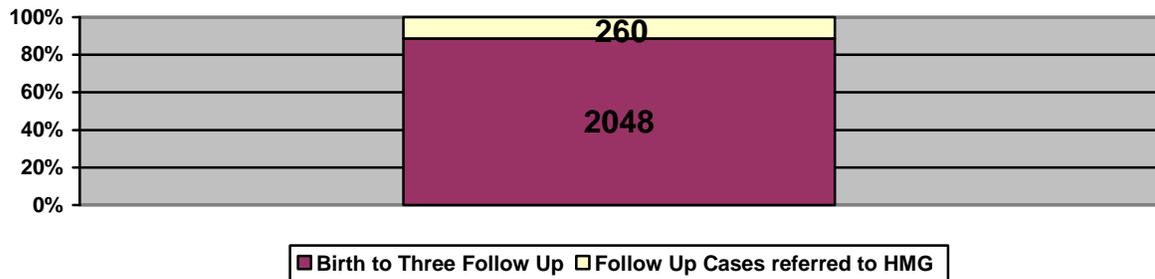
Summary analysis

- Families call *Help Me Grow* for a variety of reasons; when a call comes in, there are typically two or more service requests or presenting issues. As figure 3 shows, the percentages of reasons for calling have mostly stayed the same among the different

categories over the past three years. However, there has been an overall increase in the number of reasons for calling; that is, the number of service requests or presenting issues per family have increased.

- For each of the past three years, the majority of calls have been inquiries about specific child development programs, questions related to general development concerns, or families seeking evaluations for their children.
 - Of significance, since June 30, 2005, there has been a twenty three percent increase in calls inquiring about child development programs.
 - Families also call with questions or concerns regarding their children’s social or emotional behavior, their child’s health, or their child’s disability and for special health care needs.
 - In the past year there has been an increase in calls for special health care needs. These are inquiries related to services for the Children and Youth Special Health Care Needs Program (CYSHCN), and the increase is likely due to the Partnership Agreement between *Help Me Grow* and CYSHCN (as outlined above under Other *Help Me Grow* services and programs).
 - Families calling with concerns regarding education or basic needs, or calling to inquire about social/recreational programs occur far less often; however, there has been an increase in these service requests since June 30, 2005.
- **Follow up services for Birth-to-Three program:** Starting in January of 2007, *Help Me Grow* began providing follow up services for families who were being screened for Birth To Three services (see Figure 4).

**Figure 4: Number of Birth To Three Follow Up Cases
January 1- June 30, 2007**

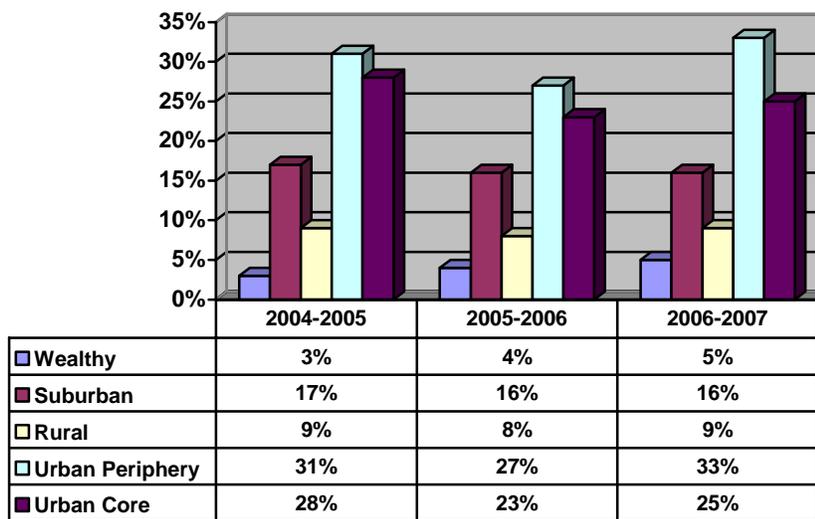


Summary analysis

- From January 1, 2007 through June 30, 2007 there was a large number of families that received Birth to Three follow up services from *Help Me Grow* (N=2,308). Specifically, families who contacted *Help Me Grow* and had children who were in the process of being screened for the Birth to Three program were given a follow up call to check on the status of their child’s eligibility for services. The purpose was to provide a “safety net” in case their child was not eligible (i.e., based on evaluation or screening results) but still needed other services.
- Of the total number of families who received a follow up phone call, a little more than ten percent requested additional support or services through *Help Me Grow* (N=260).

- **Analysis of data by the “Five Connecticut.”** We examined “caller” data further to determine if there were meaningful patterns between different socioeconomic town groups related to where *Help Me Grow* families live (see Figures 5 and 6), rates of phone contacts (see Figure 7) and reasons for calling *Help Me Grow* (see Figures 8 and 9). In order to do this we used an analysis conducted by the Center for Population Research, University of Connecticut (2004) that categorized individual towns into five “distinct, enduring, and separate groups” in terms of income, poverty and population density (<http://popcenter.uconn.edu>). Details on the five distinct Connecticut are provided in the summary analysis below.

**Figure 5: Where the Families Live:
Wealthy, Suburban, Rural, Urban Periphery, Urban Core**



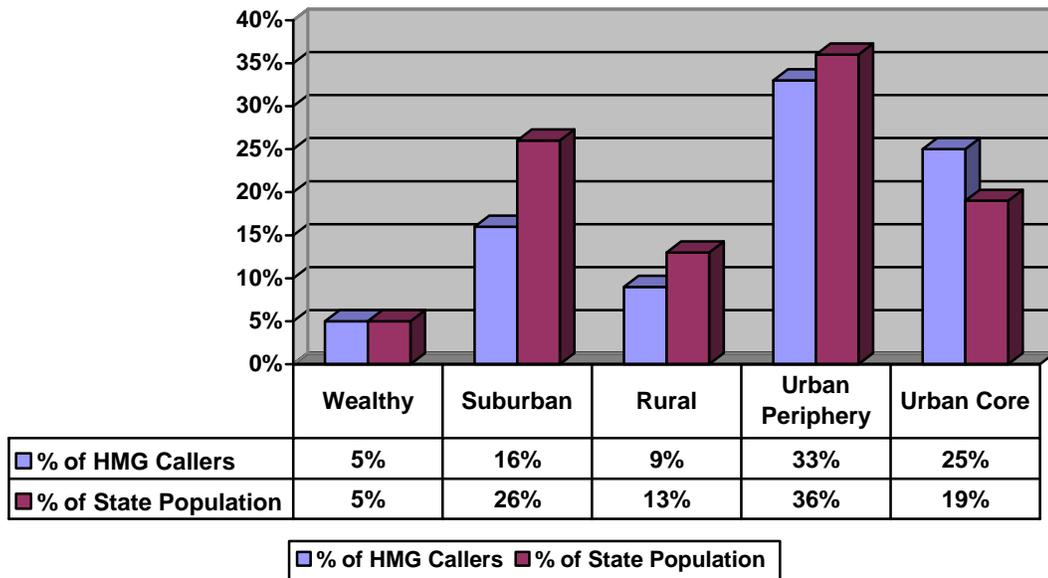
■ Wealthy ■ Suburban ■ Rural ■ Urban Periphery ■ Urban Core

Summary analysis

- The majority of families who contact *Help Me Grow* reside in the Urban Periphery and the Urban Core of Connecticut. Altogether, these towns have the lowest income, the highest poverty rates, and the highest population density.
- The Urban Periphery (36% of the State’s population) consists of 30 “transitional” towns (i.e., located between the urban cores and the suburbs) with below average income, average poverty rates, and a high population density. The town of Manchester is most representative of this group.
- The Urban Core (19% of the State’s population) consists of the 6 Connecticut cities that have the lowest income, the highest poverty rates, and the highest population density. Bridgeport is the most representative of this group.
- The next largest group of callers resides in Suburban Connecticut, consisting of 61 towns and 26% of the State’s population, with above average income, low poverty rates, and moderate population density. The town of Cheshire is most representative of this group.
- A small percentage of callers reside in Rural Connecticut, consisting of 63 towns and 13% of the State’s population, with average income, below average poverty rates, and the lowest population density. The town of North Stonington is most representative of this group.

- Wealthy Connecticut consists of 8 towns and 5% of the population, and has exceptionally high income, low poverty, and moderate population density. The town of Westport is most representative of this group. Although the fewest number of callers reside in this town group, the numbers have been steadily increasing over the past three years.

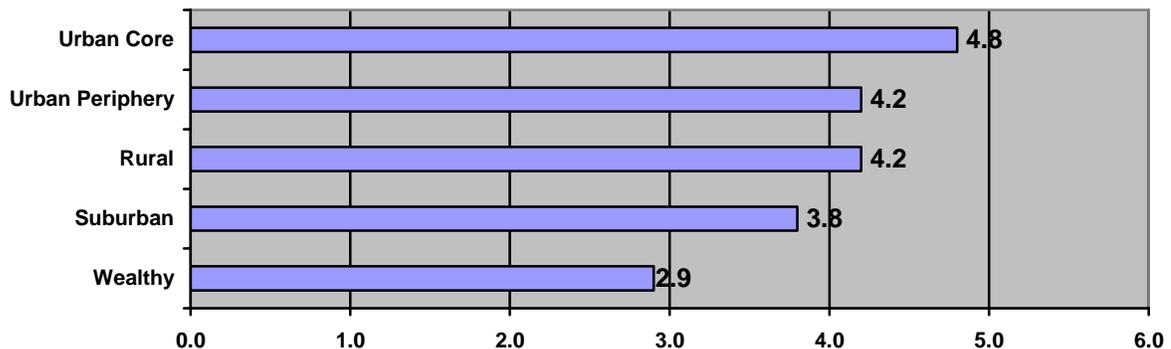
Figure 6: Percentages of Families Residing in the Five Town Groups-*Help Me Grow* Compared with State Population



Summary analysis

- The percentages of *Help Me Grow* families that reside in the Wealthy (5%), Rural (9%), and Urban Periphery (33%) town groups are *proportionate* to the percentages of these town groups’ overall population in the State (i.e., 5%, 13%, and 36%, respectively).
- The percentage of *Help Me Grow* families that reside in Suburban CT (16%) is *disproportionately* lower than the percentage of this group’s overall population in the State (26%); the percentage of callers from Urban Core CT (25%), unlike all the other groups, is disproportionately *higher* than the percentage of this group’s overall population in the State (19%).

Figure 7: Average Number of Calls per Case between Town Groups



Summary analysis

- Analysis comparing average number of phone contacts per family (incoming and outgoing) across town groups showed a significant difference ($F=19, p<.00$). The average number of calls in Wealthy CT is significantly less than all other groups while the average number of calls in Urban Core CT is significantly greater than all other town groups.
- Overall, the greatest number of phone contacts per case occurs in the poorer communities, specifically, the Urban Core and the Urban Periphery, and the least number of calls per case occurs in Suburban, Rural, and Wealthy CT.

Figures 8 & 9
Comparison of Prevention versus Intervention between the Five Town groups
July 1, 2006 – June 30, 2007

Table 8: Why People Call Help Me Grow: Prevention

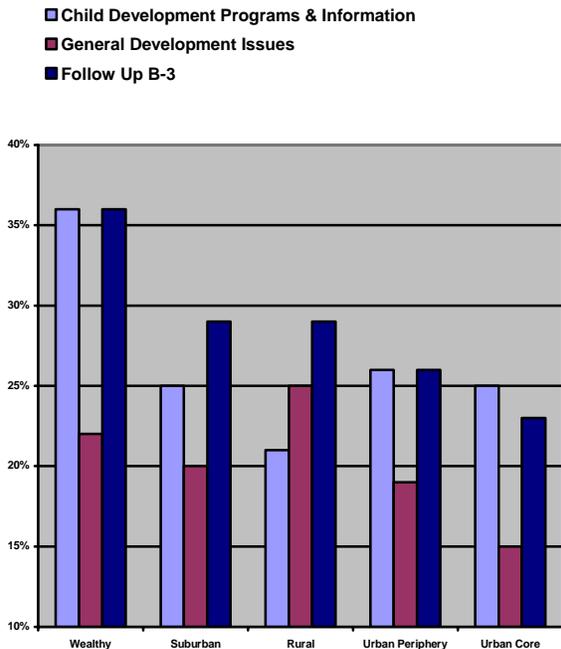
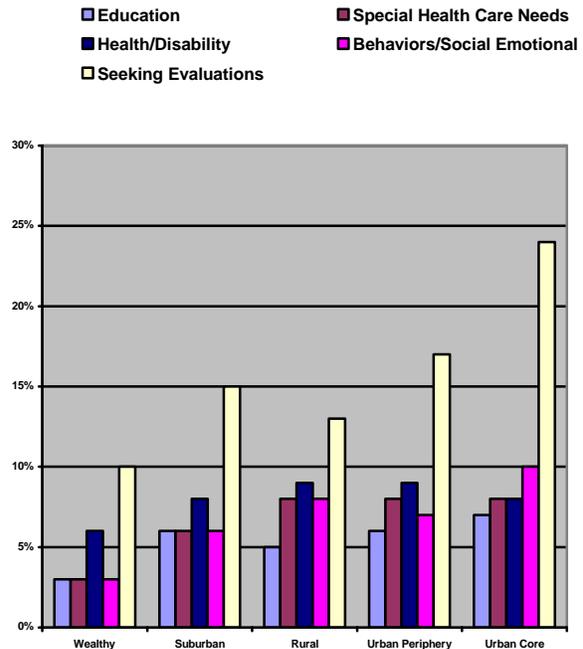


Table 9: Why People Call Help Me Grow: Intervention



Summary analysis

- Figures 8 and 9, together, make up the range of service requests and presenting issues by the different town groups.
- The data in Figure 8 are all the calls made to *Help Me Grow* that are preventive in nature: inquiries about child development or seeking information regarding development programs. Overall there is a *higher* percentage of calls related to prevention from families that reside in the wealthier communities.
- The data in Figure 9 are all the calls made to *Help Me Grow* that represent intervention efforts: inquiries about education, health, or social/behavioral concerns, and families

seeking evaluations. Overall there is a higher percentage of calls that represent intervention efforts for families that reside in poorer communities.

B. How well is *Help Me Grow* doing? This subsection has two distinct sets of measures: (1) family referrals for services, and (2) community outreach and training (i.e., for pediatric and family health practices and for community-based service providers).

1) Family referral for services

• **Number and type of referrals for program services on behalf of families**

When a provider or family calls the Child Development Infoline number they are asked a series of questions that help the Care Coordinator make an appropriate referral. The Care Coordinators use developmental checklists to help determine if it is appropriate to refer the child for a Birth to Three assessment, Help Me Grow, or preschool special needs programs. The Care Coordinators’ ongoing training addresses how to interview and build a relationship with callers, ask for appropriate clarification, use active listening skills, educate callers on how the system works, summarize what has happened during the call, and clarify follow-up program and referral needs (Carey, 2006). Figure 10 shows the five service programs that receive the most referrals.

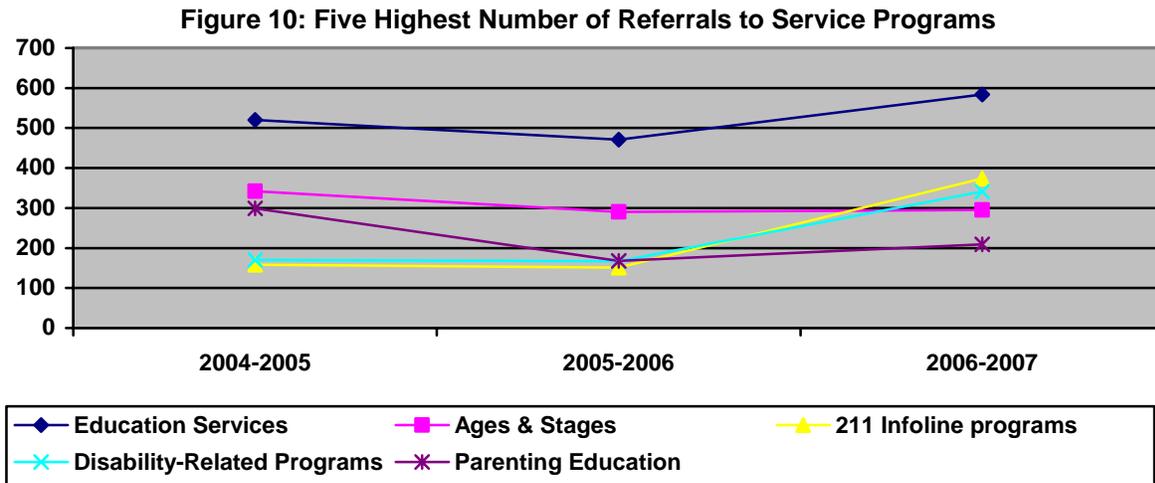


Table 2. Total Number of Referrals

2004-2005	2005-2006	2006-2007
2,237	1,954	3,122

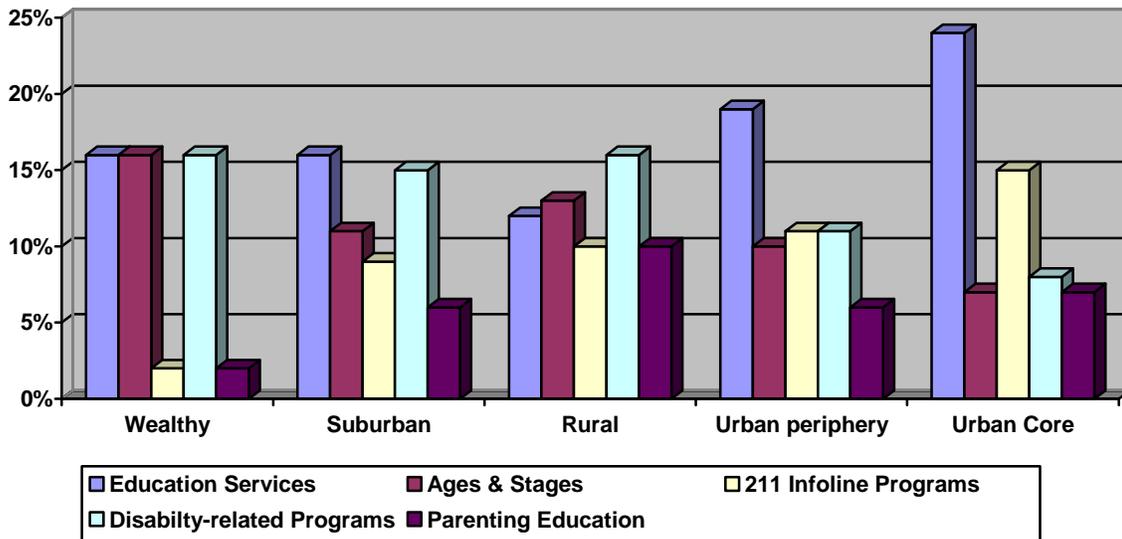
Summary analysis:

- The top 5 program referrals for the past three years include referrals for education services, most of which are for Preschool Special Education (93%), the Ages & Stages Child Monitoring Program, Infoline (e.g., basic needs), disability related services, and parent education.
- The total number of *Help Me Grow* referrals to service programs for Connecticut families during 2006-2007 program year is 3,122. This is a 60% increase in referrals since June

30, 2006. The overall increase in the number of referrals can be explained by the increase in the number of callers this past year (see Figure 1) and the increase in the number of service requests or presenting issues (see Figure 3).

- The percentages of referrals have mostly stayed the same among the different categories over the past three years.
- **Story behind the baseline:** Comparison of the referrals among the five Connecticut town groups (see Figure 11).

**Figure 11. Comparison of the Five Highest Referrals between Town Groups
July 1, 2006 - June 30, 2007**



Summary analysis

- Unlike the other town groups, percentage of referrals in Urban Periphery and Urban Core Connecticut are the highest for education services (i.e., majority for Special Ed. Service).
- In comparison with other town groups, the percentage of referrals in Wealthy CT for the Ages & Stages Child Monitoring Program is higher.
- In comparison with other town groups, the percentage of referrals in Urban Periphery and Urban Core Connecticut are lower for disability-related programs.
- In comparison with other town groups, the percentage of referrals in Urban Core CT for Infoline programs (e.g., basic needs) is highest.

2) Community outreach and training

- **Staffing:** The number of community outreach and training staff in a given year has ranged from two to four full-time Child Development Liaisons (CDLs). For the 2006-2007 program year, there were two full-time CDLs.
- **Outreach activities to community-based family and child service organizations**

Help Me Grow's Child Development Liaisons (CDLs) serve as the conduit between Connecticut's community-based services and the telephone access point. Outreach opportunities often occur during the search for an appropriate resource involving a specific case. When the

CDLs find new resources they meet with the appropriate personnel to learn more about available services and to provide information about *Help Me Grow*.

In addition CDLs provide trainings and information on *Help Me Grow* to a range of programs serving children in the State, and also facilitate networking partnerships among community-based agencies. They conduct regional Networking Breakfasts that bring together community-based agencies to share information and to develop solutions to challenging cases. One purpose of the networking component of *Help Me Grow* is to provide a forum that allows providers to share information, widen their connections to a broader group of service providers, and collaborate to support each other’s organizations. It also formalizes what in the past had been an informal relationship.

CDLs also conduct formal presentations on *Help Me Grow*, the ASQ Developmental Monitoring Program and Shaken Baby Syndrome to child health care providers, other professionals in child care, domestic violence shelters, homeless shelters and social service agencies.

Through ongoing efforts *Help Me Grow* CDLs have documented connections with more than 3,000 community-based agencies via face-to-face outreach, mailings, attendance at collaborative meetings, and individual case consultation. The range of public and private agencies includes the following service providers: parent education, child guidance, developmental evaluation, domestic violence support, maternal and child health outreach, home visiting, parent aides, preschool special education, parent-to-parent support and advocacy, and other developmental services. In the Hartford region, over seventy community-based programs and resources have been represented at the breakfasts. Table 3 shows the number of outreach and networking activities that have occurred over the past year.

Table 3. Outreach Activities: July 1, 2006 through June 30, 2007

Outreach and Networking Activity	# of activities
Presentations on <i>Help Me Grow</i> , Shaken Baby Syndrome, and ASQ	48
Pediatric Trainings in how to use <i>Help Me Grow</i>	16
Regional Networking Breakfasts	38
Collaborative meetings (public/private) at the regional & town levels	55
On-site, face-to-face outreach/individualized meetings	30
Mailings (distribution of brochures and other materials)	32

- **Provider training in developmental surveillance and *Help Me Grow***

Help Me Grow has developed a multifaceted training and education program that focuses on addressing the barriers to developmental surveillance and referral. The “intervention” focuses on educating and motivating physicians and other child health providers to conduct developmental surveillance and screening of young children (i.e., birth to age 5), educating and motivating providers to use the *Help Me Grow* triage care management and follow up services; and assisting providers in systematizing developmental surveillance and the use of *Help Me Grow* in their practices.

Help Me Grow health provider education in developmental surveillance highlights the use of the ASQ Monitoring System and the Parents' Evaluation of Development Status (PEDS) - a three to five minute validated screening instrument for detecting developmental delay that is filled out by the parent, often while in the waiting room. Each practice receives a Child Development Tool Kit, including information on the PEDS, brochures on *Help Me Grow*, and the ASQ. The family can sign up for the ASQ and give consent for the results to be sent to the primary health provider. *Help Me Grow* also uses a "tool box" that allows practices to store all developmental surveillance materials in one place in the office, and is easily integrated with other health supervision materials (e.g., immunization consent forms, safety handouts, and growth charts).

From 2003 through 2005, approximately 150 pediatric and Family Health practices were enlisted and recruited for the training through preliminary work with the practices via telephone or written material, a first visit from the trainer, subsequent follow-up and contact, and ongoing maintenance. Following this training, provider identification of children with developmental or behavioral risks doubled (from 9% to 18%). Since then an additional 16 more practices have received training for a total of 168 out of the 300 pediatric and family practices in Connecticut (see Table 4 below). During this program year, *Help Me Grow* will be focusing their efforts on enlisting as many more additional providers as possible.

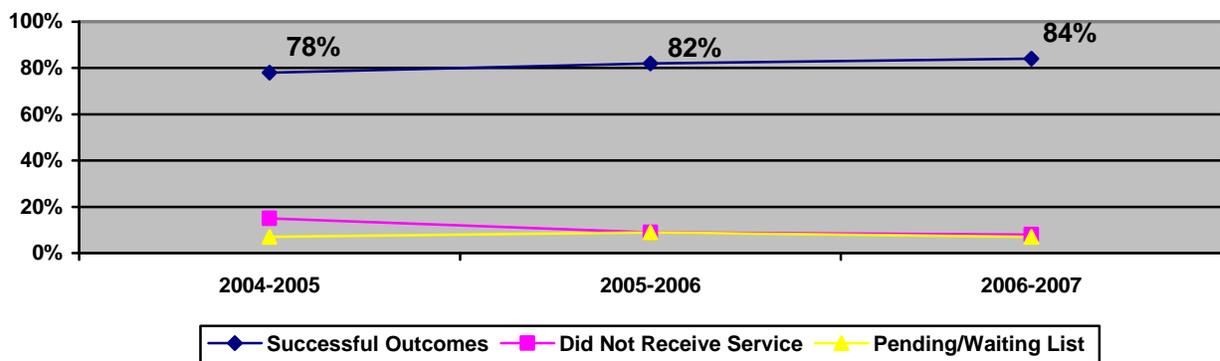
Table 4. Pediatrician Trainings: 2003 through June 30, 2007

Number of Pediatric/Family Practices in the State	Number of Practices who have received training	Percentage of Completed Trainings
300	168	56%

C. Is anyone better off as a result of utilizing *Help Me Grow*?

- **Rates of successful or positive outcomes:** Outcomes of family referrals for service and information requests (see Figure 12).

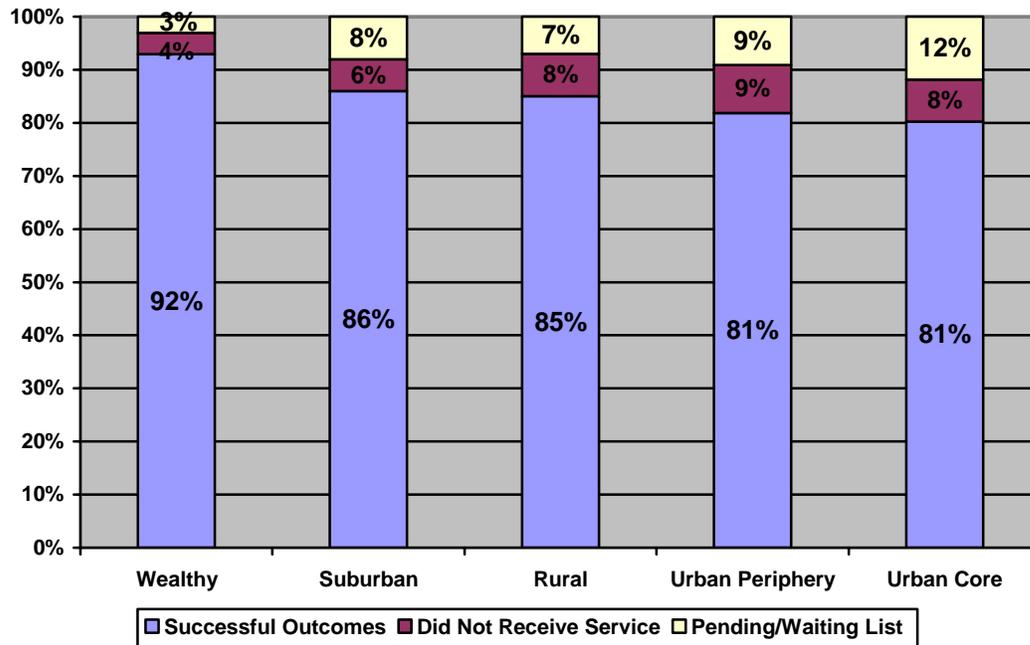
Figure 12. *Help Me Grow* Outcomes



Summary analysis

- Typically *Help Me Grow* families receive two or more referrals for services and information. *Help Me Grow* Care Coordinators (CCs) were able to document follow up information for seventy percent of service referrals and information requests. For the remaining thirty percent, families either refused follow-up (i.e., did not want a follow up phone contact when asked) or could not be reached.
- For cases with follow up information (Figure 12), the data show that the rate of successful outcomes is high (84% in the past year), and that rates of successful outcomes overall have increased each program year.
- **Story behind the baseline:** Comparison of outcomes among the five Connecticut town groups (Figure 13).

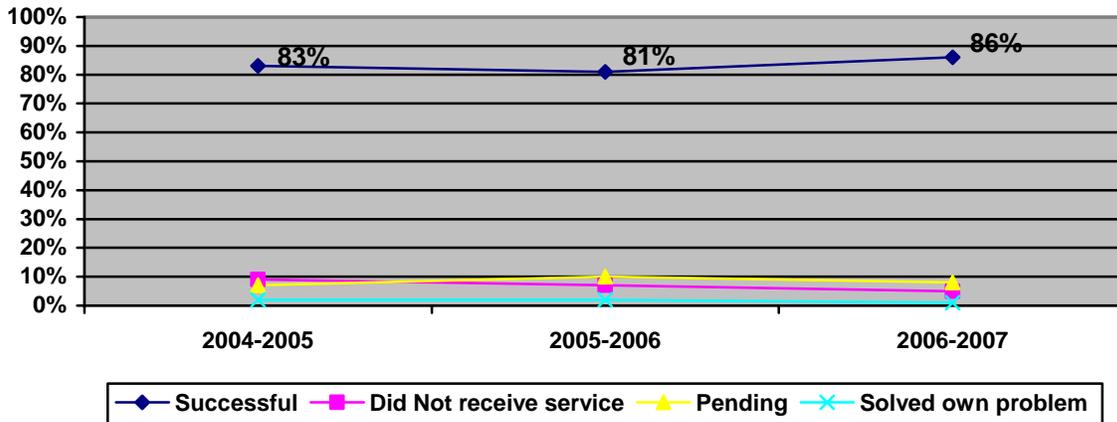
**Figure13. Comparison of Outcomes between the "Five Connecticuts"
July 1, 2006 - June 30, 2007**



Summary Analysis

- Rates of successful outcomes (i.e., family is connected to a service or received needed information) are highest in Wealthy CT and lowest in Urban Periphery and Urban Core CT (Figure 13).
- Overall, the rates of successful outcomes across town groups follow the same pattern of income and poverty rates in their respective communities (i.e., from high to low).
- Rates of services that are pending (e.g., family is placed on a waiting list for a service) are the lowest in Wealthy CT and highest in Urban Core CT. As compared with all other town groups, rates of services that are pending are much lower in Wealthy CT.
- **Percentage of families that received at least one or more services** (see Figure 14).

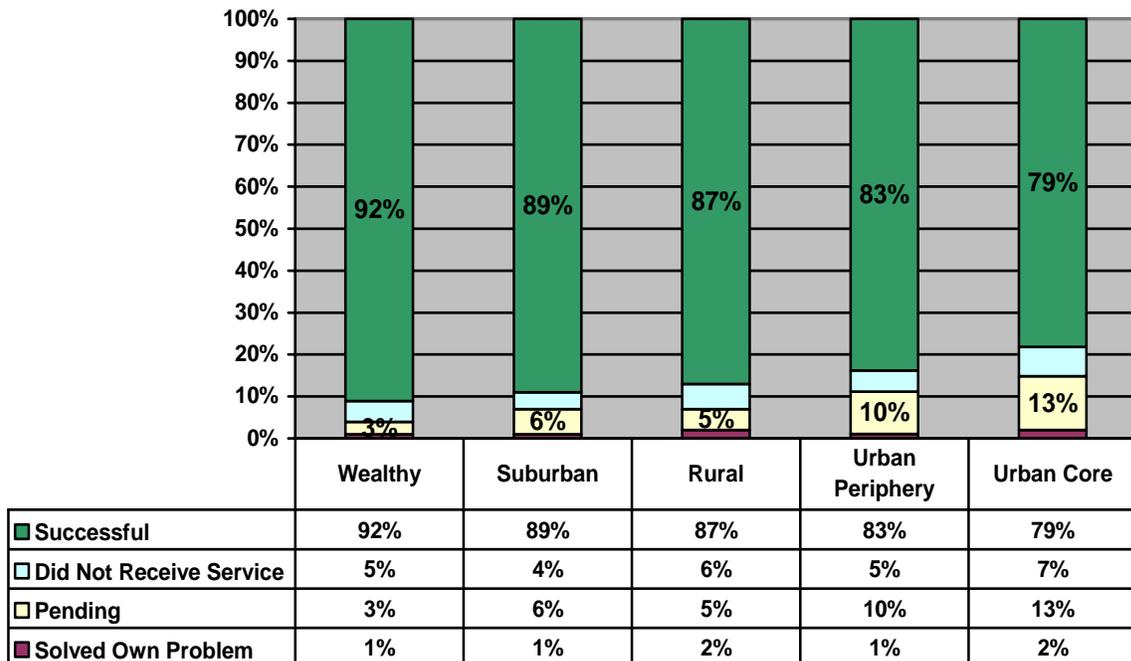
Figure 14. Percentage of Families Who Successfully Received at Least One Service



Summary analysis

- Of the total number of families that were able to be reached for follow up (76%), families were successfully connected to at least one or more services in the majority of cases (86% in 2006-2007), and the rate has increased since the previous year (i.e., from 81% to 86%).
- **Story behind the baseline:** Comparison of successful cases across the five Connecticut town groups (see Figure 15).

Figure 15. Comparison of Successful Cases between the Five Connecticut Town Groups: July 1, 2006-June 30, 2007



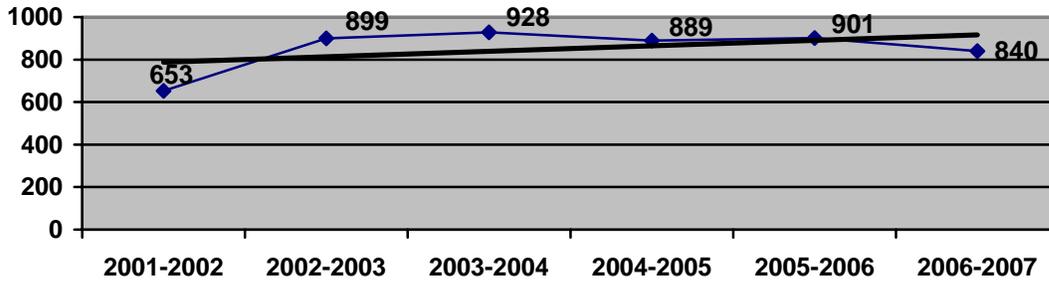
Summary analysis

- Similar to outcomes (refer to figure 13), the percentage of families who are successfully connected to at least one service are highest in Wealthy CT and lowest in Urban Core CT (Figure 15), and overall, percentages across town groups follow the same pattern of income and poverty rates as in their respective communities (i.e., from high to low).
- In addition, the percentage of families that are waiting for services (i.e., on a waiting list) are the lowest in Wealthy CT and highest in Urban Periphery and Urban Core CT.

SECTION II. *Help Me Grow's* Ages & Stages Child Monitoring Program

- **Utilization of the Ages & Stages Child Monitoring Program:** A total of 3,125 children participated in the ASQ program during the 2006-2007 program year. Figure 16 shows the number of families that entered the program for each of the past three years.

**Figure 16. Active Ages & Stages Monitoring:
Number of families entering each year**

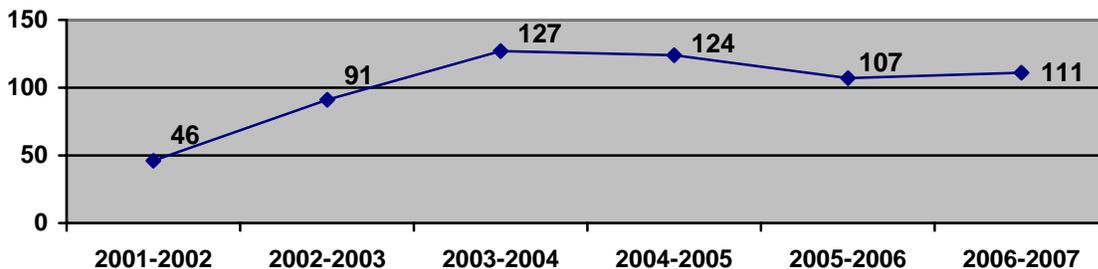


Summary analysis

- The number of families entering the Ages and Stages Child Monitoring Program each year has been relatively high since the 2002-2003 program year and has had little variability.
 - There was a slight decrease in the number of families entering the program since last year (7% decrease).
- **Universal monitoring of development by parents:** Number of Ages & Stages at the four month developmental screens completed by parents (see Figure 17).

Because early detection of developmental and behavioral problems has been shown to improve long term outcomes, *Help Me Grow's* education and outreach efforts this program year will focus on promoting *universal monitoring of development* by parents. The goal is to encourage all parents to participate, and for parents to enter the Ages & Stages Child Monitoring Program as early as possible. Towards these efforts, *Help Me Grow* will be distributing a total of 10,000 Ages & Stages Child Development Kits for the four month well-child visit to pediatric practices statewide as part of their provider training.

**Figure 17. Number of Ages & Stages
Four Month Developmental Screens**



Summary analysis

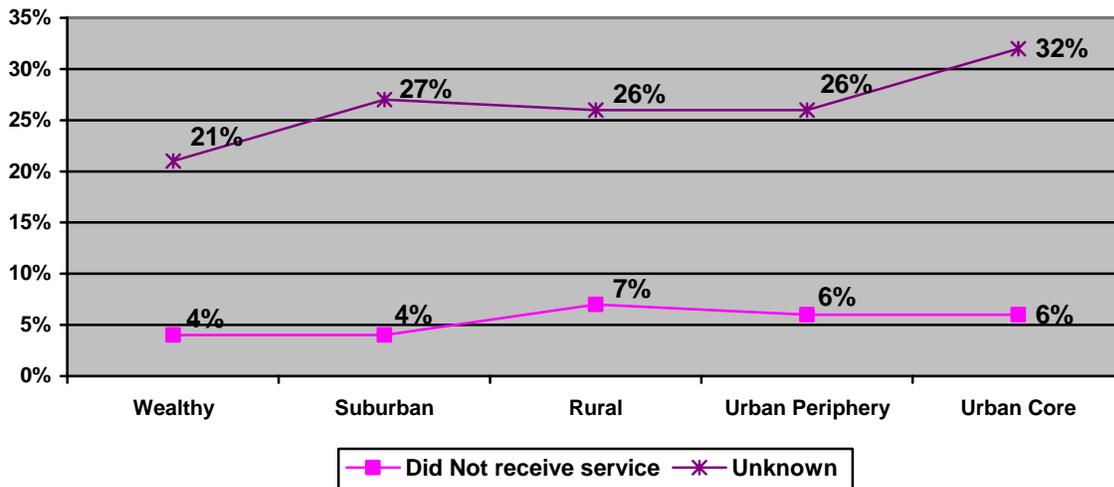
- Thirteen percent of families (N=111) that entered the Ages and Stages Child Development Monitoring program last year started when their child was four months of age (see Figures 16 and 17).
- Overall, twelve percent of families that entered the Ages and Stages program over the past six years started when their child was four months of age.

Section III. *Help Me Grow's* efforts for Hard to Reach families

Help Me Grow telephone Care Coordinators frequently make an initial contact with a family but are unable to sustain the contact either because the family does not have a telephone, requires in-home assessment, or presents complex needs. For this upcoming year, *Help Me Grow* will be working in partnership with a community-based agency in developing and implementing an outreach model for providing services to these families in the Hartford North End neighborhoods (as outlined above under Other *Help Me Grow* services and programs).

- Figure 18 shows the percentage of cases that were closed without knowing the final outcome (e.g., received service/did not receive service). For these cases, either the families refused follow up (i.e., did not want a follow up phone contact when asked), or could not be reached.

Figure 18. Cases That Did Not Receive Service or Outcome Is Unknown



Summary analysis

- The percentage of cases that were closed without knowing the final outcome is highest in Urban Core CT and lowest in Wealthy CT.
- The percentages of families that did not receive services are comparatively low for all town groups (Figure 18), but are lowest in Wealthy and Suburban CT, and the highest in Rural CT.

SECTION IV. Summary and recommendations

Summary

During the past year *Help Me Grow* has provided information and referrals to 2,744 families, a sixteen percent increase from the previous year. The majority of calls have been inquiries about child development programs, questions related to general development concerns, or families seeking evaluations for their children. There was a twenty three percent increase in calls inquiring about child development programs from the previous year and overall, the number of service requests per family has increased in the past year.

Based on identified needs or interests, families were mostly referred to education services, the Ages & Stages Child Monitoring Program, 211 Infoline services, disability related services, and parent education. Due to the increase in the number of callers and the number of service requests per family, there was also a sixty percent increase in referrals from the previous year. Families were successfully connected to services for the majority of referrals (84% in the past year), and the majority of *Help Me Grow* families (86%) received at least one service during the past year.

Comparison of utilization and outcome data among the Five Connecticut – Wealthy CT, Suburban CT, Rural CT, Urban Periphery CT, and Urban Core CT - showed meaningful patterns. The differences between the groups were generally in the direction that would be expected given the respective differences in income, wealth, and poverty. Where there are the most social and financial resources (i.e., Wealthy CT), *Help Me Grow* is most often used for prevention (versus intervention) and the families have the highest rates of successful outcomes. Where there is the most complex need (i.e., Urban Periphery and Urban Core CT) and higher rates of intervention efforts (versus prevention), there appears to be more barriers for sustaining contact with the families and having successful outcomes. Overall, the greatest number of *Help Me Grow* phone contacts per case occurs in the poorer communities, and the least number of calls per case occurs in the wealthier communities. Importantly, where there is the most complex need, is also where there are the largest gaps in services (i.e., pending cases and waiting lists). Accordingly, *Help Me Grow* is starting a new initiative this year and expanding their services to include an outreach component in Hartford neighborhoods that identifies specific barriers - and strategies - for connecting hard to reach families with needed services.

Help Me Grow will also be focusing on outreach efforts and trainings in developmental surveillance for pediatric offices and other health care providers, and training in the Ages and Stages Child Development Monitoring program. This includes specific efforts towards promoting universal monitoring of child development by distributing Ages & Stages Child Development Kits for four month well-child visits to pediatric practices statewide.

Recommendations

What can be done to improve performance during the next year?

- Continue outreach efforts to train parents, and other community-based providers in how to use *Help Me Grow*.

- Distribution statewide of Ages & Stages Child Development Kits at four month well child visit to all pediatric practices to encourage universal monitoring of development by parents. It will be important to track rates of use by parents in order to identify where the program is being the most successful and where there is a need for follow up or more training with pediatric offices.
- Track all community outreach efforts by the Child Development Liaisons (CDLs) and maintain an up to date and thorough data base of all programs across Connecticut that can be of value to the families.
- Identify and track (1) gaps and barriers to servicing “hard to reach families” and (2) opportunities for creative outreach and improving service connection and outcomes for these families. The ability to collect information on the gaps and barriers that are experienced by families needs to be added as a component of the tracking system.
- Enhance the database to include the above recommended tracking systems, and to better inform the program and others regarding the needs of children in Connecticut. This will require a restructuring of the database.