

i. Abstract

Project Title: CT ECCS Impact

Applicant Organization Name: Connecticut Office of Early Childhood

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List all grant program funds requested in the application: Early Childhood Comprehensive Systems Impact CFDA 93.110 – Maternal and Child Health Federal Consolidated Programs

The Connecticut Early Childhood Comprehensive Systems Impact project plan aims to forge cross-sector collaboration in three Connecticut urban communities (Bridgeport, Norwalk and Stamford) that will foster early childhood systems development in a coordinated and intentional way by

- 1) improving developmental promotion among families and providers of maternal, infant and toddler services;
- 2) increasing early identification of children at risk for not meeting developmental outcomes by age three; and
- 3) improving the process of linking families and children at risk for developmental delays to community-based services.

The overall aim of the project is, by the end of the grant period, to demonstrate a 25% increase over baseline in age appropriate developmental skills among the three year old children in those three communities. This plan builds upon the work that the United Way of Connecticut accomplished in a 2013 ECCS planning grant.

Despite the impressive array of infant and toddler programs and services in Connecticut, implementation has historically been piecemeal and delivered within silos of care, thereby reducing their collective impact on early childhood developmental outcomes. Resources from the ECCS Impact grant will allow the Office of Early Childhood to provide three communities with additional technical assistance to support active system building using a collective impact approach guided by a continuous quality improvement process. Project Facilitators located within the three communities and supported by a Project Director at the Office of Early Childhood, will be the primary conduit assisting these communities to ensure that all those who interact with young children and their families will have the knowledge and skills to promote development, detect concerns early, and connect children and families to follow up services when necessary. Targeted strategies such increased knowledge of developmental promotion by early care and education providers, EPIC training for health care providers, increased use of the ASQ and ASQ:SE online, and connecting community providers to Child Development Infoline/Help Me Grow as a single-point for information and linkage to services, will equip parents, providers and stakeholders alike.

Connecticut is well poised to bring to scale an impressive array of services and supports to help build early childhood systems in the three participating communities.

ii. Project Narrative

INTRODUCTION

Connecticut's Office of Early Childhood (OEC) submits this proposal under the Early Comprehensive Childhood Systems Impact funding opportunity to strengthen early childhood developmental outcomes in three urban communities, Bridgeport, Norwalk and Stamford. We are positioned to bring to scale the array of services and supports that exist in Connecticut to promote early childhood system building to meet the needs of families in the three participating communities. Our goals are to: 1) improve developmental promotion among families and providers of maternal, infant and toddler services; 2) increase early identification of children at risk for not meeting appropriate developmental outcomes by age three; and 3) improve the linking of families and children with, and at risk for, developmental delays to community-based services. We believe that simultaneously addressing these three goals will ensure the development, success and sustainability of the early childhood systems in the participating communities. Further, we anticipate that the success and lessons learned in this work, which will be enhanced by participation in the national Collaborative Innovation and Improvement Network (CoIIN), will inform the OEC's efforts to replicate the work in other communities across the state.

Our plan aims to forge cross-sector collaboration in communities to foster early childhood system development. We have identified key interventions for implementation in pediatric health care, home visiting, child care, and community programs to promote child development, early detection and linkage to services. Despite the impressive array of infant and toddler opportunities we have in Connecticut, their implementation has been piecemeal and delivered within silos of care (health, mental health, home visiting, early care and education, Part C early intervention, and others), thereby reducing their collective impact on early childhood developmental outcomes. We are poised to address this in three communities with resources from the ECCS Impact grant that will allow the OEC to provide communities with technical assistance and coordination to support active system building within a collective impact approach that is guided by a continuous quality improvement process. With ECCS Impact funding communities will work to ensure that all those who interact with young children and their families have the knowledge and skills to promote development, detect concerns early when interventions can be most effective and connect children and families to follow up services when concerns arise.

NEEDS ASSESSMENT

Statewide

In 2013, the Child Health and Development Institute complete a report with funding from the State's Early Childhood Cabinet. "THE EARLIER THE BETTER: Developmental Screening for Connecticut's Young Children", assessed the extent of developmental screening in pediatric primary care, home visiting and Head Start programs. The report concluded that although there was a commitment on the part of several Connecticut programs, agencies and services to identify children with, and at risk for, developmental delays, the State lacked a coordinated effort across all providers. This publication also provided recommendations for building a family centered,

early identification system in Connecticut. The underlying principle across all recommendations was that all children should be screened within an integrated system that ensures: 1) results are available across the services children use, 2) children for whom screening shows concerns are linked to the follow-up services, and 3) all providers are engaged in developmental promotion in partnership with families.

When screening or other monitoring activities identify a child as needing further assessment and assessments indicate that the child does not have a significant delay qualifying them for Part C services, we do a poor job addressing mild and moderate concerns early. Connecticut's Birth to Three programs received 8,874 referrals during FY15 (July 1, 2014 through June 30, 2015). Almost forty percent of the children referred did not qualify for Birth to Three. Of the 2,789 follow-up calls that were made to the families of those children who were not eligible, actual contact was made with 821 of them and of those, 111 requested community resource information. This suggests that many children, for whom there are developmental concerns, are not connected to the wide array of services available through our Help Me Grow system (as described in the methodology section of this application). The resolution of this failure to link at risk families to community-based services lies within our communities and their knowledge and awareness of the range of services for infants and toddlers.

As a follow-up to "The Earlier the Better", in 2015, Connecticut's current ECCS planning grant (current grantee: United Way of Connecticut) highlighted these same challenges. The Child Health and Development Institute in partnership with the United Way and Office of Early Childhood designed and implemented a study to assess provider and parent views on developmental surveillance and screening in Connecticut's early care and education programs. Data collection methods included qualitative focus groups with early care and education (ECE) providers (center and home-based) and parents, online surveys for parents (924 responses) and center and home-based ECE providers (329 responses). Focus group interview questions for Connecticut ECE providers were designed to explore perceptions of developmental surveillance and screening, resulting data storage and retrieval, and coordination of referrals currently used by early care providers. The ECE Parent Survey obtained information about parent involvement with, perceptions of and satisfaction with the surveillance and screening and referral process in their child's ECE setting.

Key findings from the survey of providers highlighted that most large center-based programs use formal screening tools and have protocols in place to coordinate follow-up resources when concerns are identified. The Ages and Stages Questionnaire (ASQ) and/or the ASQ-Social-Emotional (ASQ-SE) were the most frequently used tools. However, smaller early care and education (ECE) sites rely more on observation, developmental checklists, and conversations with parents; they reported needing additional support to monitor children's development and to connect children to available services. The most frequently cited challenges to screening were lack of staff, time, and money.

ECE staff reported involving parents in the developmental surveillance and screening process, with 86% of sites reporting that they ask parents about concerns regarding their child's development, behavior, or health during the enrollment process. That said, ECE staff also expressed concerns about discussing behavior and development with parents. Parent responses

supported ECE staff assertions: 90% of parent respondents whose children received screening said they were involved in the process.

Regarding linking of children for whom screening shows concerns to follow up assessment and intervention services, parents were more positive than ECE staff. Staff noted a lack of prevention and intervention providers to whom to refer children whose screening showed possible delays. Responses also indicated that the referral processes used by ECE programs are generally less defined than the screening processes with only 50% of respondents stating that protocols are in place to track linkages to follow up services. The most frequently cited challenges to the referral process were family reticence to accept the child's challenges and parental fear of the referral process. Yet, more than 90% of parents with children identified as having a delay said the service provider to whom they were referred met the child's needs, and they were satisfied with these services. Staff also responded that they discuss developmental and behavioral concerns and positive screening results most frequently with families, and less frequently with child health care providers.

Based on this needs assessment and analysis, the following recommendations were made, all of which are amenable to intervention at the community level:

- Raise public awareness about the importance of surveillance and screening
- Provide training opportunities to a wide variety of professionals who can conduct surveillance and screening
- Integrate surveillance and screening into more initiatives focused on young children's development
- Develop and maintain a data system to track surveillance, screening, and connection of children to follow up services when surveillance and screening show concerns
- Strengthen the system of services for children who require developmental assessments and intervention services

The OEC is currently undertaking a comprehensive study of early childhood unmet needs in Connecticut that it plans to repeat periodically. As part of this study to be completed in April 2016, the office is gathering and analyzing data on the unique needs of target populations in communities statewide. Critical data about families in communities is being gathered through a special request for data to the census bureau to provide the OEC with data on the characteristics and circumstances of families with children under the age of six. Additionally, the OEC has collected data from other state agencies by town for other specific subgroups including children who have experienced child abuse and neglect, families with refugee status, homeless families with young children, teen parents, children with developmental delays, and others.

As part of the unmet needs study, the OEC is gathering data on the availability of and access to early care and education for children from birth to age five from existing child care providers (licensed and unlicensed, home-based and center-based) as well as information on current funding levels to subsidize care and disparities in utilization.

Selected Communities

In Fairfield County, three urban communities (Bridgeport, Norwalk, and Stamford) were invited to participate in Connecticut's ECCS Impact grant application and have accepted. (See Attachment 1 for Letters of Agreement). These communities were selected because they have

launched Cradle to Career initiatives using the nationally recognized, evidence-based StriveTogether Collective Impact Framework. Each of the three communities has selected outcomes related to infant health and kindergarten readiness. Each has a Community Action Network made up of experts and providers and other stakeholders that is aligned with the infant health and kindergarten readiness outcomes. In terms of available infrastructure to accomplish the goals of this project, each has backbone support in place. In Bridgeport and Stamford, a United Way agency (United Way of Western CT and United Way of Coastal Fairfield County) and in Norwalk, Stepping Stones Children’s Museum are providing backbone support in the daily operations. In addition, United Way of Coastal Fairfield County is a strong partner in the Norwalk community. Each community also has a network of philanthropic or other private investors that are supporting this work. For example:

- Bridgeport – General Electric and Bank of America provided early seed funding and in the coming months a Funder’s Table will be established to support the Bridgeport effort.
- Norwalk – The Ritter Family Foundation, the Grossman Family Foundation, Fairfield County Community Foundation, the United Way of Coastal Fairfield County, and GE Capital Americas represent their core investors.
- Stamford – United Way of Western CT, The Grossman Family Foundation, Purdue Pharma, Pitney Bowes and GE have provided fiscal support. United Way of Western CT is not only an investor in the initiative but is also the Anchor Entity, funding staff positions and providing backbone support in multiple areas of need in the daily operations.

Given all of the factors cited above, the Office of Early Childhood and the current ECCS Planning Grant Advisory Committee concluded that selecting these three communities would be a very efficient and effective way to implement the ECCS Impact grant within the available funding.

These three urban centers represent racially and economically diverse communities with high concentrations of poverty and large immigrant populations. (See community profiles in Attachment 11.) They range in percent of their population living in poverty from a low of 9.4% in Norwalk to a high of 23.6% in Bridgeport, with Stamford in the middle at 10.8%. The statewide percent of families living in poverty is 10.0%.

As reported in the April 2016 issue of *Pediatrics*, “The link between poverty and children’s health is well recognized. Even temporary poverty may have an adverse effect on children’s health and data consistently support the observation that poverty in childhood continues to have a negative effect on health into adulthood.” (Reference: Pascoe, John M.; Wood, David L.; Duffee, James H.; and Kuo, Alice “Mediators and Adverse Effects of Child Poverty in the United States” *Pediatrics*, April 2016.) In Bridgeport, poverty is distributed across all race and ethnicity groups. However in Norwalk and Stamford, there is a large discrepancy between the White residents and Black or Hispanic residents.

American Community Survey 2010-2014

Residents with incomes below 200% Federal Poverty Level (by Public Use Microdata Areas)

	Bridgeport	Norwalk	Stamford
White	46.8%	10.1%	16.5%
Black	49.4%	31.8%	47.8%
Other Races	61.8%	14.6%	39.7%
Hispanic	60.5%	27.8%	46.9%

All three communities have a sizable non-white population ranging from 53% in Bridgeport to 40% in Stamford to 25% in Norwalk. The statewide percentage of non-white residents is 22%. Other maternal and child health indicators also highlight the extent to which the three communities represent at risk populations. All three communities have high numbers of children diagnosed with lead poisoning. Based on 2013 from the CT Dept. of Public Health, across all 169 towns in Connecticut, Bridgeport was one of five cities with a range of 101-405 children; Norwalk was one of three towns with a range of 51-100 children, and Stamford was one of 11 towns with a range of 21-30 children.

Since studies have shown that mothers' education levels are a predictor of their children's educational achievement, it is also interesting to note the discrepancies in maternal education among the race and ethnicity categories in Norwalk and Stamford.

American Community Survey 2010-2014

Women with children less than 5 years of age without a high school diploma or GED (by Public Use Microdata Areas)

	Bridgeport	Norwalk	Stamford
White	22.4%	1.3%	1.6%
Black	17.8%	21.7%	21.8%
Other Races	26.3%	16.0%	18.2%
Hispanic	28.1%	24.7%	27.4%

All three communities report higher percentages of mothers receiving late or no prenatal care compared to the state average. (State average 13.1%; Bridgeport 16.4%; Norwalk 17.3%; and Stamford 14.4%) Bridgeport also has higher rates of infant mortality and low birthweight babies than the state average. Live births in 2014 in the three communities were Bridgeport 2,108; Norwalk 1,122; and Stamford 1,806. Therefore the estimate of children under the age of three living in those three communities is 15,108. (Data source: CT Dept. of Public Health).

Connecticut has a large achievement gap between children from low-income families and their more affluent peers. Norwalk and Stamford, two communities with very wealthy and very poor residents, have large gaps in achievement in their public school systems that fall along racial and socio-economic lines. Student achievement in the predominantly low-income Bridgeport school system is remarkably lower than achievement of students in wealthier neighboring towns. Fairfield County represents a microcosm of the vast differences in wealth – some of the poorest urban areas in the country within some of the wealthiest enclaves.

	Bridgeport Schools	Norwalk Schools	Stamford Schools	All CT Schools
Free and Reduced Price School Meals	100.0%	44.0%	52.1%	37.7%
Minority Students	88.8%	66.8%	67.4%	42.7%
English Learners	14.0%	14.0%	13.0%	6.4%

A review of key family, infant and toddler health and developmental indicators in our three participating communities highlights children’s risk of not attaining optimal developmental skills.

KEY RISK INDICATORS	Bridgeport	Norwalk	Stamford	State
% of 3 rd graders who meet or exceed achievement level in English Language Arts 2015-16 school yr.	21.4	51.2	44.5	53.6
Percent of children <3 receiving Birth to Three services during state fiscal year 2015	8.8	8.2	7.9	9.5

The table above shows that young children in our three participating communities are less likely to receive early intervention services than children for the state as whole. Yet, they perform lower than children across the state on standardized third grade reading tests, suggesting that addressing risk and delays early needs to be a key priority.

METHODOLOGY

The goals, and objectives of this ECCS Impact Grant are as follows. Specific state sub-objectives are described in detail in the work plan (see Attachment 2). Community activities related to each objective are listed here.

Goal 1) Improve developmental promotion among families and providers of maternal, infant and toddler services.

- Objectives:
- I. Engage and support the three communities in early childhood system building in the area of developmental promotion.
 - II. Use a quality improvement methodology to improve developmental promotion in the three communities leading to improved developmental outcomes for three-year olds.
 - III. Spread CoIIN findings and successes related to developmental promotion to other communities and to state-level initiatives.

Related Community Activities: Train child care providers, licensed family child care home providers, Family Resource Center staff , home visitors, and community messengers on the Infant and Toddler Mental Health Training Series and other topics in promoting early childhood development, including social-emotional development, and maternal health.

Goal 2) Improve early identification of children at risk for not meeting appropriate developmental outcomes by age three.

- Objectives:
- I. Engage and support the three communities in early childhood system building in the area of screening and early identification.
 - II. Use quality improvement methodology to improve developmental screening leading to improved developmental outcomes of three-year olds in the three communities.
 - III. Spread CoIIN findings and successes related to developmental screening to other communities and to state-level initiatives.

Related Community Activities: Promote increased use of the Ages and Stages Questionnaire and Ages and Stages Questionnaire: Social-Emotional online version with pediatricians, child care providers, and home visitors.

Goal 3) Improve linkage of families and children with, and at risk for, developmental delays to community-based services.

- Objectives:
- I. Engage and support the three communities in early childhood system building in the area of referral and linkage to services.
 - II. Use a quality improvement methodology to improve developmental outcomes of three-year olds in the three communities.
 - III. Spread CoIIN findings and successes related to referral and linkage to services to other communities and to state-level initiatives.

Related Community Activities: Increase the use of Help Me Grow and other care coordination services to improve the linkage of families of infants and toddlers to available services.

These three goals, objectives, sub objectives as described in the work plan and community activities will, by the end of the five years, allow Connecticut to demonstrate a 25% increase over baseline in age appropriate developmental skills among the three year old children in our three communities.

The tools used to accomplish or to measure improvement in these goals, objectives, and sub objectives include: brief satisfaction and/or opinion surveys, CQI reports, regular meetings with the Advisory Committee and the CoIIN Community Teams, and sharing and posting Advisory Committee meeting minutes and information from our participating communities, as well as data we will collect from the online versions of the Ages and Stages Questionnaire and Ages and Stages Questionnaire: Social-Emotional and data from our Early Childhood Information System. Our approach for disseminating these data is outlined in our work plan. Key features include an ECCS Impact website serving as a repository of project work; holding community forums outside of the place-based communities to highlight work methodologies and interventions;

making data reports publically available through the OEC website; and developing template materials to post on the OEC and ECCS Impact websites for anyone to use.

Our Selected Communities

In Fairfield County Connecticut, three urban communities (Bridgeport, Norwalk, and Stamford) have launched Cradle to Career movements using the nationally recognized, evidence-based StriveTogether Collective Impact Framework. This work is based on a community-wide Collective Impact Partnership that engages executive level leadership to work in collaboration with providers and families in each city. As the OEC, assisted by the current ECCS Advisory Committee, thought about the need for local infrastructure and backbone support to accomplish the overall aim of this grant, it appeared that three of these communities all within the same area of the state would be ideal.

As StriveTogether communities, Stamford, Norwalk and Bridgeport have established effective Community Action Networks (CANs) that coordinate services and supports for families, caregivers and professionals who work with infants and toddlers. The partnership includes representation from city government, public schools, local and state government, health and mental health agencies, non-profit organizations, businesses, corporate partners, and philanthropy leadership who work to improve the system of services for infants and toddlers. The initiatives in all three communities have engaged broad sector support from all levels of stakeholder groups. Community engagement and conversation continue as a crucial component of this work.

Each of these communities has aligned their Community Action Networks (CANs) to specific priority outcomes. And in each community, one or more CANs are aligned with Infant Health and Kindergarten Readiness (sometimes combined) outcomes.

The CANs aligned with infant health providers and Kindergarten readiness councils will become the CoIIN Community Team in each community for purposes of the ECCS Impact grant (see CoIIN membership lists below). These CANs have in place or are developing data systems to measure improvements in school readiness and will look to extend those to include data on three-year olds with developmentally appropriate skills as measured by the ASQ or the ASQ: SE. Final development of key indicators will be made under the guidance of the CoIIN TA Center.

The Project Facilitator in each community will build on the relationships with CoIIN Community Team members to provide direct outreach to caregivers, pediatricians, and early childhood educators and others involved in the care of young children. The Project Facilitator will work with the CoIIN Community Team membership to improve coordination of infant/toddler services in each city. The Facilitator will work directly with families and providers to promote awareness about and the use of the broad spectrum of early childhood programs available to them that promote appropriate development in young children support early detection of risks for delay, and link families to follow-up services. These programs are described in this proposal following the community descriptions and include: Nurturing Families Network/Parents as Teachers, Child First, Birth to Three, Early Head Start, Child Development Infoline and Help Me Grow, Infant Mental Health training and Endorsement initiative and child health provider outreach and support. The Project Facilitators within the three communities, with the assistance of the Project

Director at the OEC, will be responsible for submitting monthly data and Plan, Do, Study Act cycle reports and sharing monthly progress reports with their CoIIN peers representing other ECCS Impact state recipients and CoIIN faculty. The community Project Facilitators will participate in peer-to-peer mentoring and sharing of ideas and insights via periodic conference calls and other forms of communication and will explore new innovative improvement approaches as they are tested in other communities.

The following is a description of the selected communities and how each of them will tackle the goals and objectives of this grant in order to achieve the five-year outcome of demonstrating a 25% increase over baseline in age appropriate developmental skills among their communities' three year old children.

Bridgeport

Bridgeport Prospers is the community's cradle to career collective impact movement. As part of an extensive community process nine outcome areas were identified for intense focus including Healthy Infants (pre-natal – age three) and Kindergarten Readiness/ Early Grade Reading (ages 3 – 8). Bridgeport is also the location of three MIECHV funded Parents as Teachers home visiting programs.

In October 2015, Bridgeport Prospers issued its first baseline report containing community level data points for each outcome area in order to understand how Bridgeport children were doing from birth to age 25 across a number of key measures. As it relates to Healthy Infants, generally Bridgeport infants are being born healthy with 87.4% born at a gestational age between 37 weeks, 0 days and 41 weeks, 6 days. Sixty-three percent of those deliveries were paid for by Medicaid illustrating the income limitations of families.

Work has been underway by the Bridgeport Prospers Data Table and Community Action Network (CAN) to disaggregate data in order to further understand if disparities exist in specific areas of the city. Early examination of the data, points to zip codes 06605 and 06604 as areas where more infants may be born premature and/or may be areas where prenatal care began later. Both areas contain large public housing complexes (PT Barnum Apartments and Greens Housing Complex) with high rates of concentrated poverty.

Local data also indicates that Bridgeport has the capacity to enroll 92% of all 4 year olds in preschool; yet only 73.9% of parents report their child attended preschool in the 2014 school year. That same year, 7 in 10 students required additional instructional support to succeed in kindergarten. Certainly, there is a need to further understand the issues impacting the readiness of Bridgeport's children to succeed in Kindergarten and beyond with a recognition early services are critical for healthy brain development and readiness for preschool as well as Kindergarten. The Bridgeport community has made an intentional effort to increase the number of children screened for developmental delay over the past two years. The Ages and Stages Questionnaire (ASQ) has been the primary tool used and was supported by the Help Me Grow Campaign (described in the early childhood opportunities below). More than 1,000 ASQ questionnaires were distributed to families; however, only one third were completed, even after extensive follow up. Bridgeport recognizes that additional strategies to expand screening need to be employed, in particular strategies that more fully engage pediatricians, child care providers and

home visiting programs. Specifically, Bridgeport will focus efforts toward families in public housing and their service providers, where preliminary data points to potentially greater need.

To address the needs outlined above, the Project Facilitator in Bridgeport will:

- Work with the two public housing developments identified above to create a plan for outreach to parents and caregivers for developmental promotion and use of the ASQ online for developmental screening;
- Work more directly to increase use of the ASQ and ASQ:SE online and Help Me Grow by pediatricians, child care providers and home visiting programs; and
- Train ECE center providers, licensed family home child care providers, Family Resource Center staff and home visitors on the Infant and Toddler Mental Health Training Series and other trainings on promoting early childhood development, including social-emotional development, and maternal health.

Bridgeport CoIIN Community Team membership

Bridgeport has two Community Action Networks (CANS) mobilized to identify full asset inventories of all work underway to support Healthy Infants, and Kindergarten Readiness/ Early Grade Reading. Further, these strategic, cross stakeholder work tables are documenting the financial investments being made, examining what the available data are showing, determining what additional data are needed to further understand critical pathways and high impact strategies for improving the school readiness of young children. Expanding developmental screenings is one such early recommendation. The CANS listed below, which are part of the collective impact civic infrastructure, mirror the intent and construct of the CoIIN Community Team and will function as the Bridgeport CoIIN Community Team.

Healthy Infants

Lisa Bahadosingh	Supportive Housing Works
Erica Valentin	Bridgeport Board of Education/ Office of Early Childhood
Allison Logan	Bridge Together- ABCD
Meghan Lonergan	Optimus Health Care
Alexandra McGoldrick	Optimus Health Care
Kristina Foye	Program Director, Child First at Bridgeport Hospital
Erica Phillips	All Our Kin (Family Child Care support network)
Carmen Ayala	Bridgeport Board of Education
Liz Petrocelli	Bridgeport Public Schools-School Health Nurses Supervisor
Michele Matera	Bridgeport Public Schools- Supervisor Skane School
Teresa Davis	Bridgeport Hospital-OB/GYN Department

Kindergarten Readiness/ Third Grade Reading

Joanna Meyer	Yale School of Medicine
Jeff Rumpf	Horizons Sacred Heart University

Carmen Colon	Alpha Community Services-YMCA
Erica Valentin	Bridgeport Board of Education/ Office of Early Childhood
Carolyn Vermont	Connecticut Against Gun Violence
Allison Logan	Bridge Together- ABCD
Phyllis Lingard	Pastor, Faith House Child and Youth
Meghan Lonergan	Optimus Health Care
Pearlye Sams Allen	Retired Health Outreach worker
Yolanda Stinson	Bridgeport Alliance for Young Children
Alexandra McGoldrick	Optimus Health Care
Barbara Moscova	Today's Students Tomorrow's Teachers
Sara Witherington	Child and Family Guidance Center
Margaret Jansen-Kaplan	Girl Scouts of CT
Kristina Foye	Program Director, Child First at Bridgeport Hospital
Kate Kelly	PT Partners (transforming public housing)
Julio Reinoso	Bridgeport Alliance for Young Children/ Bridgeport Library
Nisheka Nelson	The Urban League of Southern CT
Anne Gribbon	School Volunteer Association of Bridgeport
Senator Marilyn Moore	State Senator
Tina Peloso-Ulriech	Bridgeport Public Schools-Early Childhood Director
Kirstin DuBay Horton	Department of Health and Human Services
Loretta Ebron	Optimus Health Care
Amy Marshall	Bridgeport Public Schools
Agnes Dubow	Cesar Batalla Family Resource Center
Kristina Foye	Program Director, Child First at Bridgeport Hospital
Noraleen Dunphy	Child and Family Guidance Center
Lud Spinelli	Optimus Health Care
Mary Pat Healy	Bridgeport Child Advocacy Coalition
Melissa Jenkins	Bridgeport Public Schools-Literacy program
Dr. Karen Waters, Ed.D.	Clinical assistant professor and director of the Connecticut Literacy

Norwalk

The Norwalk community has successfully introduced the Ages and Stages Questionnaire (ASQ and ASQ:SE) Monitoring Program to health and Early Care and Education (ECE) providers. These screening tools are endorsed by the American Academy of Pediatrics as valuable to ensuring children receive regular developmental and social-emotional monitoring. Through the strong presence of Child Development Infoline (CDI) in the community and the Help Me Grow campaign, the number of families enrolled in the ASQ Monitoring Program (described under the early childhood opportunities below) has increased by 267% in the past two years. While these efforts have helped to enroll many parents in the monitoring program, in order to maximize this impact parents need to be supported in completing and using developmental promotion materials and activities from the ASQ system. In addition, the community must scale up its efforts to have

developmental screenings completed directly by community providers working with the birth to three year old population.

The Grossman Family Foundation has invested in this work through funding the Child Development Infoline/Norwalk Community Initiative. The purpose of this three-year initiative (April 2013 to March 2016) was to create and implement a coordinated system of early detection and intervention for developmentally at risk children and generate quality data on the developmental status of the community's young children. The result was to allow for informed decision making about the needs of Norwalk families and better understanding of the gaps and barriers to service. Participation in the ASQ and ASQ:SE system is being promoted among Norwalk providers (including child care programs), which provided CDI with the ASQ data. They have been gathering a critical mass of ASQ scores with the goal of Norwalk receiving data reports of these scores in the summer of 2016. The methodology and lessons learned from this initiative will be circulated to the other two communities for strategic planning purposes, as well as to inform Norwalk's work moving forward.

The Project Facilitator in Norwalk will address the issues named above by:

- Promoting the use of the ASQ and ASQ:SE online and Help Me Grow with pediatricians, childcare providers and home visiting programs;
- Working with the well-established Community Messengers Program that trains leaders in the community to connect with parents about services and supports to promote awareness about child development practices;
- Create a local care coordination service to follow-up on ASQ results to expand referrals to local services; and
- Training childcare center providers, licensed home childcare providers, Family Resource Center staff and home visitors on the Infant and Toddler Mental Health Training Series and other trainings to promote early childhood development and maternal health.

Norwalk CoIIN Community Team membership

As a community, Norwalk has a strong early childhood preschool system that includes the Norwalk Early Childhood Council and the Norwalk ACTS Kindergarten Readiness Community Action Network (CAN). Both of these entities help to create an educational foundation for children to enter kindergarten ready to learn. Building an integrated developmental screening system for children birth to three will begin to ensure that this population will not reach preschools with undetected behavioral, emotional, and developmental challenges. Using a Fall Kindergarten Inventory in 2014 revealed that only 57% of Norwalk's kindergarteners were prepared to begin school (Norwalk ACTS, 2015). The community will turn the curve in this critical area through developmental promotion, early screening, and intervention so that children can engage in learning at a preschool level and enter kindergarten ready to learn.

The Norwalk ACTS Kindergarten Readiness CAN is made of a cross-sector of community early childhood leaders, including:

Pam Jefferson – Norwalk Public Schools / Early Childhood Instructional Specialist
Joan Paris – Norwalk Community College

Mary Kate Locke – Family and Children’s Agency
Nida Aponte – Parent
Theresa Argondezzi – Norwalk Health Department
Azra Asaduddin – Parent
Lauriston Avery – Pre-K Provider
Nicole Ayers – Norwalk Housing Authority
Betsy Bain – Norwalk Early Childhood Council
Marijane Carey – CDI / 211 Info Line
Kate Deli-Carpini – Pre-K Teacher
Jen Colarossi – Pre-K Teacher
Kareena Duplessis - CDI / 211 Info Line
Linda Franciscovich – Grossman Family Foundation
George Hensinger - Norwalk Early Childhood Council
Cristina Matos – Pre-K Teacher
Gail Melanson – Mid-Fairfield Child Guidance
Maureen Myers – All Our Kin
Mary Oster – City of Norwalk (Mayor’s appointed representative)
Betsy Perry - Early Childhood Consultation Partnership/ Mid-Fairfield Child Guidance
Kari Pesavento – Human Services Council
Abby Peterson – Pre-K Teacher
Erica Phillips – All Our Kin (Family Child Care support network)
Shannon Roman – Norwalk Public Schools
Lyon Sadlon – Family Resource Center

Stamford

Stamford Cradle to Career is a collective impact community-wide initiative that has brought a strong cross sector of stakeholders together to address the achievement gap and work force development from Cradle to Career. This effort is building an effective and accountable coordinated system of support for all children with a laser-like focus on the primary years. According to census data from 2014, approximately 5,000 children birth to five reside in the City of Stamford. Approximately 2,000 children under the age of five live in single parent households. A 2015 survey conducted by Stamford’s Early Childhood Collaborative indicated that 75% of children younger than five are enrolled in a family home daycares, large daycare center or preschool setting.

Due to a dearth of publicly funded, center-based infant and toddler child care spaces in Stamford, the majority of infant and toddlers are cared for in the city’s 69 licensed home child care providers. We estimate that these providers serve a total of 400 children. Licensed private child care settings serve a large percentage of the infants and toddlers and many more are a part of a kith and kin network of care providers.

While a myriad of services exist in Stamford for parents and caregivers of young children, there is a need for tremendous coordination for greater impact on children’s health and development. The Project Facilitator will work with the CoIIN Community Team members to build a strong system of supports for infants/toddlers and their families. The resulting system through participation in the CoIIN process, will improve the quality of care and the provision of

interventions and supports for parents and child care givers. The overarching goals of the initiative will be to improve connection to services, reduce duplication of services, improve knowledge and competencies of parents and caregivers regarding the services available to them and improve the knowledge base of early childhood providers regarding the critical importance of early childhood development, screenings, and assessments.

The Child Health and Development Institute of Connecticut (CHDI) is currently engaged with the Stamford Public Schools (K-12). CHDI led a comprehensive audit of mental health needs and services of the district, which has led the schools to create a plan for improving mental health services for children in the public schools. The partnership between the schools and CHDI will strengthen Stamford's Cradle to Career ability to address early childhood social-emotional development, early detection of concerns, and linkage to mental health services.

To address the needs outlined above, the Project Facilitator in Stamford will:

- Work with All Our Kin, a regional nonprofit that provides professional development to family child care home providers and childcare subsidy relative providers to assist in recruiting new family childcare home providers, promoting use of the ASQ online and increasing the quality of care and developmental promotion offered to infants and toddlers in Stamford;
- Promote the increased administration of the ASQ online and use of Help Me Grow through pediatricians, childcare providers and home visiting programs; and
- Train childcare center providers, licensed family childcare home providers, Family Resource Center staff and home visitors on the Infant and Toddler Mental Health Training Series and other trainings on promoting early childhood development, social-emotional development, and maternal health.

Stamford CoIIN Community Team membership

Representatives from:

Mayor's Office – Cindy Grafstein

Superintendent's Office – Mike Meyer

Birth to Three – Mary Fox

All Our Kin – Erica Phillips

Stamford Hospital – Gregory Kearns

Community Health Centers – Adele Gordon

Family Centers (administers the Ages and Stages Questionnaire) – Bob Arnold

Child Care Learning Centers (Early Head Start provider) – Marc Jaffe

City Department of Health – (Nurse Manager for City of Stamford) – Keri Hagan

St. Joseph's Parenting Center – Measi O'Rourke

Grossman Family Foundation – Linda Franciscovich

ChildFirst - Representative

Medical Homes – Dr. Madhu Mathur

Child Health and Development Institute of CT - Representative

Family Resource Center – Chris Ramogloui

Child Guidance – Dr. Eliot Brenner

Charter Oak Communities (Stamford Housing Authority) – Vincent Tufo

K.T. Murphy Elementary School – Frank Rodriguez
Early Childhood Collaborative – Karen Brennan

To support the ECCS Impact grant in the three communities, 1.5FTEs will be hired (.5 FTE for each community) to act as the Project Facilitator for the grant. Each community will hire its own Project Facilitator. (See Attachment 3 for information on the job description, skills and qualifications of the Project Facilitators.)

As referenced by each of the communities, there are a variety of options across the state yielding many opportunities for implementation of evidence-based programs and services designed to foster development in infants and toddlers. We identified these across three areas: 1) developmental promotion, 2) developmental screening and identification, and 3) linking families to various services if needed.

Developmental Promotion

Infant and Toddler Mental Health Training Series for Early Care and Education Providers (ECE): The Connecticut Association for Infant Mental Health provides this comprehensive training series targeted to licensed child care center providers, licensed home child care providers, family resource center staff and home visitors. Training highlights the importance of social and emotional learning in infants and toddlers and how ECE providers can promote social and emotional learning in their settings. It also addresses social and emotional health and developmental milestones. It encourages observation and communication with parents to identify infants at risk for health and mental health issues. The selected communities will use funding from the ECCS Impact award and other sources to purchase infant mental health training for early care and education staff in their areas.

Learn the Signs: Act Early: Under a grant from the Centers for Disease Control, the Connecticut Department of Public Health, the State’s Title V agency, has customized the Milestones Brochure and Milestone Moments Booklet and other developmental promotion materials for use in Connecticut. The Act Early Ambassador for Connecticut is a member of the ECCS Impact Advisory Committee and has committed to distribute 1,000 Milestones Moments Booklets to each of the three communities. She has also committed to providing two “Learn the Signs. Act Early” trainings for each of the communities.

Reach Out and Read: is a national evidence-based 2-generation intervention that promotes early literacy and school readiness as well as parent-child bonding. (Reference: Zuckerman B. Promoting Early Literacy in Pediatric Practice: Twenty Years of Reach Out and Read. *Pediatrics*. 2009; 124:6:160-165.) The program provides training for child health providers about promoting reading aloud as part of parental education during well child visits and includes giving a children’s book to parents at visits. To promote reading to children and early literacy in other settings, which has been shown to be critical to early brain development (Reference: Suskind, D. Thirty Million Words. Dutton; 2015.) Connecticut communities, including Bridgeport and Norwalk, participated in a peer learning initiative led by the Campaign for Grade Level Reading. The initiative provided communities with strategies to encourage early literacy. The ECCS Impact award will allow the three target communities to implement strategies highlighted

through the peer learning initiative and will support pediatric practices in implementing Reach Out and Read in the health care sites that their families use.

The Nurturing Families Network (NFN) is a statewide system of continuous care designed to promote positive parenting and reduce the incidences of child maltreatment. The NFN is a 2-generation approach that helps first-time parents manage the myriad of challenges that come with bringing a child into the world. Families are enrolled in the program beginning prenatally whenever possible or shortly after the baby's birth. Nurturing Families Network is a voluntary program offered within thirty six community based organizations throughout the state, including Bridgeport, Norwalk, and Stamford. The programs are located in or have a Memorandum of Agreement (MOA) with all of the state's 29 birthing hospitals. All components of the Nurturing Families Network provide parent education, help in life skills and managing problems and referrals to appropriate agencies. The level of services they provide and the complexities of the problems they address vary significantly. The Nurturing Families Network has three primary components: Nurturing Connections, Nurturing Parenting Groups and Parents as Teachers (PAT) Home Visiting. Nurturing Connections provides telephone support to lower-risk families after the birth of the child for up to six months. Nurturing Parenting Groups are community-based. Through this component parenting education and support are offered to promote positive parent child relationships and reduce social isolation. Home visiting provides PAT evidence-based intensive parent education and support in the home to high-risk families for up to five years. Preliminary results from a recent study directed by Dr. John Leventhal professor of pediatrics at Yale University and Director of the Child Abuse Program at Yale New Haven Hospital found that for a matched group of socially at-risk families, those not participating in PAT Home Visiting were 1.5 times more likely to have a substantiated report of abuse at the first child protective services investigation than families who participated in the NFN program.

As one of the MIECHV-funded communities, Bridgeport elected to fund additional Parents as Teachers programs to increase the capacity for the support of at-risk parents in its community. There are three PAT sites funded by the MIECHV grant currently serving Bridgeport families in addition to one state-funded PAT sites hosted by the Child and Family Guidance Center. State-funded PAT sites serving Norwalk and Stamford are: the Families and Children Agency (Norwalk) and at one of the Family Centers, Inc. sites (Stamford).

In addition to completing developmental screening as part of home visits, NFN also screens all participating mothers for depression at six home visits and as appropriate, refers mothers for 16 sessions of in-home cognitive behavioral therapy (IH-CBT). A randomized control study showed that the CBT model was successful in treating mothers in their homes and it is covered by Medicaid in Connecticut. The OEC has contracted with the University of Connecticut Health Center, Department of Psychiatry to demonstrate to mental health clinicians that this approach and billing process can become a critical part of their practices. To date 40 clinicians across the state have received the training and four of them are serving Bridgeport. As NFN expands this model to all sites across the state, the OEC will work diligently to ensure clinicians are recruited and trained to serve all three target communities and that implementation is monitored as part of the ECCS Impact project's quality improvement work. (Reference: Center for Social Research, University of Hartford, "Report on the NFN Depression Improvement Study: A Clinical Trial Testing In-Home CBT", December 1, 2015.)

In addition to traditional home visiting services, the Nurturing Families Home Visiting program provides father-focused home visiting with male home visitors in Bridgeport and Norwalk. This gender-specific and culturally sensitive approach promotes the engagement of fathers and men in the lives of their children while recognizing the diverse needs of fathers.

Early Head Start: Currently in the target communities there are two Early Head Start programs that served 236 families in 2015. Child Care Learning Centers, Inc. in Stamford is funded to provide Early Head Start services to 32 families through the full-day center-based option and Action for Bridgeport Community Development, Inc. in Bridgeport is funded to provide Early Head Start services to 140 families with capacity for 88 full-day and 40 part-day center-based services, eight home-based (home visiting) services and home visiting services to 4 pregnant women. Together they operate 19 infant-toddler center-based classrooms in the target community that serve families with incomes below federal poverty. This past year, Action for Bridgeport Community Development, Inc. converted some of its Head Start preschool capacity to Early Head Start infant toddler capacity due to community preschool capacity being sufficient to meet current demand for preschool services. Currently there are no Early Head Start services in Norwalk, which is a high need city. It is unclear at this time if the Norwalk community will move to convert any of its Head Start (preschool) capacity to provide services to infants and toddlers through Early Head Start. The OEC will explore supporting such an effort within the work of the ECCS Impact grant. All three grantees in the target communities are eligible to apply for the recently announced Early Head Start Expansion grant and will be encouraged and supported to do so. Although there are currently three Early Head Start-Child Care Partnership grantees in Connecticut, none of them are located in our three selected communities.

Triple P and Circle of Security for children involved with Connecticut's protective services/child mental health agency: The Positive Parenting Program (Triple P) is a comprehensive, evidence-based parenting and family support system designed to: 1) Increase parents' confidence and competence in raising children; 2) Improve the quality of parent-child relationships; 3) Destigmatize parenting information and family support; and 4) Make evidence-based parenting information and interventions widely accessible to parents. Triple P is an approach that is used by all Department of Children and Families (DCF) contracted providers in DCF's Region 1 covering Bridgeport, Norwalk, and Stamford. DCF is now adding Circle of Security to Triple P for those providers. The Circle of Security is a relationship based early intervention program designed to enhance attachment security between parents and children. Decades of university-based research has confirmed that secure children exhibit increased empathy, greater self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. There are currently three Triple P provider agencies in Bridgeport and two in Norwalk. The target population is parents with children birth-age 17 with priority given to parents already involved with DCF. (References: Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J., & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12 and Hoffman, K., Marvin, R., Cooper, G. & Powell, B. (2006). Changing toddlers' and preschoolers' attachment classifications: The Circle of Security Intervention. *Journal of Consulting and Clinical Psychology*, 74, 1017-1026.) Under the ECCS Impact work, the OEC will collaborate with DCF to ensure that Triple P and Circle of Security services are available for Bridgeport, Norwalk and Stamford families who are in the child welfare system.

Screening

Early Childhood Health Consultants: In accordance with the licensing regulations for child care centers and group child care homes, each Early Care and Education (ECE) program must have the services of a health consultant available. The health consultant must be a licensed physician, physician assistant, advanced practice registered nurse or registered nurse. Their role is to advise the operator and staff regarding the health of the children. They must, at a minimum make monthly visits to sites serving infants and toddlers. One of their responsibilities is to observe children's general health and development. That may mean conducting developmental screenings, advising center staff on ways to screen for children's development, and communicating with parents about the importance of developmental screening and discussing concerns. The ECCS Impact Director and the Project Facilitators will compile the contact information on all health consultants to centers in the three target communities and will ensure that they receive both developmental promotion materials that they can bring to their centers as well as developmental screening toolkits described below.

Developmental Screening Toolkit: One deliverable of the 2013 ECCS planning grant project was a Developmental Screening Toolkit for Early Childhood professionals. Even though the original audience was health consultants to child care centers, it was expanded to other types of child care consultants, as well as program administrators. An ECCS subcommittee is preparing the final draft which has undergone extensive review and editing by an expert group of stakeholders.

This toolkit, with a narrated PowerPoint presentation, provides excellent resources for supporting a comprehensive system of screening, monitoring, and connecting to services. Toolkit content includes federal, state, and national resources designed to equip early childhood professionals, with developmental surveillance information, screening tools, and web-based handouts and resources providers can give to parents. It is electronically formatted with hyperlinks for all resources. The resources incorporate web-based supports that portray screening tool information, developmental milestones, videos and training for staff, organizations that provide developmental screening supports, and referral information for when surveillance and screening show concerns about a child's development.

The toolkit has an accompanying PowerPoint presentation that outlines a continuum of information in the areas of: developmental awareness and promotion, screening, steps to take where there is a concern, connecting to services, and ongoing monitoring. Specific attention is given to topics such as: talking with and supporting parents when there is a concern, implementing monitoring and screening in ECE programs, collaborating with pediatric providers, and selecting screening tools.

The OEC ECCS Impact Project Director will support implementation of the toolkit and accompanying resources by the three community Project Facilitators to support their work with their local ECE programs and the early childhood consultants who provide services in their areas. We will gather feedback from those utilizing the materials in order to expand the list of resources and potentially create a subset of modules for more specific audiences, including parents.

United Way 211 Child Development Infoline (CDI): CDI is Connecticut's single point of intake for Birth to Three (IDEA Part C) and Help Me Grow, and also assists with referrals for Children and Youth with Special Health Care Needs and early childhood special education. Staff of CDI also serve as care coordinators for Help Me Grow.

Help Me Grow-ASQ: Help Me Grow, founded in Connecticut by Dr. Paul Dworkin, and now available in 23 states, supports several aspects of the proposed work. In the area of screening, it provides: 1) continuous data collection on calls to the single point of entry and use of the online ASQ and ASQ:SE; 2) a physician outreach program that trains child health providers in early identification of children at risk for delays and how to refer for services when developmental monitoring and screening shows concerns; and 3) administration of the Ages and Stages Questionnaire process in several forms including an online version.

Based on the lessons learned from the ASQ work done in Norwalk to promote enrollment in the online version of the ASQ and ASQ:SE, the OEC will support Bridgeport and Stamford to encourage families to participate in the online ASQ systems licensed to Child Development Infoline. The system scores screening tools entered and provides families with developmental promotion activities for the following few months. When the ASQ or the ASQ:SE indicates concerns, CDI staff reach out to families and connect them to community resources (primarily IDEA Part C for children under three) for further evaluation or to Help Me Grow resources for developmental promotion services. Community services are available through the Help Me Grow system for infants and toddlers who may not qualify for Part C services.

In 2014-15, all three of our selected communities (along with 9 others) participated in a Help Me Grow outreach campaign that enrolled 900 families in the online ASQ. Forty nine providers in Bridgeport, Norwalk, and Stamford received ASQ training and community cafes were held in each community. As a result:

Bridgeport – 224 families were signed up for ASQ. (Previously 77)

Norwalk - 220 families were enrolled in ASQ. (Previously 66)

Stamford – 216 families were enrolled. (Previously 149)

The OEC will extend and expand the Help me Grow campaign work under the ECCS Impact grant and look to increase utilization of the online ASQ as a centralized data source on the development of infants and toddlers from the three target communities. We will use the ASQ data base to assess our progress toward reaching the project aim related to improving developmental skills of children by age three. Grant funds will be used to support the additional cost of \$.50 per child per questionnaire for children from the three communities.

CAPTA Referrals: Under the Child Abuse Prevention and Treatment Act, the Department of Children and Families has a Memorandum of Understanding with the Office of Early Childhood's Birth to Three program to ensure that children under the age of three who are subjects of investigations of abuse or neglect receive developmental screening and, if developmental delay is suspected, a referral to the Connecticut Birth to Three System. DCF workers assist parents or foster parents to contact Child Development Infoline and enroll in the Ages and Stages Questionnaire process. For those children whose cases are not investigated but whose families are referred to one of the Family Assessment Response contracted agencies, the

three communities will work to encourage use of the ASQ and ASQ:SE online through Child Development Infoline's online ASQ system.

Educating Practices in the Community (EPIC): A program of the Child Health and Developmental Institute (CHDI), EPIC contains five training modules that address developmental promotion, early detection, and linkage to services. EPIC uses an academic detailing methodology to engage child health providers in practice change that is supported by community and state policy and resources. A trained peer professional visits practices at lunch, provides a targeted training with clear practice change messages and leaves helpful resources. CHDI has shown that EPIC is successful in changing practice to improve developmental screening in child health services (Reference: Honigfeld L, Chandhok L, Spiegelman K. Engaging pediatricians in developmental screening: the effectiveness of academic detailing. *Journal of Autism and Developmental Disorders*. 2012; 42:1175-82.) The EPIC module on 1) infant mental health reviews guidelines from the AAP's Bright Futures and instructs practices on helping parents bond with their babies and promote attachment. The 2) maternal depression module discusses the impact of perinatal mood disorders on children's health, development and lifelong outcomes. It provides tools and billing codes for screening and resources for linking mothers to follow up services when necessary. The 3) Help Me Grow and 4) autism modules review developmental surveillance and screening and the use of CDI and Help Me Grow when there are concerns. These modules also provides practices with information on purchasing or downloading screening tools and billing Medicaid and commercial insurers for screening with a formal tool. A fifth module—5) Collaborating with Child Care--provides information about the pediatricians' role in advising parents about child care, preparing and sharing critical information with child care sites, and using the child care health consultants as liaisons between pediatric primary care and ECE. This module emphasizes the child health provider's role in cross-sector collaboration to enhance developmental outcomes. For the ECCS Impact work, CHDI will work with the three participating communities to revisit the 25 pediatric practice sites in those communities and provide updated information and deliver any of the five modules that have not yet received.

Linking to programs

Help Me Grow care coordination 1) serves as a single point of entry into infant and toddler resources across the state, 2) offers a community engagement strategy that builds the data base of early childhood resources, and 3) conducts regular community networking events, The value of Help Me Grow is that it links children at risk for delay-- who do not qualify for Birth to Three services or who do qualify but need additional types of services—to community resources that support development. Recent research has shown that such linkage strengthens the Protective Factors (Reference: Hughes M, Joslyn A, Wojton MM, O'Reilly M, Dworkin PH. Connecting vulnerable children and families to community-based programs strengthens parents' perceptions of protective factors. *Infants Young Child* 2016; 29(2): 114-127.) from the Strengthening Families model, which has been correlated with developmental outcomes.(Reference: Werner, E. E. (2000). Protective factors and individual resilience. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (pp. 115-132). New York, NY: Cambridge University Press.) One aim of the proposed ECCS Impact work is to increase the use of Help Me Grow in the participating communities since, as we learned from the ECCS planning grant, many early

childhood service providers and parents are unaware of developmental resources in their communities.

Mid-level Developmental Assessment (MLDA): is an innovative model of assessment for children for whom surveillance and screening show concerns but will unlikely qualify for Birth to Three. This innovative level of assessment fills the gap for children who are at risk for delays, but are not yet exhibiting high levels of delay. The MLDA identifies needs, which CDI and Help Me Grow use in connecting children with mild delays to community services. It is supported by an online quality improvement data system that MLDA sites use to monitor their implementation of the assessment service as well as linkage of families to community developmental resources. Research has shown that 80% of the children assessed with MLDA do not need full evaluations and can go right into services. (Reference: Honigfeld, L., Chandhok, L., Fenick, A., Martini Carvell, K., Vater, S. and Ward-Zimmerman, B. *Mid-Level Developmental and Behavioral Assessments: Between Screening and Evaluation*. Farmington, CT: Child Health and Development Institute of Connecticut. 2012.) MLDA is currently available in the south central and north central areas of the State. The local ECCS project facilitators to be hired in Bridgeport, Norwalk and Stamford will work with Birth to Three agencies serving those communities to explore training in the MLDA model and payment for MLDA through Medicaid or commercial insurance.

Family-Based Recovery: The Family Based Recovery Program is an intensive, in-home clinical treatment program for families with infants or toddlers who are at risk for abuse and/or neglect, poor developmental outcomes and removal from their home due to parental substance abuse. The overarching goal of the intervention is to promote stability, safety and permanence for these families. Treatment and support services are provided in a context that is family-focused, strength-based, trauma-informed, culturally competent, and response to the individual needs of each child and family. The program is available in Bridgeport through the Child and Family Guidance Center and through the peer learning process under the ECCS Impact grant, the Department of Children and Families may seek to extend this service in Norwalk and Stamford.

Home Visiting: The OEC oversees home visiting programs in Connecticut that work with at risk families to promote development and identify needs and resources. In SFY15, 3,630 children were served by state or federally funded home visiting programs funded through the Office of Early Childhood. An additional 567 were served through funding from the Department of Children and Families. As described above, the Nurturing Family Network/Parents as Teachers home visiting programs are considered primary prevention programs with the goal of preventing child abuse and promoting child development. Other home visiting programs such as Child First generally receive referrals when emotional development or behavioral issues have been identified.

Child First: Child First is an intensive home visiting mental health intervention that ameliorates mental health, developmental, and learning problems, and prevents abuse and neglect. The program works with pregnant and postpartum women and children from birth to age six years who have emotional and behavioral issues, and who face risks that may threaten healthy development (e.g., maternal depression, domestic violence, homelessness, parental substance abuse, and/or other traumatic events). Child First is a 2-generation, dyadic intervention that focuses on the relationship between the primary caregiver (mother, grandmother, foster parent,

relatives) and one or more identified children in the home. The model intentionally works with the whole family to create a safe, nurturing environment. The Child First model is based upon neuroscience findings on “toxic stress,” including the long term health effects of adverse childhood experiences (ACEs) and the impact of environmental stress on early brain development. The Child First model works to decrease the source of this stress and enhance the quality of the relationship between parent and child. Specifically, a nurturing, responsive, parent-child relationship in which a child feels loved, valued, and safe, is able to mitigate the potentially devastating effects of toxic stress on both brain and body, promoting child emotional wellness, cognitive capacity and executive functioning, and physical health. Child First visits are structured with teams, with each team consisting of a care coordinator and a mental health clinician. The teams generally visit the families weekly for six to twelve months, though visitation may be markedly increased depending on the needs of the family.

Child First began in Bridgeport and is now offered through child guidance agencies in 15 communities throughout Connecticut. Child First services funded by the Department of Children and Families in Bridgeport are offered through Bridgeport Hospital; Child First services in Norwalk are offered through the Child Guidance Center of Mid-Fairfield County; and Child First services in Stamford are offered through the Child Guidance Center of Southern Connecticut. The ECCS local Project Facilitators will strengthen Child First’s ties to community organizations, including child health and mental health providers, other home visiting services, and infant and toddler programs.

(Reference: Lowell et al., Child Development, Raising Healthy Children, A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research Into Early Childhood Practice, Volume 82, Issue 1, pages 193–208, 2011.)

Birth to Three: The IDEA Part C system in Connecticut is called Birth to Three. The mission of Birth to Three is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities. It is one of our earlier 2-generation approaches. Operating as an entitlement program for eligible children with significant developmental delays or diagnosed medical conditions expected to lead to delays, early intervention services are delivered by a network of local programs under contract with the OEC. Those programs include 27 general, 7 autism-specific, and 3 for children who are deaf/hard of hearing. The programs have sufficient capacity to cover all 169 towns in Connecticut with overlapping catchment areas so that families have a choice. Administration of the Birth to Three System is housed in the OEC’s Division of Family Support. In FY15, 10,153 eligible children received services either in their homes (88%) or in child care settings (12%). A total of 109,718 early intervention visits were made across the state.

In Bridgeport, Norwalk, and Stamford there are seven general early intervention programs, three autism-specific programs, and two programs that specialize in children who are deaf/hard-of-hearing. In FY15 there were 556 eligible children from birth to age three served in Bridgeport; 277 in Norwalk; and 431 in Stamford. Newly referred for evaluation in FY15 were 493 in Bridgeport, 260 in Norwalk; and 381 in Stamford.

Birth to Three specifically tracks three outcomes in three functional areas. Their data on infants and toddlers who exited the program in FY15 and who had received at least six months of services showed improvements across all three outcomes:

	Caught up to their peers
Positive social relationships	60%
Acquisition of knowledge and skills	52%
Take appropriate actions to meet their needs	71%

Through the ECCS Impact work, OEC will ensure that Birth to Three providers in the three target communities are engaged with the work of the CANs to support school readiness for children receiving Birth to Three services.

Early Childhood Consultation Partnership (ECCP): Funded by the Department of Children and Families and administered by Advanced Behavioral Health, the Early Childhood Consultation Partnership (ECCP®) provides Early Childhood Mental Health Consultation (ECMHC) services to Early Care and Education programs and home child care providers throughout Connecticut including those in the greater Bridgeport, Norwalk, and Stamford communities. ECCP® partners with local child guidance and behavioral health clinics throughout Connecticut for the Masters level Early Childhood Mental Health Consultation staff, ensuring services are nested within the communities and cultures they serve. The ECCP is the only statewide evidence based ECMHC model in the country offering universal access to all of Connecticut’s children ages birth through five. In other words any child birth to five, in Connecticut can have access to the same high quality ECCP service offered throughout the state. (References: Gilliam, W.S. 2014, December, Early Childhood Consultation Partnership: Results of three statewide random-controlled evaluations. Final report with executive summary. New Haven, CT: Yale University. Gilliam, W.S., Maupin, A.N., & Reyes, C. (2016). Early childhood mental health consultation: Results of a random-controlled evaluation. Manuscript submitted for review; and Hepburn, K.S., Perry, D.F., Shivers, E.M., & Gilliam, W.S. (2013). Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33(5), 10-19.)

Children and Youth with Special Health Care Needs (CYSHCN) and Care Coordination Collaborative Program: Connecticut’s CYSHCN system supports 1) five regional centers in supporting medical homes in coordinating care, 2) a family support organization, 3) a medical home outreach program and 4) an administrator for respite services. Stamford Hospital holds the contract for care coordination support in the southwest region of Connecticut, where the three ECCS Impact communities are located. In addition to support of medical homes in the region, the Stamford Hospital CYSHCN program office is required to develop and administer a community care coordination collaborative (CCCC) for the region. Funded by DPH through an integrated services grant from HRSA, the CCCC model brings together care coordinators from all of the sectors that serve children, including: medical and mental health, child welfare, community support services, home visiting and ECE. This model provides cross-sector care coordination services for families raising children with special needs. Our goal for the ECCS Impact work will be to ensure that CYSHCN care coordination services support all pediatric providers in the three participating communities. The EPIC program will conduct training in child health sites to ensure that they use the CCCC resources for children and families in their practices. The Office of Early Childhood and the Department of Public Health will ensure that the services for infants and toddlers in the three communities are included in the Southwest CCCC.

Trauma Informed - Therapeutic Child Care: The Department of Children and Families funds several therapeutic child care programs around the state, including one in Bridgeport through the Action for Bridgeport Community Development, Inc. Designed for 30 children daily, this program is a therapeutic child care program in a licensed center-based facility designed for children ages 2 years and 9 months to Kindergarten who have behavioral health and/or developmental needs. Half of the children are served in an Intensive level in the contractor's facility where they are given interventions based upon ongoing assessments that will prepare them to function in regular child care settings. The other half of the children are served in regular child care settings until they no longer need special help.

ACCESS MH – Access to all of Connecticut's Children of Every Socioeconomic Status – Mental Health is a program that offers free, timely, pediatric psychiatric consultation via telephone on assessment, treatment, and access to community resources for primary care physicians seeking assistance in treating children and youth with behavioral health concerns under the age of 19, regardless of insurance. Specialists are available to answer questions and provide valuable resources for mental health treatment in the local community. The service is offered to child health sites throughout the state, and in the three target communities, through the Yale Child Study Center hub.

We believe that the ECCS Impact grant will allow us to bring all of the programs and services listed above to scale in three communities and positively impact the developmental skills of young children. We are also confident that with our participating communities, Connecticut will be successful in meeting the secondary aims of the ECCS Impact grant. We will refine our continuous quality improvement capacity and capability by working with our communities to track progress across key indicators of child development and family wellness. The development and tracking of common indicators will support our commitment to collective impact as will alignment of programmatic strategies through improved communications between the state Office of Early Childhood and community early childhood leadership. Together we will bring the full array of programmatic supports to communities and measure their implementation and impact.

The Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health (IMH-E®): The endorsement program is a competency-based approach to assuring that professionals who work with infants, toddlers and their families are knowledgeable and skilled in the socio-emotional aspects of child development. Developed by the Michigan Association of Infant Mental Health, the endorsement process uses a nationally recognized, best practice set of infant and toddler mental health competencies. Competencies that promote social and emotional development include: attachment, relationship-based practice, family systems and maternal and infant mental health disorders. Competencies also include building workforce knowledge in the following, which facilitate early identification: observation and listening skills, screening and assessment, responding with empathy, treatment planning, evidence-based interventions, life-skills, advocacy and safety. The Connecticut Association for Infant Mental Health enrolls, mentors and endorses parents and professionals who meet the endorsement criteria. Participating communities will seek to use their ECCS Impact funds to sponsor parents and professionals through the endorsement program in years two through five of the grant.

Common Agenda:

Please note that the state of Connecticut does not use any form of county-level government; therefore only state and community levels have been addressed in this narrative. The Office of Early Childhood will work to create conditions to promote and facilitate collective impact on a state and community level, as well as across both of these levels through:

- creating conditions to promote collective impact on a state level by promoting and fostering buy-in to the ECCS Impact common aim of using a collaborative approach to achieve collective impact, and a shared understanding of common challenges and the ultimate goal; and by raising public awareness about the importance of developmental monitoring, screening and linking to community –based services.
- using the learnings from local communities to influence the work at the state level. There are a number of rich relationships, networks and collaborative efforts occurring in the three communities, as well as in the state. The ECCS Impact state level Advisory Committee, with pointed support of the Evaluation Subcommittee, will learn from this community-based work and will deliver guidance and resources to support statewide work and ensure the work plan is implemented in an intentional way.
- convening “community cafe” style meetings quarterly within each of the three place-based communities, held by the Program Director, to reach out and connect with key stakeholders, family service providers, early care and health care providers and families. A feedback loop will be developed for ongoing dialog between state and local planning efforts, and scheduled monthly meetings with the three local Project Facilitators and follow-up communication with each of their supervisors will be implemented. When in-person meetings are not possible, the convening will occur via webchat or conference call.
- fully using the statewide Help Me Grow networking meetings as a platform to communicate the ECCS Impact agenda, as well as for distributing developmental promotion materials and key updates to attendees.

Early Childhood Information System

To support implementation of the highlighted infant and toddler initiatives and tracking of performance and outcome measures, the Office of Early Childhood is developing a secure, online, centralized Early Childhood Information System. The system will be built out to connect five modules covering Birth to Three (already in use); Early Care and Education (scheduled to launch in March, 2016); Home Visiting (documentation of future state business requirements underway); Workforce Registry (documentation of future state business requirements underway to replace existing module); and eventually the CCDF child subsidy information (which will require a separately funded IT project in order to update what currently exists.) The system will be able to collect and report data on children birth-5 enrolled in publicly-funded ECE programs. The system will be available to privately funded ECE programs wishing to include its participants, but that will require individual parent consent. All children included in the ECIS will receive a unique identifier assigned by the State Department of Education. Children will

retain this identifier throughout their Connecticut public school career which will make longitudinal tracking of groups of children possible in conjunction with the Connecticut Department of Education's P-20 WIN that currently links K-12 data with higher education and Department of Labor data.

The OEC anticipates that we will be able to use ECIS to collect data on infants and toddlers from Bridgeport, Norwalk, and Stamford who are enrolled in any type of publicly-funded home visiting, early intervention (IDEA Part C) or child care program, and the OEC may be able to collect data on any child from those three towns receiving a child care subsidy. Beyond that, the OEC will seek to conduct data matching with the ASQ online data housed at United Way of Connecticut (which is funded through various contracts with the Office of Early Childhood). Beyond information about whether there are concerns about a child's development based on the ASQ that indicate a referral for further evaluation, the OEC will work with the CoIIN Community Teams in the development of other indicators for the ECCS Impact grant and will incorporate those child outcome indicators into the ECIS.

Development of mutually-reinforcing activities: The Office of Early Childhood will create conditions to promote collective impact on a state level by coordinating mutually-reinforcing activities across expertise and focus areas. We are placing emphasis on developmental promotion, developmental screening and connecting to services – in each of the 3 communities that are participating in the place-based activities and cohorts - in order to saturate these communities with both new and existing opportunities and create a protocol, so to speak, for all infants and toddlers and their families, that will be embedded in each community.

The development of these activities will be organized in the areas of: raising public awareness about the importance of surveillance and screening; providing training opportunities to a wide variety of professionals who can conduct screening, integrating monitoring and screening into more initiatives focused on young children's development; and strengthening the system of services for children who require developmental assessments and intervention services.

We understand that with the unfolding of the CoIIN Community Teams and support of the yet-to-be selected CoIIN TA Center, new activities and tools will be introduced and integrated or incorporated into existing ones.

WORK PLAN

The ECCS Impact work plan (Attachment 2) outlines the objectives and sub-objectives that will define the activities to ensure improvement in developmental outcomes and a comprehensive approach that can be used in communities beyond the three targeted, place-based communities. Our goal is to meet the requirements of participation in the ECCS Impact CoIIN Community Teams and federal initiative and also to create a sustainable process that can inform the work of communities across Connecticut. The work plan outlines key activities to implement and test interventions in the three participating communities, develop strategies and mechanisms for ensuring awareness across the state about the work, and putting in place a methodology that will allow other communities to benefit from the ECCS Impact work. Implementation of the activities outlined will improve integration of the OEC with local community early childhood

efforts and provide a framework for continued support of local communities. Project planning and orientation activities are scheduled for year one, with implementation and statewide awareness scheduled for year two. Early dissemination work will begin in year three and by year five, we expect that the OEC project staff and the three participating communities will be serving as consultants to other communities. By year 5, we will have the infrastructure and supports in place to provide technical assistance to new communities committed to improving developmental outcomes and ensuring cross-sector collaboration for comprehensive infant and toddler services.

Open, frequent and clear communication with our place-based communities is central to the success of this work. It is our intention that communication plans, outreach methods and activities will be modified once the work starts in order to include the expressed needs and preferences of the community partners, as well as to accommodate any of the expectations given to the CoIIN Community Teams by the CoIIN TA Center.

It is essential to create a clear communication message both in written materials and in verbal interactions, presentations and trainings. Our key message will clearly inform others, promote developmental awareness, screening and linking to services, and involve those who read and hear it to become more engaged in the process.

Written materials will be developed in large part by the Project Director, with input from colleagues and the three Project Facilitators, and finalized by the OEC Communications Director. This will ensure continuity of messaging by the OEC and fostering of a common agenda for the state and place-based communities, thus setting the stage for greater collective impact. The grant award will be announced statewide by the OEC Communications Director via posting on the OEC website, ECCS Impact website, and ECE listserv. This announcement will detail the Impact Grant's goals, place-based activities, and strategies to support the efforts now and in the future.

All materials will be distributed to the three communities in English and Spanish (as needed), with intent to provide other translations into the languages most-often spoken in those communities. The Project Director will work with the Project Facilitators, their agencies, and other local service providers to locate individuals and/or entities who can provide this translation service. Translation capability will be augmented by the CDI website, which houses developmental promotion, screening and referral information, and is equipped with Google Translate which offers translation of written content (although not ideal) to over 20 languages.

As part of communication plan and outreach, informational meetings will be scheduled and held within the first three months at convenient locations in each of the communities. The locally-based Project Facilitators will best inform the location and timing for these meetings. If needed, more than one informational meeting will be held in each community. Invitees will include child care and health care providers, families of young children, early childhood service providers and other community partners.

Quarterly meetings will be scheduled by the Project Director, with support of the Project Facilitators, in each of the three place-based communities. These meetings will involve the CoIIN Community Team members and other community stakeholders. The purpose of these

meetings will be to help set priorities and provide future direction, offer resource information, foster performance, offer technical assistance and coordination to support systems building and goal attainment, and build teamwork and expertise. Minutes will be recorded for each meeting, distributed to members, and posted on the ECCS Impact website.

Outreach to providers, parents and stakeholders in each of the place-based communities will unfold throughout year one. Information packets that contain developmental awareness and promotion materials will be distributed to key providers who interact with parents of children three years old and younger. Training opportunities for parents, pediatric and ECE providers, and other early childhood professionals will be offered throughout the grant years.

A communication plan will be developed by the ECCS Impact Advisory Committee within the first 18 months of funding. It will put in place mechanisms for regularly reporting on ECCS Impact and CoIIN work statewide. Much of this reporting will be posted on the ECCS Impact website.

The overall plan to spread the findings throughout the project period will be determined by the ECCS Impact Advisory Committee and its Evaluation Subcommittee, with suggestions provided by the CoIIN Community Teams. These awaiting determinations notwithstanding, it is strongly assumed that this plan will include various platforms and, depending on the content length and focus, be deployed at a variety of times. For example, full reports will be disseminated perhaps annually, CoIIN Community Teams' efforts and accomplishments quarterly and/or bi-annually, and the sharing of lessons learned, community impact, etc. quarterly in more of a qualitative narrative.

Findings will be posted on the ECCS Impact website and OEC website. Links to these sites will be placed upon the websites of supporting Early Childhood organizations, where possible, including the Connecticut Early Childhood Cabinet (our State Advisory Council) that is co-chaired by OEC Commissioner Myra Jones-Taylor and Lieutenant Governor Nancy Wyman. In order to notify individuals and communities about these postings, we will send a notice via ECE listservs, as well as through existing networks, Early Childhood organizations (i.e. Early Childhood Alliance, CT Commission on Children) and distribution lists. These distribution lists include: the Help Me Grow Network Meetings held regularly throughout the state, the statewide Head Start/ Department of Children and Families networking meeting participants, who represent all regions; and, early childhood health consultants who participated in the 2013 ECCS planning grant activities and are listed in United Way of Connecticut database. In year 2, we will focus more on statewide awareness.

After year 2, we will convene up to four community forums per year. The first set of forums will serve to report out on our "half-way" mark and reconfirm activities for the remainder of the timeframe; the other forums will be used for sharing updated information, as well as presenting opportunities for other communities to become involved. In addition, we will offer informational meetings with local child care collaboratives in other place-based communities to encourage involvement of their own community ECE providers.

The Project Director will give informational presentations at state and regional early childhood professional development conferences. The OEC Communications Director will be responsible for sending periodic posts via social media and in the OEC quarterly statewide newsletter. In addition, by nature of the structure of the Office of Early Childhood, various departments of the OEC regularly meet and interface. Intentional information sharing will be part of inter-departmental communication, which will then be communicated to those working from those departments in the communities throughout the state.

Ongoing communication to the selected communities will primarily be done electronically. The United Way of CT (Child Care 211 funded by the Office of Early Childhood) houses the database with contact information of all licensed and many license-exempt child care programs in our state. They have the ability to send “eBulletins” (factsheet alerts and materials) with information to these providers. We will use the OEC Communication Director’s resources and submit regular updates for the OEC newsletter, news releases, social media posts, as well as partner with the director in creating at least one ECCS Impact Infographic to highlight the progress, products and outputs. The Project Director, in partnership with the community Project Facilitators, will present overviews of the ECCS Impact work, including, its methodologies, findings and products at state and regional conferences. Reports, products, and lessons learned will be shared beyond our state through the national CoIIN participation, ECCS Project Officer, and other national and federal contacts.

In addition to presenting at state and regional conferences, the Project Director will visit and speak during scheduled regional and local meetings with early childhood stakeholders and providers (i.e. early childhood councils and collaboratives, Help Me Grow Networking meetings). A “Q&A” will be offered after the presentation, along with a very brief questionnaire, to ascertain potential communities’ readiness to engage in quality improvement work to support early childhood systems building.

The Advisory Committee, along with their network of colleagues, represents a breadth and wealth of expertise and involvement in key partnerships in our state and beyond. ECCS Impact staff will disseminate reports to the Advisory Committee who will share them within their networks, which extend to the Early Childhood Cabinet, Governor’s Office, the Early Childhood Alliance (the go-to organization in Connecticut for early childhood information sharing, networking, policy development, and advocacy), Child Health and Development Institute of CT, Head Start Collaboration Office, Yale University School of Nursing, CT Children’s Commission on Children (supports parent leadership training), Community Child Health for Connecticut Children’s Medical Center, Help Me Grow National Office, and others.

The Community Action Networks (CANS) established in our selected communities (described previously) have already developed key partnerships including, family support services, health providers, early childhood stakeholders, Family Resource Centers, local leadership, and public school systems. They will be a key resource for disseminating information to individuals in their own communities, as well as to provide a platform for other communities in demonstrating the effectiveness of the ECCS Impact and CoIIN work.

The OEC leadership team will disseminate information to various entities such as: higher education institutions that have Early Childhood Education and Child Study departments, early childhood licensing specialists, MIECHV providers, Birth to Three providers, Head Start/Early Head Start program administrators, and Preschool Development Grant (PDG) recipients. The OEC's Director of Government and Community Relations and the Strategic Planner will both be updated regularly and collaborate directly when needed.

RESOLUTION OF CHALLENGES

The following challenges and possible resolution have been identified through our work plan:

1. *There are fewer services available for infants and toddlers in our state than for preschool-aged children.* Where possible, the OEC seeks to repurpose funding for preschoolers to support infants and toddlers and their families. Only because all of the funding is within the same agency is this type of budget shift even possible. Based on the results of a statewide unmet needs study that will be completed by May, 2016 and future deliberations by our Early Childhood Cabinet as they focus on the brain science research that leads to the conclusion that the first three years are vital as the period in which 85% of brain development occurs, we hope to garner the political will to begin a gradual shift toward children under the age of three.
2. *There appear to be proportionally more state and federally-funded programs and services for infants and toddlers in Bridgeport (our largest city) than in Norwalk and Stamford.* The OEC will use the results of the statewide unmet needs study to examine the need for infant/toddler services in Norwalk and Stamford vs. Bridgeport and gradually attempt to equalize per capita early childhood funding across those three communities.
3. *Health and Early Care and Education providers work in silos.* During this grant period, the Child Health and Development Institute will continue to offer the EPIC module: Collaborating with Child Care to all pediatric practices in the three communities. This module provides information about the pediatricians' role in advising parents about child care, preparing and sharing critical information with child care sites, and using the child care health consultants as liaisons between pediatric primary care and ECE. This module emphasizes the child health provider's role in cross-sector collaboration to enhance developmental outcomes.
4. *Child care providers need technical assistance.* The ECCS planning grant is completing work on a developmental screening toolkit for early care and education providers. This toolkit, with a narrated PowerPoint presentation, provides excellent resources for developing a comprehensive system of screening, monitoring, and connecting to services. Toolkit content contains state, federal and national resources designed to equip early childhood professionals, including handouts and web-based resources they can give to parents. It is electronically formatted with hyperlinks for all resources. The types of resources incorporate web-based supports that portray screening tool information, developmental milestones, videos and training for staff, organizations that provide developmental screening supports, including referral information. The toolkit will be disseminated in the three selected communities through the Project Facilitators.

5. *The relationship between the state and local levels will require working with new community stakeholders.* The work of the CoIIN Community Teams (and Community Action Networks) in each community, with the assistance of the Project Facilitators, will provide the structure for broader work across the areas of health, early care and education, and social services that collectively will contribute to reaching the aim of the grant. The availability of the Project Director and her close communication and connection to the Project Facilitators will provide a vehicle for strengthening the relationship between the state and communities, something that has been a topic of discussion with our state's Early Childhood Funders Collaborative as a large philanthropic organization that was funding local early childhood coordinators in over 60 communities has decided to turn their attention to other topics in the future.
6. *There are varying levels of readiness in communities' StriveTogether participation.* Although two of the 3 communities (Bridgeport and Norwalk) are a little ahead of Stamford in their StriveTogether work, the addition of a Project Facilitator specifically for the infant health/kindergarten readiness topics in their overall StriveTogether Framework will make it possible to move this portion of the work forward in all three communities equally.
7. *The state has already identified challenges related to screening: lack of time, staff and money (cited by early care and education programs and WIC)* The developmental screening toolkit, described in #1 above will assist early childhood providers of all settings in the very simple steps necessary to screen young children's development.
8. *Outreach to parents is critical to addressing their comfort level in completing ASQ online as well as allaying their fear of the referral process for further evaluation or services.* Working with the Department of Public Health, the ECCS Impact Project Director and Project Facilitators, will distribute *Learn the Signs: Act Early* materials to families of infants and toddlers in our three selected communities and work with those that participated in the Help Me Grow outreach campaigns described above to continue their work and to destigmatize the process.
9. *Will there be sufficient service capacity for those infants and toddlers at risk for delay and needing referral to community-based supports?* This is an area of unknown and until we have reliable data from Help Me Grow on the referrals they receive and the types of resources they are able or unable to find for those children, we won't know the answer or the best way to approach it.
10. *Are the gains of the ECCS grant sustainable?* The OEC believes that they are. If we are diligent in creating roadmaps and best practices for this work, it should make it possible for other Connecticut communities to replicate, with or without the presence of specific Project Facilitators at the local level or a Project Director. As detailed in the Organizational Information in a following section, there is an impressive array of early childhood services funded by state or federal sources. Increased developmental promotion, screening, and systematic linkage to these services when needed by a community are sustainable.

EVALUATION AND TECHNICAL SUPPORT CAPACITY AND PERFORMANCE MANAGEMENT

In line with the tenets of participatory evaluation, the evaluation process will engage ECCS partners including the Advisory Committee and Evaluation Subcommittee and CoIIN Teams in each community. An external evaluation contractor will work with ECCS partners during all evaluation phases from the development of research questions through data collection, analysis, and interpretation, report generation and dissemination of findings. The evaluator will develop evaluation capacity, generate knowledge, and obtain formative and summative data to support project improvement in a consistent and sustainable fashion.

Data Collection and Methodology: Qualitative and quantitative methods will support the evaluation of the ECCS implementation process. Qualitative methods will allow for the emergence of descriptive information including perceptions of challenges, recommendations for improvement, CoIIN participation, CQI and implementation success, decision-making processes, and other perceptual information. Qualitative methods will include focus groups, key informant interviews, perceptual surveys and will facilitate the emergence of themes and concepts from early childhood stakeholders to identify barriers and successes of implementation.

Focus groups will be held with the ECCS Advisory Committee, CoIIN Community Teams, and families in each community. Key informant interviews will obtain information from stakeholders selected to provide information specific to the needs and activities underway each year. Perceptual surveys will be administered to families, state and community stakeholders, and CoIIN Teams.

Quantitative data collection methods will identify changes over time in age appropriate developmental skills; number and types of referrals and developmental and behavioral health screenings; membership, discussion topics and activities of CoIIN Community Teams; and data collection processes and storage systems. CoIIN Community Teams will develop and assess at least three measures.

Systems development and infrastructure within the communities will be assessed using Frey et al.'s Levels of Collaboration Survey and Greenbaum & Dedrick's Interagency Collaboration Activities Scale. (References: Frey, B., Lohmeier, J., Lee, S., & Tollefson, N. (2006). Measuring collaboration among grant partners *American Journal of Evaluation*, 27(3), 383–392 and Greenbaum, P., & Dedrick, R. (2007). *Interagency Collaboration Activities Scale*. The Research and Training Center for Children's Mental Health. Tampa, FL: University of Southern Florida.) Each CoIIN Community Teams will use the surveys to assess changes in the number and use of strategic partnerships, processes to coordinate services, systemic coordination including alignment across system sectors, and support available to providers.

Connecticut's existing Child Development Infoline System (CDI) will support the collection of quantitative data such as ASQ screening information for participating children. Additionally, upgrades to the system are currently underway and will enhance the ability to collect needed information for children participating in Help Me Grow (HMG). Aggregate data will be shared with the communities and if any personally identifiable information is needed, data sharing

agreements will be developed in compliance with all applicable confidentiality requirements. The OEC will, in partnership with an external evaluator, will develop and implement strategies to collect any required child-level data not available through the CDI system. Surveys of stakeholder perceptions will be administered online to CollN members and state and community stakeholders. Parent surveys and Collaboration surveys will be administered in hard copy form.

Use of Data in Program Development and Service Delivery: The evaluation contractor will partner with the ECCS Evaluation Subcommittee to develop evaluation tools and processes and review results. Meetings will occur monthly during the development process and quarterly thereafter to ensure the use of data in program development and service delivery. The evaluation contractor will meet with the Advisory Committee twice yearly to support the use of data service delivery.

Sampling Strategies: Sampling techniques will be selected in partnership with the ECCS Evaluation Subcommittee and are expected to be primarily census-based or purposive in nature. Samples will maximize variability and ensure representation from a diverse group of stakeholders.

Timeline: Quantitative data and Collaboration surveys will be collected at baseline and upon the completion of each program year. Focus groups, key informant interviews, and perceptual surveys will be administered on an annual basis.

Institutional Review Board Review: The Institutional Review Board of the Connecticut Office of Early Childhood (IORG0008676) will review the final evaluation plan and oversee data collection plans.

Data Analysis: Content analysis of focus group and interview data will identify patterns and categories (References: Miles, M., Huberman, M., and Saldana, J. 2014. *Qualitative data analysis; a methods sourcebook. 3rd edition*. Thousand Oaks, CA: Sage Publications; Rossi, P. Lipsey, M. and Freeman, H. 2004. *Evaluation: A systematic approach. 7th edition*. Thousand Oaks, CA: Sage Publications; and Spradley, J.P. (1979). *The ethnographic interview*. New York: Holt, Rinehardt, & Winston.) Units of data will be categorized according to Lincoln and Guba criteria (Reference: Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage Publications.) Codes will be organized to combine regularities in the data to construct categories (Reference: Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass Publishers.) NVivo Version 10, will support thematic analysis of qualitative data. Categorized data will be triangulated with results of quantitative information. Survey and quantitative data will be analyzed using frequencies, cross tabulations and measures of central tendency and variability. Results will be compared over time using parametric or non-parametric statistics as appropriate. The Statistical Package for the Social Sciences, SPSS, will be used to analyze quantitative data.

Obstacles for Planning and Executing the Implementation Evaluation: Development of trust among stakeholders necessary to achieve a collective impact is expected to be a challenge. The relationship between OEC and the communities established through the ECCS Planning Grant's Advisory Committee and the inclusion of community representatives on the Advisory

Committee will address this challenge. Similarly, achievement of collaboration from state and community stakeholders is expected to be a challenge. The engagement of stakeholders in defining outcome measures should address this potential barrier.

Additional potential obstacles to a successful evaluation include limited preparation time prior to the collection of baseline data, scheduling of focus groups and joint meetings with participants, and technology limitations of participating communities. The OEC has successfully completed evaluations of projects facing similar limitations including the ECCS Planning Grant funded by HRSA and the Preschool Expansion Grant funded by the United States Department of Education and is well prepared to successfully address these challenges.

Implementation Planning and Organizational Capacity:

The team leading the proposed work includes critical partners in implementation of performance-management requirements to ensure effective tracking of performance outcomes. The success of Connecticut's current CDI system in collecting demographic and ASQ screening information on participating children combined with recent upgrades to enhance data collection for children participating in HMG, the OEC's recent and successful implementation of data collection through the Preschool Development Grant, the build-out of their Early Childhood Information System and the use of an experienced evaluation contractor will facilitate and streamline data collection efforts. Additionally, the OEC will support each community to collect, analyze and track data to measure process and impact, to use data to develop recommendations for improvement and develop two to four unique measures that are meaningful to their work.

ORGANIZATIONAL INFORMATION

The mission of the Connecticut Office of Early Childhood (OEC) is to support all young children in their development by ensuring that early childhood policy, funding and services strengthen the critical role families, providers, educators and communities play in a child's life. The Office of Early Childhood will serve as the state backbone organization for the ECCS Impact grant.

In 2014, the Connecticut General Assembly and Governor Dannel P. Malloy created a new cabinet level agency specifically for early childhood by transferring programs and services from five existing state agencies: Public Health, Developmental Services, Education, Social Services, and the Board of Regents. Public Act 14-39 made the OEC responsible for 25 different items, including:

1. The delivery of services to young children and their families to ensure optimal health, safety and learning for each child;
2. Developing and implementing the early childhood information system;
3. Developing, coordinating and supporting public and private partnerships to aid early childhood initiatives;
4. Coordinating home visiting services across programs for young children;
5. Providing information and technical assistance to persons seeking early care and education and child development programs and services;

6. Providing technical assistance to providers of early care and education programs and services to obtain licensing and improve program quality;
7. Ensuring a coordinated and comprehensive statewide system of professional development for providers and staff of early care and education and child development programs and services;
8. Integrating early childhood care and education and special education services;
9. Developing early learning and development standards to be used by early care and education providers
10. Continually monitoring and evaluating all early care and education and child development programs and services, focusing on program outcomes in satisfying the health, safety, developmental and educational needs of all children, while retaining distinct separation between quality improvement services and child day care licensing services.

The various programs and services now under the administration of the OEC include:

- Child Care Licensing
- State Pre-K programs for 3 and 4 year olds
- State Supplemental Funding for Head Start and Early Head Start
- Child Care Subsidy (under the Child Care Development Fund)
- Home visiting (both state and MIECHV-funded)
- IDEA Part C (the Connecticut Birth to Three System)
- Help Me Grow
- Head Start Collaboration Office
- Child Care Resource and Referral (under a contract with United Way of CT)
- Early Childhood Personnel Development and Workforce Registry
- National Accreditation (NAEYC) assistance early childhood programs
- Federal Preschool Development Grant
- Child Development Infoline (under a contract with United Way of CT acting as the single point of entry for IDEA Part C and Help Me Grow)

The OEC is organized into three divisions: Child Care Licensing, Early Care and Education, and Family Support Services and it will be adding a fourth division in 2016 for Quality Rating and Improvement.

Under the leadership of Myra Jones-Taylor, Ph.D., 97% of the agency's annual budget of \$290 million is spent on early childhood services including state pre-K (16,000 spaces for 3 and 4 year olds), infant/toddler center-based care (1,200 children served) home visiting (2,900 children served), early intervention through IDEA Part C (10,000 eligible children served). In addition, federal funding (Preschool Development Grant and Tobacco Settlement Funds) pays for 1,100 more preschool spaces in public schools, and 1,164 more children served through MIECHV-funded home visiting programs. 22,000 children each year are assisted through the OEC's child care subsidy program. More specifically, subsidy funding for infants and toddlers in the three selected communities is:

Bridgeport	835 per month (640 in licensed or school settings)
Norwalk	135 per month (108 in licensed or school settings)

The Office of Early Childhood released a report in December 2014, “Connecticut Home Visiting Plan for Families with Young Children.” The report was developed in collaboration with stakeholders, both inside and outside of state government. The purpose of the report is to build a framework to better coordinate home visiting programs in Connecticut. This report is an important step toward building a home visiting system that produces better outcomes for our youngest children.

Public Act 15-45 created a Home Visiting Consortium to advise on the implementation of the recommendations submitted to the Legislature. The Home Visiting Consortium is currently co-chaired by OEC Commissioner Myra Jones-Taylor and Melissa Mendez, a community provider.

As described throughout this grant application, the Connecticut Office of Early Childhood has a broad and robust infrastructure for addressing early childhood policy, services, and supports. Any state-level structures already in existence or created through this grant can be sustained by the OEC after the grant ends.

The Project Director for this grant, subject to state hiring processes, will be Heather Spada who is currently project director at the United Way of Connecticut for Connecticut’s ECCS grant. (See Attachment 4 for biographical sketch and letter of commitment.)

Contingent upon her hiring, Ms. Spada would be working in the Family Support Division of the Office of Early Childhood and reporting to the Division Director, Lynn Skene Johnson, Ed.D. Until the Project Director position is created and filled, Dr. Johnson will be serving as the interim Project Director. Dr. Johnson has worked in the field of early intervention since 1986 as a teacher, manager, assistant director of the Birth to Three System and then Director of the Birth to Three System prior to becoming the Division Director for Family Support. (See Attachments 3 and 4 for more information). As OEC Division Director, Dr. Johnson serves as the IDEA Part C Coordinator for Connecticut as well as the MIECHV Project Director.

Information on key personnel, including the Project Director’s job description and duties and biographical sketch are described in Attachments 3 and 4.

One of the strengths of Connecticut’s application is that of our ECCS Impact Advisory Committee. In addition to the current ECCS Advisory Committee members from the 2013 ECCS grant who have agreed to serve on the ECCS Impact Advisory Committee, we have added several others representing the field of infant mental health, early childhood mental health consulting, and the local Project Facilitators for the grant.

ECCS Impact Grant Advisory Committee Members

1. Chair, Paul Dworkin, M.D., Executive Vice President, Community Child Health, CT Children’s Medical Center
2. Elizabeth Bicio, Director Early Childhood Consultation Partnership, Advanced Behavioral Health
3. Julie Bisi, Data and Accountability Coordinator, CT Office of Early Childhood
4. Angela Crowley, Professor and Coordinator Pediatric Nurse Practitioner Specialty, Yale University School of Nursing

5. Mary Ann Cyr, Senior Vice President of Health Services, Community Health Network of CT, Inc.
 - a. (designee to attend on behalf) Dawn Clavette, Manager, Intensive Care Management, Perinatal, Community Health Network of CT, Inc.
6. Elizabeth Donahue, State of CT Governor's Office
7. Kareena DuPlessis, Director of Child Development Infoline, United Way of CT
8. Merrill Gay, Executive Director, Early Childhood Alliance
9. Barbara Geller, Statewide Services Division Director, Department of Mental Health and Addiction Services
10. Ann Gionet, Health Program Associate, CDC Act Early Ambassador to Connecticut, CT Department of Public Health, Title V agency.
11. Susan Graham, Parent Representative, Family Engagement Consultant
12. Lisa Honigfeld, Vice President for Health Initiatives, Child Health and Development Institute of CT, Inc.
13. Lynn Skene Johnson, Division Director, CT Office of Early Childhood, Family Support Division, IDEA Part C Coordinator, MIECHV Project Director, Interim ECCS Project Director
14. Myra Jones-Taylor, Commissioner, CT Office of Early Childhood, Co-chair of the State Advisory Council for early childhood, Co-chair of the Home Visiting Consortium
15. Stephanie Knutson, Education Consultant, CT State Department of Education
16. Heidi Maderia, Executive Director, Connecticut Association of Infant Mental Health
17. Melissa Mendez, Director of Early Childhood Services, Wheeler Clinic, Co-chair of the Home Visiting Consortium
18. Judith Meyers, President and CEO, Child Health and Development Institute of CT, Inc.
19. Kim Nilson, Program Director, Office of Child Welfare, Early and Middle Childhood, Department of Children and Families
20. Richard Porth, President and CEO, United Way of CT
21. Jessica Sager, Executive Director, All Our Kin, Inc.
 - a. (designee to attend on behalf) Christina Nelson, Early Childhood Policy Fellow, All Our Kin, Inc.
22. Monarae Scales, Young Child Wellness State Coordinator, CT Elm City Project LAUNCH
23. Deborah Watson, Family Outreach Specialist, CT Office of Early Childhood
24. Grace Whitney, Director, Connecticut Head Start State Collaboration Office
25. Jillian Wood, Executive Director, CT Chapter- American Academy of Pediatrics
26. Robert Zavoski, M.D., Connecticut Medicaid Medical Director, CT Department of Social Services, Medicaid agency
 - a. (designee to attend on behalf) Eva Forrest, Registered Nurse Consultant, CT Department of Social Services
27. Elaine Zimmerman, Executive Director, CT Commission on Children
28. To be hired, ECCS Impact Project Director
29. To be hired, ECCS Impact community Project Facilitators for Norwalk, Stamford, and Bridgeport

Budget Narrative

The following is an explanation of each of the line items in the budget for this ECCS Impact grant.

Personnel Costs:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
H. Spada	Project Manager	100	\$80,261	\$80,261

The intent of this grant would be to hire Heather Spada who is the current ECCS Project Director of the United Way of Connecticut's 2013 ECCS grant. The OEC will create a new Durational Project Manager position to direct the ECCS Impact grant. Such durational positions can extend for up to three years, at which time the OEC would create a new state job specification or use an existing one in order to complete all five years of the grant. The starting salary for this position is \$80,261 per year which is well below the federal Executive Level II base salary.

The position will be created and approved by the state personnel and budget offices and posted by the OEC on the state's website for new jobs. Applications will be received and screened and qualified candidates will be interviewed. We are confident that with her experience in administering the ECCS grant for the past 2½ years, Ms. Spada will be one of the most qualified candidates.

This position would fulfill all of the state requirements and activities of the grant including all required reporting and participation in the CoIIN activities (see full description in Attachment 3).

Fringe Benefits: State employee fringe benefits include health insurance (medical, dental, prescription drugs), employer share of FICA-social security and FICA-Medicare, unemployment insurance, group life insurance, retirement plans, tuition reimbursement, worker's compensation, and retiree health insurance.

Equipment: None

Travel: Of this line item, \$2,500 has been set aside each year for travel by the Project Manager to the required grantee meeting and any CoIIN meetings. An additional \$1,500 is set aside for other out-of-state travel by the Project Manager to grant-related conferences or meetings. The remainder of the travel budget will be used to cover the cost of in-state travel by car. We anticipate monthly round trips from Hartford to Bridgeport (108 miles), Norwalk (138 miles), and Stamford (162 miles). One round trip to each community each month would be \$2,644 in mileage reimbursement over 12 months. In addition to driving to the three communities for meetings, we would estimate mileage reimbursement to the ECCS Impact Advisory Committee meetings, trainings, forums, and meetings with other state or local agencies as an additional \$356.

Supplies:

Office Supplies: Laptop computer/monitor/keyboard (approximately \$2000), portable LCD projector (\$500) and digital recorder (\$100) (for use at Advisory Committee or other meetings or forums). Software for data analysis, software for scanning paper surveys (approximately \$1500). Signage or other display materials to be used at in-state conferences or meetings for purposes of public awareness (\$900). Basic office supplies (pens, pencils, paper, folders, desk accessories), and postage.

Educational supplies: Training materials, survey materials, meeting materials, Ages and Stages Questionnaire kits and questionnaires

Medical supplies: None

Contractual/Subawards/Consortium/Consultant:

In each grant year, \$200,000 will be subawarded to the United Way of Western CT to provide the backbone support for this grant in all three of the communities. That amount includes \$20,000 for administrative costs to UWWC to serve as overall fiduciary and provide administrative support and \$60,000 for each community.

In each community the \$60,000 will cover:	Each town	Total
Project Facilitator (\$40/hr for 20hrs/wk)	\$41,600	\$124,800
Fringe benefits	10,400	31,200
Travel and mileage	2,000	6,000
Meeting expenses	2,000	2,000
CoIIN activities, training for child care providers	<u>4,000</u>	<u>12,000</u>
Total	\$60,000	\$180,000

In each grant year \$5,130 will be subawarded to the United Way of CT to cover the cost of 2,500 additional ASQ on-line screenings (at 50¢ each) and \$130 for hosting the ECCS Impact website, begun in 2013 as the ECCS grant website

In each grant year, \$65,000 will be contracted to one or more third party evaluation contractor(s) to fulfill the evaluation and CQI requirements of the grant.

Other: None

Indirect Costs: The Office of Early Childhood worked with Maximus, Inc. to develop an indirect cost rate for the agency. Our understanding is that this rate has been submitted to HHS for approval. The proposed indirect cost rate is 3.64%. Until such time as the OEC has an official indirect cost rate agreement with HHS, no indirect rate will be charged against this grant. When the indirect cost rate agreement is issued, a budget revision will be requested to reallocate costs within the existing \$426,600 per year budget.