

**ECCS Action Plan Process Communication Report
Year 3
June 15, 2016**

Developed for:

The Connecticut Office of Early Childhood and Connecticut United Way

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Executive Summary

Project Background: In 2013, the US Department of Health and Human Services, Maternal Child Health Bureau awarded Connecticut a three-year Early Childhood Comprehensive Systems (ECCS) planning grant. Under the direction of the Office of Early Childhood (OEC), the United Way of CT, supported by a statewide ECCS Advisory Committee, has coordinated the ECCS planning process. The Advisory Committee guided ECCS work to increase Connecticut's ability to identify and treat developmental challenges and delays in children aged 0-5 by increasing the use of developmental surveillance (monitoring) and screening in early care and education (ECE) settings and supporting the ability of ECE programs to connect children to follow up services when there are developmental concerns.

Project Importance: Healthy development in the earliest years of life has a major effect on a child's educational and life outcomes. Children who experience delays early in life arrive in kindergarten without necessary skills and have a greater risk of additional delays and poorer outcomes in education, careers and social connections in adulthood. The ability of children with developmental challenges to succeed requires the early detection of these challenges and referral to appropriate treatment providers. Developmental surveillance and screening contribute to early identification of these children and allow early interventions to support achievement of educational and life outcomes.

Project Summary:

Identification of Needs of Connecticut ECE Programs: The OEC and United Way of CT contracted with the Child Health and Development Institute, Inc. (CHDI) and Lorentson Consulting to complete a statewide assessment to identify how Connecticut ECE programs monitor and screen children for developmental delays, store data collected from these activities, and refer children with identified needs to appropriate service providers. The needs assessment process included 21 semi-structured focus group discussions with early childhood providers and their community partners in Connecticut and two on-line surveys that were administered at in person meetings and through several early childhood email lists. 329 ECE providers responded to the *Provider Survey* and 924 English or Spanish speaking parents/guardians responded to the *Parent Survey*.

Focus group and survey data provided a number of recommendations from individuals working with children ages 0-5 for improving the early detection of developmental and behavioral challenges and connection of follow up services. CHDI published an IMPACT Report with the full results of the needs assessment, [*Developmental Surveillance and Screening in Early Care and Education: Family and Provider Perspectives*](#), which also included recommendations for improving developmental screening, coordination of results, and linkage to services in Connecticut. The ECCS Advisory Committee completed an action planning process, facilitated by OEC and United Way of CT, to develop strategies to address the recommendations outlined in the IMPACT report.

Action Planning Process: The Advisory Committee and OEC Leadership identified several potential strategies to achieve these recommendations. Committee co-chairs Myra Jones-Taylor, OEC Commissioner and Paul Dworkin, M.D., Executive Vice President for Community Child Health, CT Children's Medical Center, worked with the Advisory Committee during March 2015 to develop potential strategies to achieve improvement in each area recommended by the needs assessment. During May 2016, ECCS staff and consultants shared the strategic action plan with community stakeholders through four Community Discussions and on-line distribution.

Methods Used to Obtain Feedback on Results of Action Planning Process: During May and June 2016, online and hard copy surveys were administered to understand how the ECE community thought about the results of the action planning process. The Advisory Committee wanted to know whether ECE stakeholders believed that the potential action strategies developed were appropriate and in line with the needs of the ECE community. Surveys collected feedback to address two key questions:

- Question 1: How does the ECE community think about the action planning priorities which emerged from the planning process?
- Question 2: Are there any additional action planning priorities which the ECE community would like OEC and the ECCS Advisory Committee to consider?

Participants at each of four community conversation and early childhood stakeholders throughout Connecticut completed the survey. One hundred and ninety five responses were received.

Conclusions and Recommendations: Survey data showed a high degree of enthusiasm and support for the twenty priorities with over 90% of respondents indicating agreement with the selection of 14/20 planning priorities. Respondents were most likely to agree with the need to strengthen the existing system of services for children who require developmental assessment and intervention services. The majority of respondents (more than 75%) agreed with the selection of each of the planning priorities.

There were no additional priorities provided by participants. However, a number of participants provided recommendations regarding potential strategies for implementation including the provision of professional development; use of Family Resource Centers to support screening surveillance and training activities; and a need for simple and direct communication with families and the public to facilitate understanding of screening and surveillance, and follow-up discussions between ECE providers and families.

Table of Contents

Project History 1
 Project Background 1
 Project Importance..... 1
 Project Summary 1
 Identification of Needs of Connecticut ECE Programs 1
Action Planning Process and Results 2
Communication Process..... 3
 Methods Used to Obtain Feedback..... 3
 Data Collection Methods and Activities 4
 Analysis of Data 4
Results 4
 Community Perceptions..... 5
 Open-Ended Comments..... 6
Data Strengths and Limitations..... 6
Conclusions 6
Recommendations..... 7

Tables

Table 1: ECE Community Perceptions of Planning Priorities 5

Appendix

A. Open-Ended Comments..... 9

**Early Childhood Comprehensive Systems Planning Grant
ECCS Action Plan Process Communication Report
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Project History

Project Background: In 2013, the US Department of Health and Human Services, Maternal Child Health Bureau awarded Connecticut a three-year Early Childhood Comprehensive Systems (ECCS) planning grant. Under the direction of the Office of Early Childhood (OEC), the United Way of CT, supported by a statewide ECCS Advisory Committee, has coordinated the ECCS planning process. The Advisory Committee guided ECCS work to increase Connecticut's ability to identify and treat developmental challenges and delays in children aged 0-5 by increasing the use of developmental surveillance (monitoring) and screening in early care and education (ECE) settings and supporting the ability of ECE programs to connect children to follow up services when there are developmental concerns.

Project Importance: Healthy development in the earliest years of life has a major effect on a child's educational and life outcomes. Children who experience delays early in life arrive in kindergarten without necessary skills and have a greater risk of additional delays and poorer outcomes in education, careers and social connections in adulthood. The ability of children with developmental challenges to succeed requires the early detection of these challenges and referral to appropriate treatment providers. Developmental surveillance and screening contribute to early identification of these children and allow early interventions to support achievement of educational and life outcomes.

A growing number of children attend center-based early childhood care, with more than half of three to six-year old children in center-based care nationally in 2012 and many other children attending family-based programs. Early care and education thus presents a valuable opportunity to detect and address developmental concerns early, when interventions can be most effective.

Project Summary: The OEC and United Way of CT contracted with the Child Health and Development Institute, Inc. (CHDI) and Lorentson Consulting to complete a statewide needs assessment to examine the status of developmental screening, maintenance of screening results, and referrals to services in center-based and family-based ECE sites. CHDI published results in an IMPACT Report, [*Developmental Surveillance and Screening in Early Care and Education: Family and Provider Perspectives*](#), which also provided several recommendations for enhancing developmental screening, coordination of results, and linkage to services in Connecticut. The ECCS Advisory Committee subsequently engaged in an action planning process, facilitated by OEC and United Way of CT, to develop strategies to achieve recommendations outlined in the IMPACT report.

Identification of Needs of Connecticut ECE Programs: The OEC and United Way of CT contracted with the Child Health and Development Institute, Inc. (CHDI) and Lorentson Consulting to complete a statewide assessment to identify how Connecticut ECE programs monitor and screen children for developmental delays, store data collected from these activities, and refer children with identified needs to appropriate service providers. The needs assessment process included: 21 semi-structured focus group discussions with early childhood providers and their community partners in Connecticut and two on-line surveys that were administered at in person meetings and through several early childhood email lists. 329 ECE providers responded to the *Provider Survey* and 924 English or Spanish speaking parents/guardians responded to the *Parent Survey*.

Focus group and survey data provided a number of recommendations from individuals working with children ages 0-5 for improving the early detection of developmental and behavioral challenges and connection of follow up services. CHDI published an IMPACT Report with the full results of the needs assessment, [*Developmental Surveillance and Screening in Early Care and Education: Family and Provider*](#)

Perspectives, which also included the following recommendations for improving developmental screening, coordination and use of results, and linkage to services in Connecticut.

- 1) Raise public awareness about the importance of surveillance and screening;
- 2) Provide training opportunities to a wide variety of professionals who can do surveillance and screening;
- 3) Integrate surveillance and screening into a variety of initiatives focused on young children's development;
- 4) Develop and maintain a data system to track surveillance, screening and connection of children to services when surveillance and screening show concerns; and,
- 5) Strengthen the system of services for children who require developmental assessments and intervention services.

Action Planning Process and Results: The Advisory Committee and OEC Leadership identified several potential strategies to achieve these recommendations. Committee co-chairs Myra Jones-Taylor, OEC Commissioner and Paul Dworkin, M.D., Executive Vice President for Community Child Health, CT Children's Medical Center, worked with the Advisory Committee during March 2015 to develop potential strategies to achieve improvement in each area described by the needs assessment.

The ECCS Advisory Committee approved five short-term objectives. Subgroups then designed specific strategies, action steps, and timelines for each objective. During May 2016, ECCS staff and consultants shared the strategic action plan with community stakeholders through four Community Discussions and on-line distribution. An on-line and hard copy survey was used to obtain feedback from the ECE community on priorities, including:

- Set up a developmental screening team at the Office of Early Childhood
- Train ECE providers and Health Consultants in developmental monitoring and screening
- Promote screening to child health care providers
- Identify and use common valid and reliable screening tools across ECE settings
- Create a centralized data system to track completion of screening and connection to follow up services
- Train ECE providers and parents to use the Child Development Infoline, Connecticut's single point of entry for developmental services
- Raise public awareness about the importance of surveillance and screening
- Integrate developmental monitoring and screening into other state initiatives
- Strengthen the system of services for children requiring developmental assessment and intervention
- Increase support from ECE providers to engage families in the use of the Ages and Stages Questionnaire (ASQ) online
- Coordinate all developmental screening initiatives to create a statewide system for families and providers that addresses developmental promotion, early detection, linkage and referral
- Develop public awareness messages for parents that emphasize the promotion of health and development of young children

This report provides a summary of feedback, with recommendations, received from the Community Discussions and Follow-up Survey.

Communication Process

Methods Used to Obtain Feedback on Results of Action Planning Process: During May and June 2016, online and hard copy surveys were administered to understand how the ECE community thought about the results of the action planning process. The Advisory Committee wanted to know whether ECE stakeholders

believed that the potential action strategies developed were appropriate and in line with the needs of the ECE community. Surveys collected feedback to address two key questions:

- *Question 1:* How does the ECE community think about the action planning priorities which emerged from the planning process?
- *Question 2:* Are there any additional action planning priorities which the ECE community would like OEC and the ECCS Advisory Committee to consider?

Data Collection Methods and Activities: Data collection methods included the use of an on-line and hard copy survey for attendees at each community conversation and early childhood stakeholders throughout Connecticut. The collection of high quality survey data requires that the audience be identified and strategies be developed to reach each audience. Lastly, data must be collected using instruments and data collection methods designed to meet the needs of the audience. Perception data related to the planning priorities was collected from key stakeholders through the development and administration of the on-line and hard copy “ECCS Action Plan Stakeholder Survey 2016”.

The validity or “accuracy” of a survey is highest when the survey addresses all key ideas related to the issue being addressed and when the survey is reviewed by a panel of experts to ensure that no key idea was missed. Survey development for ECCS activities was completed in line with these criteria. Survey validity is expected to be sufficient. Reliability is increased by the development of questions using nationally accepted standards and at a literacy level appropriate to the literacy level of the audience. Survey items were developed using these guidelines and were reviewed by the Evaluation Team prior to administration. Statistical checks of reliability were not conducted. Survey reliability is expected to be sufficient.

Twenty survey items were drafted to assess frequency of agreement with planning priorities that emerged from the action planning process using a four point Likert-type scale. Three open-ended questions were also included to allow survey respondents to provide other suggestions and perceptions that were not addressed with the listed items. In partnership with individuals involved with the planning process, the survey was revised. It was administered in hard-copy form at each of the four community conversations, and subsequently on-line via a variety of early childhood networks.

Analysis of Data: Survey results were analyzed using SPSS, Statistical Package for the Social Sciences. Frequencies were obtained as appropriate.

Results

Demographic Information: Thirty two individuals attended the four community discussions including representatives of School Readiness Councils, Regional Service Centers, Connecticut Parents as Teachers, Family Resource Centers, Behavioral Health Organizations, parents, public school districts, community colleges, and Dental Health organizations involved in early childhood. Data from surveys collected from these individuals was combined with data from the 164 individuals who completed the online survey resulting in a total of 195 responses.

Respondents included:

- 9.2% parents or guardians of children ages birth to five;
- 16.4% family-based childcare providers;
- 1% staff members of a group childcare home;
- 32.3% representatives of non-profit, governmental or for-profit agencies included with early care and education;
- 16.9% staff of privately and publicly funded center-based ECE programs ;
- 12.8% staff of state funded center-based ECE programs;

- 8.2% staff of federally funded center-based ECE programs;
- 11.3% staff of privately funded center-based programs; and
- 16.4% “other” groups including Birth to Three, regional education service centers, community colleges, dental healthcare providers, family resource centers and early intervention providers.

Surveys were received from all eight Connecticut Counties with 25% from New Haven County, approximately 21% from each of Hartford and Fairfield Counties, and between three and nine percent from each of the remaining counties. Approximately one third of respondents were from both urban and suburban areas, 21% of respondents represented rural programs and for 10% the question was not applicable.

Community Perceptions: The community perceptions of planning priorities are summarized in Table 1, in decreasing order of agreement.

**Table 1: Stakeholder Perceptions of Planning Priorities
Percent Response
N=195**

	Strongly Disagree or Disagree	Agree or Strongly Agree
1) Strengthen the existing system of services for children who require developmental assessment following screening	3.7%	96.3%
2) Strengthen the existing system of services for children who require intervention of services following developmental assessment	3.7%	96.3%
3) Select dependable screening tools to use across ECE settings	4.2%	95.8%
4) Develop public awareness messages for parents that emphasize the promotion of health and development of young children	4.2%	95.8%
5) Use dependable screening tools across ECE settings	4.7%	95.3%
6) Promote the use of developmental screening to child health care providers	4.7%	95.3%
7) Raise public awareness about the importance of surveillance and screening	4.7%	95.3%
8) Train Early Care and Education providers in the use of developmental screening	5.8%	94.2%
9) Promote the use of developmental surveillance (monitoring) to child health care providers	5.8%	94.2%
10) Increase the support given by ECE providers for families in the use of the Ages and Stages Questionnaire (ASQ) on-line	7.4%	92.6%
11) Integrate developmental surveillance and screening into other initiatives focused on the development of young children	7.4%	92.6%
12) Encourage families to use Connecticut’s resource center (Child Development Infoline) to connect children for whom there are concerns to services	7.9%	92.1%
13) Train Early Care and Education providers in the use of developmental surveillance (monitoring)	8.4%	91.6%
14) Encourage ECE providers to use Connecticut’s resource center (Child Development Infoline) to connect children for whom there are concerns to follow up services	9.9%	90.1%
15) Coordinate all developmental screening initiatives to create a statewide system for families and providers that addresses developmental promotion, early detection, linkage and referral	10.5%	89.5%
16) Train Early Childhood Health Consultants in the use of developmental surveillance (monitoring	12.1%	87.9%

	Strongly Disagree or Disagree	Agree or Strongly Agree
17) Train Early Childhood Health Consultants in the use of developmental screening	13.1%	86.9%
18) Set up a developmental screening team at the Office of Early Childhood	19.9%	80.1%
19) Use a centralized, privacy-protected data system to track connection to services based on the results of screening	20.1%	79.9%
20) Use a centralized, privacy-protected data system to track completion of screening	24.5%	75.5%

More than 90% of respondents “Agree” or “Strongly Agree” with the selection of 14/20 priorities. Respondents were most likely to agree with the need to strengthen the existing system of services for children who require developmental assessment and intervention services. The majority of respondents (more than 75%) agreed with the selection of each priority.

Open-Ended Comments: More than 80 participants provided responses to the open-ended questions. A brief summary of participant responses is provided below. Responses to all open-ended questions are located in the Appendix.

Question 1: Is there anything you would like us to know regarding your agreement with the selection of these priority areas for achievement? Please explain.

All comments provided by participants emphasized the high need for screening, monitoring and tracking of referrals within Connecticut and indicated enthusiasm for the planning priorities identified. The majority of recommendations provided by participants emphasized the importance of training and education for providers and the public, the need for medical service providers to be closely involved in the process, the identification of quality tools for use by ECE programs, the inclusion of all types of child care providers in all implementation activities, the implementation of regional pediatric roundtables already underway in some regions of the state, and the use of existing materials for training and public announcements when possible. Participants requested more information related to the use of monitoring and emphasized the importance of ongoing involvement of local providers in the process and the connection of this work to ongoing work and efforts occurring within the healthcare field. Concerns expressed were primarily related to limited resources available to ECE programs to participate in activities or implement important changes, the use of a statewide dataset and the ability of OEC and UWC to provide all necessary services in a high quality and cost effective manner.

Question 2: Is there anything you would like us to know regarding the above mentioned strategies for achievement of these priority areas? Please provide as much information as possible.

Comments provided by participants were very similar to those described above. In addition, a number of participants strongly emphasized the ability of Family Resource Centers to support screening, surveillance and training activities and a need for simple and direct communication with families and the public to facilitate understanding and discussion of screening results. One individual emphasized the importance of including communities that had participated in the Help Me Grow campaign as many of these communities were continuing to conduct screenings.

Question 3: Are there any other areas related to developmental screening and follow-up that you believe the ECCS Advisory Committee should consider as priority areas for achievement during 2016-2019? Please explain.

Additional areas of focus and recommendations suggested by participants included the provision of increased wages for ECE care providers; an emphasis on service development to facilitate Connecticut's ability to address identified needs in particular areas including maternal depression and child mental health; incorporation of local providers, Family Resource Centers, and parents on the Advisory Committee; engagement of local early childhood councils; and an increased emphasis on home visitors, staff members of the Department of Children and Families, the implementation of a day long symposium on screening, the use of professionals such as child health providers and school nurses to conduct screenings, and consideration of the collection of screening data to allow comparison use and frequency of screening within NAEYC accredited programs, state-funded programs, Head Start Programs, and community programs. A need for intensive screening for hearing and vision was emphasized by a number of participants.

Data Strengths and Limitations

The data collection effort has the following strengths:

- Data collection strategies included community discussions and an on-line survey with broad representation throughout Connecticut.
- Excellent participation of individuals from all Connecticut counties and from urban, suburban and rural areas in survey data collection.
- The use of quality survey tools reviewed by a early childhood professionals prior to administration.

However, as with any study, data collection and use of data has some limitations, including:

- Surveys were not completed in languages other than English.
- Comprehensive reliability and validity assessment of data collection instruments was not completed.

Conclusions

Question 1: How does the ECE community think about the action plan priorities that emerged from the planning process?

Results of data collection indicate a high degree of enthusiasm and support for the twenty identified planning priorities with more than 90% of respondents indicating agreement with the selection of 14/20 planning priorities. Respondents were most likely to agree with the need to strengthen the existing system of services for children who require developmental assessment and intervention services. However, the majority of respondents (more than 75%) agreed with the selection of each of the planning priorities.

Question 2: Are there any additional priorities that the ECE community would like OEC and the ECCS Advisory Committee to consider?

There were no additional planning priorities provided by participants. However, a number of participants provided recommendations regarding potential strategies for implementation of priorities, including an emphasis on the provision of professional development; the use of Family Resource Centers to support screening, surveillance and training activities; and a need for simple and direct communication with families and the public to facilitate understanding and follow-up conversations. Additional suggestions provided by participants are summarized under recommendations.

Recommendations

Participants provided a number of recommendations for the consideration of the CT Office of Early Childhood and Untied Way. Recommendations provided by at least three individuals are summarized below and include the following:

Infrastructure

- Connect efforts to current activities underway in the healthcare field to involve pediatricians and other agencies in care coordination and referral practices;
- Use Family Resource Centers to support screening, surveillance and training activities;
- Include communities that had participated in the Help Me Grow campaign in assessment and provision of screening activities;
- Use professionals such as child health providers, nurse consultants and school nurses to conduct screenings;
- Increase wages for ECE care providers; and
- Emphasize service development to facilitate Connecticut's ability to address identified needs in particular areas such as maternal depression and child mental health.

Training

- Include all types of child care providers in the training and related activities;
- Implement regional pediatric roundtables throughout the state;
- Increase emphasis on home visitors and staff members of the Department of Children and Families;
- Hold a day long symposium on screening; and
- Emphasize the provision of training and education for providers and the public.

Promotion

- Identify and recommend quality screening tools for use by ECE programs;
- Use existing materials for training and public announcements when possible to ensure effective use of limited resources;
- Ensure that communication with families and the public is simple and direct to facilitate understanding and interaction; and
- Include screening for social-emotional hearing and vision in promotion activities.

Systems Development

- Ensure that medical service providers are closely involved in the process including school nurses, nurse consultants, pediatricians and other medical service providers;
- Ensure that local providers are continuously involved in the process;
- Incorporate local providers, Family Resource Centers, and parents on the Advisory Committee;
- Engage local early childhood councils; and
- Collect screening data to allow comparison of use and frequency of screening within NAEYC accredited programs, state-funded programs, Head Start Programs, and Community programs.