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Practice Summary & Implementation Guidance

Maternal Child Health and Child Welfare:
A new partnership in Connecticut to improve child outcomes

This training practice increased the knowledge of Child Welfare staff in Connecticut on young child development and recognizing developmental milestones, how to identify red flags, document those interactions, concerns, and make beneficial referrals.

Cutting-Edge	Emerging	Promising	Best

Location	Topic Area	Setting
Connecticut	Health Screening/Promotion	Community

Population Focus	NPM	Date Added
Child Health	NPM 6: Developmental Screening	August 2021

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Section 1: Practice Summary

PRACTICE DESCRIPTION

CDC Act Early Ambassador for Connecticut (LTSAE) is housed at the UConn Center on Excellence in Developmental Disabilities (UCONN UCEDD) has been working in partnership with the CT Department of Children and Families (DCF) to improve their ability to identify infants and young children who should be screened for ASD. This initiative impacts Connecticut's most vulnerable population children (prenatal through age five) who been referred to CT child welfare system.

This partnership builds upon a DCF initiative to improve on interactions with young children and aligns with CT's Act Early goals to collaborate with state agencies and partners on workforce development including child welfare workers. In 2019, our partnership developed an interactive training about Developmental Monitoring and Screening that was co-facilitated by the LTSAE Ambassador and DCF's Early Childhood Specialist. The training is focused on how to recognize developmental milestones that are age appropriate for infants and young children age 0-5 years old and then how to documenting children interactions through observations. Throughout the year of 2020 we trained all the five regions in Connecticut, where 3000 caseworkers were trained through a virtual platform.

CT Maternal Child Health priorities is to train community and healthcare providers to improve screening rates and coordination of referrals and linkage to services within the state. Learn the Signs Act Early's collaboration with DCF aligns with CTMCH vision, that young children will reach their optimal developmental and health potential and will ensure the well-being of infants, children and families with a focus on disparate populations. With this partnership, we will continue to increase community capacity by creating better health outcomes by training DCF workers to identify typical development and developmental flags. Which in turn will improve screening rates and referrals for disparate populations for infants and young children.

The objective of the trainings was as follows:
1. State why monitoring infants and young children's development and identifying developmental concerns early are essential.
2. Recognize developmental milestones that are age appropriate for infants and young children age 0-5 years old.
3. Identify "red flags," that may be behavioral or developmental markers suggesting the need for further evaluation.
4. Describe the process of making a referral to an appropriate agency to meet the needs of the infant or child.
5. Practice appropriately documenting interactions and observations for infants and young children (age 0 –5) and families during home visits and face to face to meetings in a case-based activity.

Upon the COVID 19 Pandemic, we add to the training key questions to ask families as visits became virtual between families and children. DCF workers would ask children's' play routine, what songs do they like and nutrition questions. This helped in identifying changes in the child.

CORE COMPONENTS & PRACTICE ACTIVITES

Core Components & Practice Activities		
Core Component	**Activities**	**Operational Details**
Assessment	Assessment of caseworker knowledge developmental and referral process.	Assess each caseworker with Pre and Post assessment to gauge knowledge of workers around child development and red flags for ASD before and after training. The DCF Workforce is more knowledgeable and has skills in how to access and then identify children with red flags. Children will then have access to screening and assessment then subsequently intervention at a fast rate.
Evaluation	Evaluation of Training	Accurately evaluate the success and need of this training.
Connecting	Referrals and linkages to 211 Child Development Line, Birth to Three and Pre School Special Education	Upon developmental concerns, identified caseworkers assist families to call 211 Child Development Line to make referrals for Birth to Three or Pre School Special Education. Families can also Ages and Stages questionnaire via Sparkler app to follow children's progress.

HEALTH EQUITY

In Connecticut, is the fourth most densely populated state in the nation with an estimated population of 3,588,184.

CT is unique in its persistent disparity between great wealth and abject poverty, both between the wealthy and the poor, as well as between different racial groups. Connecticut ranks 4th in the country in median household income ($72,121) (American Community Survey, 2016) and 1st in median personal per capita income ($69,311) (Bureau of Economic Analysis, 2017). In 2015, the median household income was $115,200 for families who are White, as compared to a median income of $56,400 for families who are Black, and $59,200 for families who are Hispanic (State of America's Children, 2017). However, CT is a state of extremes as it is home to some of the poorest cities in the country, For example, in Hartford, the capital, 31.9% of the population lives below the poverty line. CT's other cities also reflect similar socio-economic profiles creating a wide discrepancy in CT between poor cities and wealthy suburbs. In fact, the percent of children in CT under age six are living below 200 percent below the poverty line and is estimated at 31% (66,300) (KIDS COUNT Data Book 2018). In 2016, 25.4% of children living in poverty were Hispanic and 23.4% were African American, while only 5.5% were White, non-Hispanic (State of America's Children, 2017).

Children from households who speak English where it is not the primary language did not differ from children from households where English was the primary language on measures of health care access. Younger, lower-income, and uninsured children were less likely to have received early intervention and continuous access to medical care. Public Health research has found that children with autism have higher health care and mental health needs, higher health care costs, higher rates of hospitalization, lower quality of life and lower life-expectancy compared to children without ASD; both showing health and racial disparities. With this partnership, we will continue to increase community capacity by creating better health outcomes by training DCF workers to identify typical development and developmental flags. Which in turn will improve screening rates and referrals for disparate populations for infants and young children.

EVIDENCE OF EFFECTIVENESS

Currently we are surveying 6 months past training to identify if workers have made Birth to Three referrals, helped families download the Milestone Matters app (tracks children's' development) Due to the Pandemic it was hard to collect such info as most in person visits became virtual and contact with families was trying. Birth to Three referrals were down 80% due to pandemic.

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Our 6-month follow has showed in graphs below, this was one-year span, numbers were low due to COVID.

Age	LTSAE Material used
0-4 months	20
4-8 months	16

8-12 months	30
12-18 months	57
18 – 24 months	108
24-30 months	157
30-36 months	200
36 months	443

Referrals to Child Development info line for ASQ:

Completed with "On track" in all categories	324 (61%)
Completed with "Monitor" in at least one category (but no "Refer" results)	126 (24%)
Number of "Monitors" related to communication	69
Number of "Monitors" related to fine motor	49
Number of "Monitors" related to gross motor	37
Number of "Monitors" related to problem solving	37
Completed with "Refer" in at least one category	81 (15%)
Number of "Refers" related to communication	30
Number of "Refers" related to fine motor	25
Number of "Refers" related to gross motor	19
Number of "Refers" related to personal-social	31
Number of "Refers" related to problem solving	20

Often our biases lead us to believe all of the families we work with should be just like our own families. We may think, "Well, if that was my child, I would not do that." We must break down this method of evaluating families and focus on safety and what is truly in the best interest of the child. Because of this possible bias, we do have case scenarios using an example of cultural differences with families that may have developmental concerns. In these scenarios we also discuss language barriers often further cultural biases for caseworkers.

STAKEHOLDER EMPOWERMENT & COLLABORATION

Stakeholder Empowerment and Collaboration		
Stakeholder	**How are they involved in decision-making throughout practice processes?**	**Does this stakeholder have lived experience/come from a community impacted by the practice?**
Department of Children and Families (DCF)	DCF has developed training content with CDC Act Early Ambassador	Post training it has been evident that DCF workers are a partner in sharing the monitoring of children's development and being able to recognize concerns
211 Child Development	Tracking ASQ and Birth to Three referrals made by DCF	211 Child Development is a specialized unit of United Way of Connecticut. CDI supports children's healthy growth and development starting from pregnancy. Families can receive Ages and Stages questionnaire from CDI or referrals to Birth to Three (Part C).

REPLICATION

This program has not been replicated in any location yet.

INTERNAL CAPACITY

UCONN has been the home for Learn the Signs Act Early for 2 years, in this time our Early Childhood Project Coordinator has facilitated all of the partnership and development of this project.

PRACTICE TIMELINE

The following tables offers a recommended timeline for developing a   partnership with Child Welfare agency in your state. The timeline address 3 main phases including: Planning/Pre-Implementation, Implementation, Sustainability.

Phase: Planning/Pre-Implementation		
Activity Description	**Time Needed**	**Responsible Party**
Develop partnership with Child Welfare & establish communication throughout a state agency that is broken into 6 regions	ongoing	LTSAE , DCF
Survey DCF staff on the knowledge of child development, disabilities and autism	1 month	LTSAE, DCF
Develop training based on knowledge of DCF workers/staff. Training to include milestones 0-5, how to recognize and documentation	2 months	LTSAE, DCF

Phase: Implementation

Activity Description	Time Needed	Responsible Party
Pilot training for one division/region	3 hours	LTSAE and DCF
Review evaluation data from 1st training and make any edits needed for content	1 week	LTSAE
Training for statewide DCF workers, Foster Family staff and support staff	ongoing	LTSAE and DCF

Phase: Sustainability

Activity Description	Time Needed	Responsible Party
Training apart of new staff onboarding/orientation	3 hours	DCF & LTSAE
6 month survey of Learn the Signs Act Early materials used	2 hours 2x a year	LTSAE
Track referrals to early intervention and preschool special education	1 hour a month	LTSAE and 211 Child Development Infoline

PRACTICE COST

The following table is reflective of one fiscal year of Training support to the Child Welfare agency. The total budget amount for one year is approximately $71,678.86 Below outline approximate figures for someone aiming to replicate the program

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Salaries and Fringe Benefit	One staff member to provide training and collect data	5.0 FTE	56,678.86
Learn the Signs Act Early materials for dissemination	Materials for workers to share and use with families	1000	15,000
		Total Amount:	**$71,678.86**

LESSONS LEARNED

COVID 19 has presented a number of additional stressors within the Connecticut families that DCF serve in child protective services.   Some of the stressors include loss of job/income, lack of childcare, lack of resources, and stress of homebound schooling.   With substance use.   Also during COVID 19, while the Department has experienced a decrease in the number of reports received, we have seen an increase or concentration of cases involving Intimate Partner Violence (IPV). Historically the Department received the highest number of reports from schools, however given that schoolwork was being done remotely there has been a decrease in their reporting   As we learned and identified how we can support caseworkers   via virtual trainings due to the pandemic. Providing steps to caseworkers on how they can talk to families virtually on what milestones children are exhibiting.

NEXT STEP

Starting in September 2021., LTSAE and DCF will pilot a mobile app that will Mobile developmental screening (ASQ-3 and ASQ:SE-2), Mobile play, developed by early childhood educators and customized for children from birth through age 5, Mobile tips for parents on child and brain development and will enable notifications to encourage engagement and activity. We will be able to track the referrals for Early Intervention and PreK Special Education thru the dashboard on Sparkler. We have trained one region on the use of the app and will continue to train throughout the state.

RESOURCES PROVIDED

- Child Welfare Training for Developmental Monitoring
- UCONN Center for Excellence in Developmental Disabilities: Child Development Flyer

APPENDIX

- N/A.