**NHECC Infant and Toddler Committee meeting 6.10.15**

**Notes**

NHECC Result: All New Haven children, birth through 8, are healthy, safe, thriving in nurturing families and prepared to be successful lifelong learners.

Infant-Toddler Result statement:  
*The city’s most vulnerable families and caregivers have the knowledge and skills to support their children’s development beginning at birth.*

In attendance: Kim Bohen, De Popkin, Karen Pascale, Christina Nelson, Sadie Witherspoon, Crystal Sessa

Yaritza Roman, Elisabeth Teller, Gail Ford, Janet Alfano

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|  | Recap Last meeting additional discussion of population level indicators – need some way to measure our progress at a community-wide level. No perfect measure. Picked some proxy measures; agreement that these are not perfect, need to continue to develop.   1. HUSKY A Developmental screening (only tells part of the story) 2. Physical neglect (huge progress in this area in recent years, may not be able to see much change from year to year) 3. Birth to 3 Referrals   Strategy Discussion: Reached agreement to:   1. Develop strategies for better sharing with families and other providers meaningful information about programs/services for young children and their families, including mental health, basic needs, attachment, etc. (update on Youth Map/211 issues) 2. Improve connections for parents to trusting and personal relationships to support them in accessing available services (Council wide agenda/strategy)   Agreed that there is a lot happening but not good information/coordination/transparency. Optimal role of the council and its committees is to collect and share data/info about what is already going on to support/promote better info/access, “no wrong door,” etc. | |
|  | Focus: What information do we need/want to know more about to help us know if: “*The city’s most vulnerable families and caregivers have the knowledge and skills to support their children’s development beginning at birth”?*   1. Developmental screenings – what is happening, who is being served – help us identify gaps – why is this impt? 2. Home visiting – what is happening and gaps– why is this impt? 3. Other?   *Agreement to start with developmental screenings.* | |
|  | Data/Info: What do we want to know about (DS, HV)?   1. Who/what orgs doing screenings/HV?-*see survey below* 2. What screening tools/HV models being used?-*see survey below* 3. Who is being screened/visited? (target population/population reached?, outreach/referral methods?-*see survey below* 4. How many are screened/visited (per week/month)? –*need further investigation* 5. What is happening to results of screenings? Is data shared? How? With whom?-*see survey below* 6. Other?  New Haven Early Childhood Council Infant/Toddler Committee Developmental Screening Questionnaire The purpose of this survey is to understand the use of developmental screening tools for young children among organizations serving families in New Haven. Note: 'developmental screening" means a method or tool to identify concerns regarding a child's physical and mental development, including, but not limited to, the child's sensory, behavioral, motor, language, social, visual/perceptual, emotional or adaptive skills.  Top of Form  **1. Full name of person completing the survey**    **2. Name of the organization you represent**    **3. What is your job title/role at your organization?**    **4. What program do you work for within your organization?**    **5. Does your organization use developmental screening? (see above definition)**    **6. What developmental concerns is your organization screening for? (Select all that apply)**   * + Sensory   + Motor   + Behavioral   + Language   + Social   + Perceptual   + Emotional   + Other:   **7. Is the screening your organization provides part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children in Medicaid?**    **8. What screening tools does your organization use? Select all that apply.**   * + Ages and Stages Questionnaire (ASQ)   + Ages and Stages Social Emotional (ASQ-SE)   + Life Stressor Checklist (LSCR)   + Traumatic Events Screening Inventory (TESI)   + Battelle Developmental Inventory   + Modified Checklist for Autism in Toddlers (MCHAT)   + Brief Infant Toddler Social Emotional Assessment (BITSEA)   + Devereux Early Childhood Assessment (DECA)   + Vision   + Hearing   + Otoacoustic Emissions (OAE)   + Nutrition   + Income supports-(Cash Assistance-TANF,Food Stamps/SNAP, WIC,Section 8)   + Basic needs (Additional supports not covered by income supports-food, diapers, hygiene items, clothing, etc)   + Other:   **9. What happens with the results of the screening? (Select all that apply)**   * + The results are shared with the parents   + Someone from my organization makes a referral for a further assessment   + Parents are encouraged to make a referral themselves   + Someone from my organization follows up to ensure that the referral is completed and services are accessed   + Other:   **10. When are children being screened? (Select all that apply)**   * + 3 months of age   + 6 months of age   + 9 months of age   + 12 months of age   + 18 months of age   + 2 years   + 3 years   + Age is not the determinant for screening   + When there are concerns by parent or screener   + Other:   **11. Is a screening done on every child? (or parent)**    **12. If all children (or parents) aren't screened, what are the reasons why not and how is the determination made?**    **13. What is the training and qualification level of the screener? (Select all that apply)**   * + Training on the screening tool provided by your agency   + Self-training on the screening tool   + Professional certification in the screening tool   + Associates Degree/Paraprofessional   + Bachelor's Degree   + Master's Level Clinician   + Other:  |  | | --- | | Never submit passwords through Google Forms. |   Bottom of Form | |
|  | *Partners:*  *Who are the partners (current) who can contribute?*   1. *Clifford Beers Clinic* 2. *All Our Kin* 3. *The Diaper Bank* 4. *Cornell Scott Hill Health Center* 5. *Fair Haven Community Health Center* 6. *Child First* 7. *CT DSS* 8. *CT OEC* 9. *Birth to three/SARAH Inc.* 10. *Nurturing Families Network*   *Who are the partners we need to recruit?*   1. *Childcare Providers – family and center-based, public, private, nonprofit* 2. *WIC* 3. *Pediatricians-private providers* 4. *Pediatricians-accepting HUSKY* 5. *Ct Chapter AAP* 6. *IRIS* 7. *DCF, New Haven Region Early Childhood Focus staff* 8. *CT DPH* 9. *CT DSS-TANF Food Stamps* 10. *New Reach* 11. *Community Action Agency of New Haven* 12. *Parents* 13. *Read to Grow* 14. *New Haven Health Department* 15. *New Haven Healthy Start* 16. *Family Resource Centers* 17. *Parents* 18. *Juvenile Probation* 19. *Yale Child Study Center and associated programs like Minding the Baby, MOMS, etc* 20. *Early Childhood Consultation Partnership* 21. *CT Infant Mental Health* | |
|  | *Action: What are we committing to do by next meeting?*  *Janet to draft survey in google docs (see above) and forward it to Kim, Elisabeth and Gail for review by June 12th. Kim, Elisabeth and Gail to get comments back to Janet by June 15th. Janet to send completed survey to IT committee by June 19th.*  *IT committee members agreed to complete survey by June 26th.*  *Committee members agreed to get contact names for organizations identified above by next meeting.* |
|  | Next Steps   1. Share gathered information, figure out what data we might want to agree to collect and share in the future, develop PMs for committee |