



Watch Me Grow

Annual Stakeholders' Meeting

January 14, 2016

World Café Summary

Selected Participants' response to "What excites you about what you heard today?"

- The possibility of cross-sector training (not silos) – FRC's, Child care, medical practices
- The passports that are completed in Coos County so that they can tell families what is done
- Web-based training and web-based TA and consultation
- The chance to get together and hear what is being done around the state with an Early Childhood focus.
- The timing is good with federal funder looking at developmental screening
- Valuable to have health partners here – often hard to engage local system
- Incorporating Vroom into WMG

Selected Participants' response to "What concerns you about what you heard today?"

- Funding – NH has history of doing a lot with nothing
- How to pay for TA/training and sustain it
- Ability to sustain after opportunities offered by federal funding
- A comprehensive system is a wonderful initiative – don't want to overwhelm parents and providers with many new goals.
- Staffing turn over in Early Childhood education and keeping staff up-to-date about how all the initiatives come together
- Following screening, adequate follow-up and support to families as well as access to services
- Remember to build on what has already been done
- Creating access to ALL, recognizing the increased diversity in NH

Group 1 – Public Awareness and Outreach

Themes

- WMG Public Awareness has many success: mentioned in Raising of NH, Spark NH Framework for Action, Child Care QRIS, posters/ displays/ materials
- Coalitions of various nonprofits and other early childhood programs focus on early childhood initiatives to include developmental screening

Suggested Actions

- Hire a consultant to put together a complete comprehensive public awareness campaign and a roll out with a positive spin, utilizing successful family stories with the focus on engaging and promoting the growth and development of children and the benefits to the families so they want to do this.
- Send out message every month
- Review how information is displayed and handed out
- Engage partners in public awareness and outreach
- Expand beyond ASQ to use other validated reliable screening tools that other prof might be using, such as TS Gold, PEDS etc.
- Better connections in the rural areas and various cultures
- Add to parent communication
- Sustainability in local work plans to keep it in the forefront
- Trainings: to childcare and schools on what is ASQ and SE- what it is why use it? What does the results mean, how do you share the info with families
- Increase the idea of Early Childhood coalitions to increase awareness and commitment to WMG program
- Embed and simplify into other organizations with similar initiatives

Group 2 – Screening Activities

Themes

- What does Comprehensive System mean?
 - Does Comprehensive mean doing as many screens as we can? Or fewer screens that address the whole child? i.e., SWYCK
 - How do we use ASQ and ASQ-SE more comprehensively?
 - Or does comprehensive mean coordinating all screening efforts?
 - Or is comprehensive regular, timely screening? ASQ-3 and ASQ-SE are comprehensive if used in timely way. Are also family friendly and is effective foundational tool
- Screening activities need to be engaging to families
- Screening activities need to be adaptable to the needs of the community
- Comprehensive system would use data to connect all components – connect the dots
 - All tools feeding into one system (DATA) – CHADIPS
 - “Step out of silo”

Suggested Actions

- Explore central location for data
- data is accessible for 1) identifying gaps 2) where to allocate resources 3) what services are needed 4) working across service sectors (ESS, DOE)
- Must have unique identifier
- Qualitative data dashboard

Group 3 – Referral to Resources, Services and Supports

Themes

- Need to communicate well with parents and families, utilizing family-friendly language
- Some WMG Coordinators feel somewhat isolated
- Need to strengthen relationships between providers and resources
- Need to better identify gaps

Suggested Actions

- Identify best practices in communicating road maps to resources for parents
- Provide training on having difficult conversations with families
- Discuss WMG on agenda of quarterly meetings of Comprehensive Family Support Services programs
- Provide quarterly supportive structure with face-to-face meetings regionally and summaries put on WMG website
- Use testimonies to normalize process
- Care coordinators to connect and follow-up with families

Group 4 – Interagency Coordination

Themes

- There is an improvement in coordination with pediatric practices
- The use of many different tools is not telling a good NH story.
- Need to share all screening information into 1 place. Different screening tools – esp. with school districts – where does it go?
- Need to capture those children getting screened outside of WMG
- Are the FRC's talking to each other about WMG? Is there knowledge among community organizations about what is happening in the region.
- Medicaid – family drive (Kim F and Holly T) when multiple agencies are involved
- Access for growing diversity in NH (Pat Meatty)

Suggested Actions

- Share strategic plans
- Strengthen unique identifier around the state to follow the child, while maintaining privacy
- Connect with navigator/care coordinator to maneuver the system
- Share all screening information in one place
- Create “Passport” like immunization record
- PTAN needs to be integrated into WMG
- Create Single point of contact in regions by position. People change

Group 5- Training and Technical Assistance

Themes

- Need to provide individuals utilizing training and TA in the system what would be available for them for resources and support following accessing training and TA, e.g., Online resources, requests for further TA, local resources if they have follow up questions
- Strengthen TA on (1) process following screening, (2) engaging families, (3) delivering messages, (4) database, (5) use of ASQ tool
- Bring together key individuals to help understanding how comprehensive system works
- Need a bigger data system, more materials and an evaluation component

Suggested Actions

- More training on data input – including monitoring and access
- Training on ASQ tool
- Create Train the Trainer model
- Embed WMG in existing systems and higher ed.
- Strengthen family engagement, including methods and language
- Explore training modalities – online, face-to-face – to build capacity of system
- Create tiered training models

Group 6 – Quality Assurance

Themes

- There needs to be more consistent information sharing, i.e., process of referral on the receiving end as well as the sending end and communication between
- There needs to be system policies and procedures to create fidelity
- There is need to review privacy and consent procedure
- Need to identify and breakdown silos esp. if asking parents to make all connections
- Incorporate intentional information sharing
- Need to provide more/better information to parents about screening, WMG purpose/intent, how to complete ASQ
- Need to strengthen communication with Child Development Clinics

Suggested Actions

- Create process to collect family input regarding what quality is
- Collect data to share what the entire system in NH does
- Create standard reporting on referrals to ESS and other services and eligibility and enrollment data

- Build reliability across screeners so families can refer to screenings done by other providers
- Create process to eliminate duplicative screening – unique identifier for system vs. site
- Create standardized system of feedback on data, including timeframe for reporting and automatic reports to FRC's and partners
- Create standards for measuring quality, including scope and reach, fidelity to tool, monitoring, culturally responsive system and the “closing of the circle” (screening, referral and response)
- Create an “easy” way to have a snapshot of the system and impact on stakeholders – develop mechanism to identify trends, emerging issues
- Share data about the “whole” system, i.e., children born, children screened, related services, etc.

Group 1. Public Awareness and Outreach Flip Chart Notes

Now

- Having the local Watch Me Grow coordinator (Manchester) and recreate that model
- Child serving settings
- Standards for QRIS in child care
- Committee participation and sharing updates on the WMG system
- Contracts with clear deliverables and measurable outcomes
- Posters/ displays/ materials
- Lunch and learn
- Spark NH Framework for Action including the legislation connection
- Enrollment and intake at some child care centers and preschool or kindergarten sites
- Coalitions of various nonprofits and other early childhood programs to pull together and focus on early childhood initiatives to include developmental screening.
- LEND trainees to provide screening for playgroups at community level
- Share the info at a variety of workshops and classes
- WMG was in the resource section of the Raising NH video

Future

- Update individual displays with reminders to check
- Embed and simplify into other organizations with similar initiatives
- Embed into other early childhood initiatives
- Promote for the month of autism awareness
- Links to local websites
- Grassroot community connections
- PTA/ PTO awareness building
- Flood media in a variety of ways
- Hire a consultant to put together a complete comprehensive public awareness campaign and a roll out with a positive spin, utilizing successful family stories with the focus on engaging and

promoting the growth and development of children and the benefits to the families so they want to do this.

- Target peds, ob gyn, probation officers, engage other champions, schools, legislations , child care, parent training programs , graduate and early childhood programs to share with the students, parent centers, libraries, exercise family baby yoga etc., grocery stores, businesses and have them put the messaging on paychecks or in communication with parents
- Expand the Project LAUNCH model locally
- Expand beyond ASQ to use other validated reliable screening tools that other prof might be using such as TS Gold, PEDS etc.
- Better connections in the rural areas and various cultures
- Add to parent communication
- Sustainability in local work plans to keep it in the forefront
- Trainings: to child care and schools on what are ASQ and SE and why use it? What do the results mean, how do you share the info. with families?
- Increase the idea of Early Childhood coalitions to increase awareness and commitment to WMG program.

Group 2. Screening Activities

Flip Chart Notes

Now and Future (Not separated)

- Vroom
- Many childhood screenings being used: vision, hearing, dental, LEND, Depression
- Child find is not screening activity
- Parent ed – re: child development
- Teaching the differences between screening and assessment
- What does Comprehensive System mean?
 - Does Comprehensive mean doing as many screens as we can? Or fewer screens that address the whole child? i.e., SWYCK
 - Or does comprehensive mean coordinating all screening efforts?
 - Or is comprehensive regular, timely screening? ASQ-3 and ASQ-SE are comprehensive if used in timely way. Are also family friendly and is effective foundational tool
- How do we use ASQ and ASQ-SE more comprehensively?
- What will work for parents?
- What can we do and do well?
- Funding
 - If we don't have PAID professionals we can't do it and we can't collect data
 - It is amazing what has been accomplished and what we can learn from other states – Medicaid reimbursement – ABCD
- Engage more family practice and pediatricians
- Comprehensive system would use data to connect all components – connect the dots

- All tools feeding into one system (DATA) – CHADIPS
- “Step out of silo”
- If we collect the data from multiple sources how will we interpret the data?
- Reduce burden on families by creating one system – reduce duplication (SASID)
- Openness/Buy in from for-profit child care with different screens
- If we screen – must follow-up by a person if appropriate referral
- How can we ensure training so screening is completed **with fidelity**?
- Screening must be reliable and valid
- Vision for data system – one place where you can collect all data – data is accessible for 1) identifying gaps, 2) where to allocate resources, 3) what services are needed, 4) working across service sectors (ESS, DOE)
 - Must have unique identifiers
 - Data-based decision making – important but must connect personally
 - Data is currently patch worked – difficult to access across sectors
 - Qualitative data collected locally
 - Qualitative data dashboard
 - Must meet needs of community and needs to be able to adapt to changing needs – stay current
 - Developmental screening is one source of info but multidimensional assessment is critical
 - Quality assurance that screening is being done well “make child shine”
 - More screening is happening that isn’t being captured in the data – duplication
 - Make sure screening is happening
 - ID #'s to avoid duplication?

Group 3. Referral to Resources, Services and Supports

Flip Chart Notes

Now and Future (Not Separated)

- More participation from everyone
- *Parents get emotional
- More education for all is key
- Tool – how to share info with parents
- Next steps
- Connections between screener and referral agencies
- Never heard back – follow-up
- MOU consent form
- Messaging about why
- More connections face to face
- Home visitors
- How do connections work?
- Decision to input data
- *testimonials – normalizes it

- Information
- People are scared when alone
- *care coordinators
- Isolation for all
- Higher quality referrals
- *better identification of gaps
- Funding source
- Technology to get into the meeting
- Newsletter
- Relationships make all the work go more smoothly
- Bring a partner agency person with you
- Diagnostic summaries
- People need more training about having difficult conversations
- Communication
- Appropriate use of language with parents
- Family friendly
- *Coordinators should facilitate meeting for support (FRC) – Quarterly (face-to-face)
- Across the Board
- Having notes posted on WMG website

Group 4. Interagency Coordination

Flip Chart Notes

Now

- Project LAUNCH, Manchester, WMG Coordinator shares with other PL organizations that have signed MOU, i.e., Moore Center
- Strong relationships in Manchester
- Size of system varies – Coos County has large representation. All types of EC programs participate
- LEND trainees have rotation at Families First – offer ASQ screening and referrals (Seacoast)
- Strafford CAP entering data for their multiple programs. Talking with schools TODAY
 - Coord with ESS and LEA and some Physicians, i.e., Goodwin and MH Coordinator
- AS and D (Autism Screening and Diagnosis Committee) representation from variety of organizations – meets monthly to update
- NHPIP (Pediatric Improvement Project)– Dover Peds – learning collaborative -EHS works with Peds
- ECE programs and MD’s meet monthly
- Shared Strategic Plan with common goals and indicators
- Spark NH promotes interagency coordination

Future

- Need stronger unique identifier to show unduplicated
- Lacking shared information between EHS and MD’s

- Integrate ASQ results in EMR
- “Passport” like immunization record that parents keep
- Nurse navigator-Coordinator
- \$\$ -resources/relationships – childcare
- Transportation to services
- “access”
- Wraparound
- PCP involvement
- Medicaid – family drive (Kim F and Holly T) when multiple agencies are involved
- Like immunizations
- PTAN needs to be integrated into WMG
- **** Need to share all screening information into 1 place. Different screening tools – esp. with school districts – where does it go?
- Need to capture those children getting screened outside of WMG
- Are the FRC’s talking to each other about WMG? Is there knowledge among community organizations about what is happening in the region? This info will lead to families
- Single point of contact in regions by position? People change
- Access for growing diversity in NH (Pat Meatty)

Group 5. Training and Technical Assistance Flip Chart Notes

Now and Future (Not Separated)

- Training/TA data input, monitoring and access exist in Manchester
- Use of ASQ tool *
- Train the Trainers *
- Hub (Hulo?) providers to access TA/training *
- Sustainability *
- Capacity issues
- TA on the process following screening
- TA on engaging families – deliver messaging ***
- Training database – trainers
- Online, skype, video conference, webinars
- Training modules
- Tiered training models
- Key individuals understanding how comprehensive system works (TA) to bring together
- Bigger data system *
- Models – build on that
- Think about language
- Troubleshooting “*“
- Resistance
- Evaluation component

- Need materials
- Different learning styles
- TA embedded in existing systems
- TA with follow-up supports
- New staff orientation ASQ- what, why, etc.
- How to navigate
- Infused in higher ed.
- Acceptance of other valid reliable tools

Group 6. Quality Assurance

Flip Chart Notes

Now

- Question of how/if we should capture other screening efforts in the state
- ****Consistency of process re: process of referral on the receiving end as well as the sending end and communication between
- Mechanism to capture referral outcomes into a data system (software, funding, staff capacity)
- Need to identify and breakdown silos esp. if asking parents to make all connections
- Incorporate intentional information sharing
- Role of the steering committee
 - FRC have an identified contact
 - More communication, scheduled contact
- Data re: referrals
 - Are they referring to ESS and other services
 - Are they being found eligible/enrolled
 - Create standard reporting on this
- Build reliability across screeners so families can refer to screenings done by other providers
- Current system needs mechanism to assure not requesting potentially duplicative screening – unique identifier for system vs site
- Autism screening and diagnosis – monitoring, ESP review/recommendations
- Consent consistent across systems and for the consent to cover across more components of the system
- Would be a benefit to revisit how this was done at the start – turnover has affected knowledge base
- Measure for families to assess quality, referral response – evaluation of process

Future

- System of Feedback on Data
 - Would be ideal for standardization – to FRC's, to screeners
 - Also timeframe for reporting data
 - Set up timeframes for reports automatically sent to FRC's and partners
- Standards for measuring quality
 - Scope/reach

- Fidelity to tool- monitoring needs more focus
 - “closing circle” – screening, referral, response
 - Consistency of attention to culturally responsive system
- Health Equity concerns
- Setting up system to avoid duplicative screening (frequency)
- More/better information to parents about screening, WMG purpose/intent, how to complete ASQ
- Comfort with sharing issues and concerns
- Way to link screening to response to school readiness
- Potential use of system such as CHADIS
- Privacy applies here as well
 - Registry
 - Data sharing
- Need more state funding infused into EC system
- Communication with Child Dev clinics
- Create an “easy” way to have a snapshot of the system and impact stakeholders – develop mechanism to identify trends, emerging issues
- What will the “glue” be that holds the system together
- Coordination of training and TA “vetted”
- Define and spread awareness of what this “new” system would look like
- Share data about the “whole” system, i.e. children born, children screened, related services, etc.