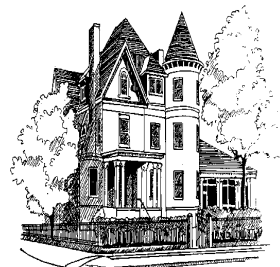


**BUILDING BLOCKS:  
PLANNING YEAR FOCUS GROUP RESULTS**

**DRAFT 7/21/06**

**Prepared for Building Blocks**  
**by The Consultation Center**, a Cooperative Endeavor of:  
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The Connecticut Mental Health Center, and The Consultation Center, Inc.





## EXECUTIVE SUMMARY

Building Blocks was established in the fall of 2005 through funding from the Center for Mental Health Services (CMHS) to the Connecticut Department of Children and Families (DCF) as part of the federal Comprehensive Community Mental Health Services for Children and Their Families Program. Building Blocks aims to develop a new system of services and enhance existing services for the social and emotional wellness of infants and children ages birth to 5 years old in New London County, with a focus on New London, Norwich, and Groton. New London County is one of over 120 sites around the country that have received one of these federal system of care grants. Building Blocks is part of the Southeast Mental Health System of Care (SEMHSOC) and is being conducted in partnership with Families United for Children's Mental Health. SEMHSOC is a coordinated network of mental health and human service providers, community members, and families who for over a decade have worked collaboratively to improve the mental health of children in Southeastern Connecticut. Building Blocks represents an extension of SEMHSOC to enhance the capacity to support the social-emotional wellness children 0-5 years old.

Building Blocks is currently in its planning year and is in the process of refining its strategic plan for implementation. The mission of Building Blocks is to transform mental health service delivery for children 0-5 years old and their families and support a family-driven, youth-guided, culturally competent, community-based system of care, committed to the promotion of social/emotional wellness and resiliency. Building Blocks activity areas related to this mission include the provision of comprehensive mental health services and workforce development to increase the capacity and expertise for infant and early childhood mental health.

As part of the Building Blocks planning process, the evaluation team for Building Blocks from The Consultation Center at Yale University held a series of focus groups from February through May of 2006 to get input from families of infants and young children in Southeastern Connecticut and providers who work with these children and families. Focus group participants were asked about the services and supports that are available to families of infants and young children with behavioral, social-emotional, and mental health needs; gaps in these services and supports; barriers to accessing these services and supports; and needed improvements to services and supports. These focus groups constitute one part of the efforts of Building Blocks to seek input from and work with families and providers to develop the system of care.

The focus group protocol was developed in collaboration with the Building Blocks Steering Team. Each of the focus groups was audio-taped and a verbatim transcript of the group was produced. Data were analyzed using standard procedures for analyzing qualitative focus group data (Krueger, 1994); data were aggregated and synthesized through careful review of

focus group transcripts and notes. Focus group participants were also asked, following the focus group, to complete a brief survey with questions regarding basic demographic information.

The qualitative results of the focus groups are presented in five sections:

- Service and support needs;
- Helpful aspects of services and supports;
- Barriers to service receipt;
- Training and education needs; and
- Attitudes toward children with social-emotional/behavioral issues and their families.

The results include selected verbatim comments provided by stakeholders. These comments provide a greater context for understanding the results and may facilitate a better understanding of how to build upon strengths and address challenges in these specific areas.

### **Quantitative Results: Focus Group Surveys**

A total of 106 focus group participants (92% of all participants), 46 from parent and 60 from provider focus groups, completed the brief survey following their focus group. Respondents from all groups were asked to provide information about their gender, race/ethnicity, language proficiency, and educational level. Respondents from the parent groups were additionally asked whether they are the parent or guardian of any children; if so, the ages of the children; whether they are the parent of a child who has received services for social emotional, behavioral, or mental health issues; and if so, was the child 0-5 years old when she or he received services. Respondents from the provider focus groups were additionally asked to provide information about their professional background and current employment.

- Approximately 85 percent of the respondents were women. Over three-quarters of respondents were Caucasian/Euro-American, 9 percent were Latino/Hispanic, 5 percent were Black/African-American, and 4 percent were native American. Approximately 87 percent of respondents spoke only English and 9 percent were bi-lingual English speakers. English was not the primary language of approximately 2 percent of the parent group respondents and 7 percent of the provider group respondents.
- Over one-third (35%) of respondents from the provider focus groups had degrees in social work, and approximately one-fifth (19%) indicated that they are licensed professionals. Respondents from the provider groups were employed at a variety of different agency types and the vast majority were direct service providers.

- All but one of the participants in the parent focus groups indicated being the parent or guardian for at least one child (97.8%). A total of 41 parents (89.1%) indicated having at least one child ages 0-5 years old.
- Nearly two-thirds of parent focus group participants indicated that they are the parent or guardian of a child who has received services for social-emotional, behavioral, or mental health issues (63.0%), and of these participants the vast majority indicated that their child was 0-5 years old when she or he received services (86.2%).

### **Qualitative Results: Recommendations Made by Focus Group Participants**

Focus group members identified many ways in which services and supports in New London County need to be enhanced in order to better support the social-emotional wellness of children birth to 5 years old and their families. Below are recommendations that stem from these identified needs. Some of these recommendations may be beyond the purview of Building Blocks' direct influence, and it is hoped that the Building Blocks leadership will bring recommendations for other systems and agencies to the leadership of those organizations for their consideration.

- **Building Blocks should consider including hands-on, on-site consultation, training, and support in its workforce development for early care and education professionals.** These efforts could perhaps be undertaken by or in collaboration with the Building Blocks early childhood mental health and family support specialists and/or the Early Childhood Consultation Partnership. Such efforts would provide teachers with additional needed resources for behavior management and classroom management. In addition, if this workforce development model includes consultants who assess classrooms and provide recommendations, this information could also be used to support efforts to advocate for more classroom resources.
- **Building Blocks may wish to consider how to support efforts to advocate for more affordable quality childcare in New London County.** Focus group members noted that as a result of the shortage of affordable quality childcare, some families place their young children in inadequate and potentially unsafe childcare arrangements.
- **Building Blocks' efforts to train an early childhood mental health workforce and provide individualized service planning and delivery for young children and their families will help to address the need for more and more intense (more frequent, longer duration, in home and on-site services) counseling/mental health services for young children and their families.** These efforts could possibly be complimented by efforts to expand the parent aide program to increase this program's intensity (longer

duration, more frequent home visits) and accessibility (open program to families who do not have open DCF cases, create access points other than through DCF). This expansion could serve to create an additional referral resource for families enrolled in Building Blocks and perhaps also families who do not qualify for Building Blocks but may benefit from in-home support services.

- **Building Blocks should consider its role in promoting developmental screening and assessment for infants and young children in New London County.** Focus group members said that pediatricians should more often be undertaking these screenings/assessments, expressed a desire for universal screening, and noted that the process is slow for children referred for assessment after an initial screening. Building Blocks may wish to consider an effort to promote screening in pediatricians' offices, perhaps in coordination with the efforts of Help Me Grow that one focus group member mentioned. This could further pediatricians' role as an important referral source for Building Blocks. Building Blocks should also consider its role in the assessment process after initial screening and how this process can be made as time-efficient as possible for families.
- **Building Blocks may wish to consider how it can play a role in educating families about the role of DCF and the voluntary services DCF offers.** While DCF is an important stakeholder and resource for Building Blocks, focus group members expressed that many families fear DCF involvement and do not see DCF as a positive helping agency. Addressing these fears and helping families understand the role of DCF may help to eliminate one barrier to help-seeking among families.
- **There is a need for consistent services from birth to age 5, and this need could be addressed through the presence of Birth to Three as a partner in Building Blocks.** Focus group members spoke positively about the services of Birth to Three and expressed a desire for these services to be extended to age five, or for there to be a smooth transition from Birth to Three to other services. Building Blocks should consider working with Birth to Three to plan for service consistency from ages birth to five.
- **Helping to fill gaps in family support services will provide Building Blocks with more resources through which to support the well-being of the whole family system.** Focus group members in particular pointed out the need for more free/affordable parent support groups and play groups, services and supports for grandparents raising grandchildren, and summer programs. The partnership of Families United with Building Blocks is a powerful resource through which to address family support needs.

- **Building Blocks’ plan to support Child Specific Teams (CSTs) and Early Childhood Mental Health and Family Support Specialists is in line with focus group members’ suggestions of how to increase inter-agency collaboration and service coordination.** Focus group members said that having regularly scheduled, relatively frequent team meetings as well as a central contact person for providers who are supporting the same family would support collaboration.
  
- **Building Blocks could use the CST concept of interdisciplinary teams that include families in order to build collaboration in the system of care in other ways.** For example, team meetings could be used to strengthen the relationship between Building Blocks and the medical community in New London County. This is important given that focus group members talked about the need for more coordination of care with doctors’ offices. In addition, procedural and systems changes may further collaboration in the system of care, such as having procedures in place to get communication releases and having a clearly defined referral process, perhaps facilitated by a liaison (e.g., liaison in doctors’ offices to help families connect with needed services).
  
- **While designing implementation efforts, Building Blocks should be mindful of the parent focus group members’ comments about the attitudes that they as parents of children with social-emotional issues perceive in the community and at agencies and the feelings these attitudes evoke in parents and families.** System of care services and supports should be designed so as to not further parents’ feelings of being blamed (e.g., train providers in infant and early childhood mental health as well as communication and sensitivity skills).
  
- **While designing implementation efforts, Building Blocks should incorporate as much as possible the following helpful aspects of services** that were identified by focus group members:
  - Providers who are involved and hands-on and work one-on-one with families.
  - Providers who communicate with parents regularly, in-person and through regular reports on a child’s behavior.
  - Information available all the time, as well as someone parents can talk to for information and guidance about where to go for more information.
  - Providers who make an effort to communicate with parents and explain what they are doing and why.
  - Undertaking a comprehensive evaluation, developmental history.
  - Offering parents hints and tips and guidance regarding supporting their children; providing parents with needed information.

- Trying to make the service convenient (e.g., coming to the home, offering services onsite at early care and education programs, trying to accommodate parents' schedules).
  - Engaging in a combination of both home and school visits.
  - Providing a chance for parents to meet and communicate with other parents experiencing similar challenges with their children.
  - Providing socialization opportunities for children.
- **For the Building Blocks workforce development plan, Building Blocks should incorporate as much as possible the following needed training and education opportunities** identified by focus group members:

*For Parent Training and Education:*

- What services are available to you in New London County.
- How to advocate for services for your children.
- Parenting skills/behavior management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Health education topics (e.g., nutrition, physical activity).

*For Provider Training and Education:*

- What services are available that you can refer families to in New London County.
- Behavior management, classroom management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Infant and early childhood mental health, social-emotional development.
- Communication and sensitivity skills training to support provider patience with, understanding of, and respectful treatment of families.
- Training for early care and education providers that incorporates discussion of individual cases and on-site support/training in classrooms.

*Focus group members identified many barriers to service receipt. The following are recommended action steps for Building Blocks to address these barriers.*

- Increase the availability of bilingual providers and translators in the system of care.
- Offer cultural competency training for providers.
- In outreach and social marketing efforts, address family denial and fears regarding help-seeking.

- Provide transportation to services as well as services located in the home and on-site at early care and education programs.
- Provide affordable services and review any income eligibility requirements.
- Provide services that address the needs of the whole family (e.g., services to address family financial concerns, parent health).
- Increase provider agency resources in order to decrease waiting lists, increase the availability of information, decrease provider burnout, and increase effective behavior management.
- Work to change insurance policies and procedures that limit access to care (e.g., coverage limits, paperwork, reimbursement rates, co-pay and deductible costs).
- Provide services with evening hours and scheduling flexibility that are respectful of families' time.
- Increase community and provider awareness of existing services through informational and social marketing efforts such as those suggested by focus group members (see "Lack of Information and Awareness" in the section of this report dealing with barriers to service receipt). Ensure that information provided is up-to-date and accurate.
- Use relationships established with employers in New London County as opportunities to educate employers, including casinos, about family-friendly policies.
- Encourage the review of policies and procedures of agencies in the system of care in order to address barriers presented by diagnostic-based acceptance criteria for infants and young children, limits on length of service, and burdensome paperwork and bureaucracy.

## INTRODUCTION

Building Blocks was established in the fall of 2005 through funding from the Center for Mental Health Services (CMHS) to the Connecticut Department of Children and Families (DCF) as part of the federal Comprehensive Community Mental Health Services for Children and Their Families Program. Building Blocks aims to develop a new system of services and enhance existing services for the social and emotional wellness of infants and children ages birth to 5 years old in New London County, with a focus on New London, Norwich, and Groton. New London County is one of over 120 sites around the country that have received one of these federal system of care grants. Building Blocks is part of the Southeast Mental Health System of Care (SEMHSOC) and is being conducted in partnership with Families United for Children's Mental Health. SEMHSOC is a coordinated network of mental health and human service providers, community members, and families who for over a decade have worked collaboratively to improve the mental health of children in Southeastern Connecticut. Building Blocks represents an extension of SEMHSOC to enhance the capacity to support the social-emotional wellness children 0-5 years old.

Building Blocks is currently in its planning year and is in the process of refining its strategic plan for implementation. The mission of Building Blocks is to transform mental health service delivery for children 0-5 years old and their families and support a family-driven, youth-guided, culturally competent, community-based system of care, committed to the promotion of social/emotional wellness and resiliency. Building Blocks activity areas related to this mission include the provision of comprehensive mental health services and workforce development to increase the capacity and expertise for infant and early childhood mental health.

As part of the Building Blocks planning process, the evaluation team for Building Blocks from The Consultation Center at Yale University held a series of focus groups from February through May of 2006 to get input from families of infants and young children in Southeastern Connecticut and providers who work with these children and families. Focus group participants were asked about the services and supports that are available to families of infants and young children with behavioral, social-emotional, and mental health needs; gaps in these services and supports; barriers to accessing these services and supports; and needed improvements to services and supports. These focus groups constitute one part of the efforts of Building Blocks to seek input from and work with families and providers to develop the system of care.

## METHODS

Information was collected using focus groups comprised of parents/caretakers of young children (recruited through Head Start programs, the Friendship School, and other early care and education sites) and providers (including early care and education providers, Birth to Three providers, respite workers, and clinicians). Focus groups are semi-structured interviews lasting one and one-half to two hours each. Each group is a carefully planned discussion designed to obtain perceptions on a particular topic in a permissive, non-threatening environment. Responses are elicited from all participants in the group and group members may influence one another as they respond to comments and ideas presented by others (Krueger, 1994). It was determined that the focus group methodology would provide an appropriate forum to elicit information about the current status of services for children ages 0-5 and their families in New London County.

The focus group protocol was developed in collaboration with the Building Blocks Steering Team and was designed to illicit the participants' impressions of services and supports that are available to families of infants and young children with behavioral, social-emotional, and mental health needs; gaps in these services and supports; barriers to accessing these services and supports; and needed improvements to services and supports. A copy of the focus group protocol can be found in Appendix A. Each of the focus groups was audio-taped and a verbatim transcript of the group was produced. Data were analyzed using standard procedures for analyzing qualitative focus group data (Krueger, 1994); data were aggregated and synthesized through careful reviews of focus group transcripts and notes.

Focus group participants were also asked, following the focus group, to complete a brief survey with questions regarding basic demographic information. Copies of the focus group surveys can be found in Appendix B.

### *Participants*

Twelve focus groups were conducted, including 7 groups with parents and 5 groups with providers. Building Blocks staff, in collaboration with community agencies, recruited focus group participants. There were a total of 50 parent group participants (with 12, 10, 8, 8, 6, 4, and 2 parents in the groups, respectively). Data from the group with only 2 parents were combined with another parent group for the purpose of the analyses. There were a total of 65 provider group participants (with 20, 13, 13, 11, and 8 providers in the groups, respectively). Participants in the parent groups were provided with onsite child care, if needed, and a \$25 stipend in the form of a gift card that could be used at the local Stop & Shop. All participants were provided with a meal or snack, depending on the time of day.

The focus groups were conducted from February through May 2006. All participants were given an information sheet which was reviewed prior to the beginning of the group. The information sheet reviews the purpose of the group and includes information on confidentiality and protection of the rights of the focus group participants. A copy of the information sheet can be found in Appendix C.

## **RESULTS**

### **QUANTITATIVE RESULTS: FOCUS GROUP SURVEYS**

A total of 106 focus group participants (92% of all participants), 46 from parent and 60 from provider focus groups, completed the brief survey following their focus group.

#### **Demographics**

Respondents from all groups were asked to provide information about their gender, race/ethnicity, language proficiency, and educational level. Respondents from the parent groups were additionally asked whether they are the parent or guardian of any children; if so, the ages of the children; whether they are the parent of a child who has received services for social emotional, behavioral, or mental health issues; and if so, was the child 0-5 years old when she or he received services. Respondents from the provider focus groups were additionally asked to provide information about their professional background and current employment.

#### ***Gender and Racial/Ethnic Background***

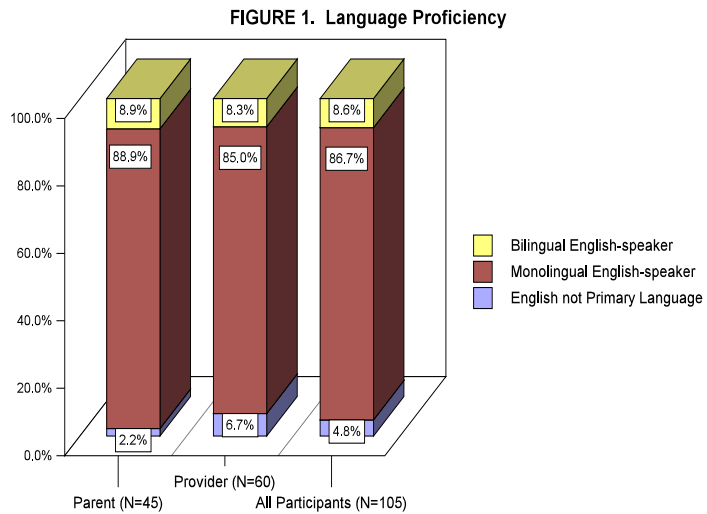
Approximately 85 percent of the focus group participants were women (89% of the parent group respondents and 82% of the provider group respondents). Table 1 shows the racial/ethnic background for each type of focus group. The racial/ethnic breakdown for the focus groups approximates the racial/ethnic composition in New London County, which according to U.S. Census 2000 data is 87 percent White alone (not Hispanic or Latino), 5 percent Black/African-American, 2 percent Asian, 1 percent American Indian and Alaska Native, less than 1 percent Native Hawaiian and Other Pacific Islander, 2 percent some other race, 3 percent two or more races, and 5 percent Hispanic or Latino (of any race), indicating that the focus group participants are generally representative of the population of New London County.

**TABLE 1.**  
**Ethnic/Racial Background**

	<i>Type of Focus Group</i>					
	Parent (N=45)		Provider (N=60)		TOTAL (N=105)	
	n	%	n	%	n	%
Caucasian/Euro-American	31	68.9	51	85.0	82	78.1
Latino/Hispanic	4	8.9	5	8.3	9	8.6
Black/African-American	4	8.9	1	1.7	5	4.8
Native American	3	6.7	1	1.7	4	3.8
Asian/Asian American	0	0.0	1	1.7	1	1.0
Other	3	6.7	1	1.7	4	3.8

**Language Proficiency**

Approximately 95 percent of respondents indicated that English is their primary language. Among those for whom English was their primary language, nine percent spoke another language fluently, with Spanish being the most common non-English language spoken fluently. Figure 1 shows the breakdown in language proficiency by type of focus group.



**Level of Education**

Four percent of respondents had completed some high school, approximately one-third had completed high school (31.6%), over one-third had either a Bachelor’s degree (26.5%) or an Associate’s degree (12.2%), approximately one-quarter had received a Master’s degree (24.5%), and one respondent (1.0%) had a doctoral degree. Table 2 shows the level of education of respondents from each type of focus group.

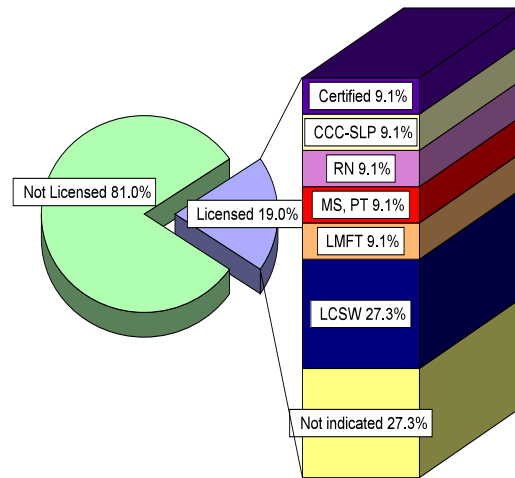
**TABLE 2**  
**Level of Education**

	<i>Type of Focus Group</i>					
	Parent (N=39)		Provider (N=59)		TOTAL (N=98)	
	n	%	n	%	n	%
Some High School	4	10.3	0	0.0	4	4.1
Completed High School/GED	23	59.0	8	13.6	31	31.6
Associate's Degree	3	7.7	9	15.3	12	12.2
Bachelor's Degree	4	10.3	22	37.3	26	26.5
Master's Degree	4	10.3	20	33.9	24	24.5
Ph.D./Psy.D./MD/JD	1	2.6	0	0.0	1	1.0

**Professional Background**

Among respondents from the provider focus groups, 35 percent indicated that they have a degree in social work, 20 percent in education, 15 percent in psychology, and 3 percent in nursing. Over one-quarter (27.5%) indicated they have a degree in another discipline, with these including family/marriage therapy, occupational therapy, physical therapy, art, science/engineering, and speech/language pathology. Nearly one-fifth of respondents from the provider focus groups indicated that they are licensed professionals (19.0%). Figure 2 provides more information about respondents' licensure status.

**Figure 2. Professional Licensure Status (N = 58)**



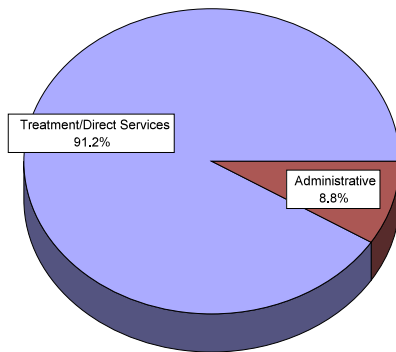
**Current Employment**

When provider group members were asked about the type of agency at which they are currently employed, mental health, early childhood education, and family/parent education were the most frequently noted agency types. A complete listing of types of agencies of employment is shown in Table 3. Participants who indicated “other” as their agency type frequently noted some combination of agency types (e.g., family/parent education and early childhood education).

**TABLE 3**  
**Type of Agency (N = 60)**

	n	%
Mental health	16	26.7
Early childhood education	11	18.3
Family/parent education	11	18.3
Child care	2	3.3
Domestic violence	1	1.7
Department of social services	1	1.7
Other	18	30.0

**Figure 3. Role within Organization (N = 57)**



In terms of their roles within their respective organizations, the vast majority of respondents from the provider focus groups indicated they are direct service providers (see Figure 3).

**TABLE 4**  
**Age of Children (N = 46)**

	n	%
0-3 years old	23	50.0
4-5 years old	26	56.5
6-12 years old	19	41.3
13-18 years old	7	15.2

Note: Values may equal more than 100 percent due to respondents endorsing more than one item.

**Parent and Guardianship Status**

All but one of the participants in the parent focus groups indicated being the parent or guardian for at least one child (97.8%), with the number of children ranging between 1 and 5. Approximately three-quarters of respondents with children indicated that they have 2 or more children. Table 4 shows the ages of the children in participants’ care. A total of 41 parents (89.1%) indicated having at least one child ages 0-5 years old.

Nearly two-thirds of parent focus group participants indicated that they are the parent or guardian of a child who has received services for social-emotional, behavioral, or mental health issues (63.0%), and of these participants the vast majority indicated that their child was 0-5 years old when she or he received services (86.2%).

## QUALITATIVE RESULTS: FOCUS GROUP COMMENTS

Comments from the focus groups were aggregated and synthesized into major areas that pertained to the system of care in New London County for children ages 0-5 and their families. Only those comments made by participants across different focus groups or by a consensus of one group of participants are included below. Thus, not everything that was said in the interviews is included in the results. For the purposes of the analysis, data from the parent group with only two participants were combined with data from another parent group and thus these two groups were treated as one group.

The qualitative results of the focus groups are presented in five sections:

- Service and support needs;
- Helpful aspects of services and supports;
- Barriers to service receipt;
- Training and education needs; and
- Attitudes toward children with social-emotional/behavioral issues and their families.

The results include selected verbatim comments provided by stakeholders. These comments provide a greater context for understanding the results and may facilitate a better understanding of how to build upon strengths and address challenges in these specific areas.

### Service Needs

Participants talked about needs and gaps in services for early care and education, healthcare (including behavioral healthcare), child protective services, Birth to Three, and family support. Focus group members also expressed that there is a need for more to be done to promote service coordination/collaboration and prevention and early intervention.

### *Early Care and Education Needs*

Focus group members talked about several early care and education needs. Both parent and provider group members noted that early care and education providers need more assistance and support in their classrooms. They felt that the current inadequacy of classroom support resulted in (1) classrooms that are “out of control” because of a lack of manpower and expertise to deal with challenging behaviors and children with special needs and (2) teachers who are overwhelmed and end up feeling burnt out, resulting in high turnover. Focus group members saw a need for additional classroom resources in the form of a

*“The teacher has to take out time for all these kids that have behaviors and it’s like, it’s out of control really – no one else to help.” -- Parent*

therapist or consultant with expertise in behavioral issues who could observe, assess, and offer interventions/support. Group members also mentioned the need for more hands in classrooms, such as more classroom assistants.

In addition to bringing in more outside support and expertise, parent and provider focus group members expressed that there is a need for more education and training for early care and education providers. One group member noted, however, that there is a lack of resources for

*"[The teacher] didn't know what to do. How can you deal with children when you don't know how to handle the situation?" -- Parent*

childcare providers to fund training and education for their staff. Specific training and education topics that group members saw as needed are discussed in the "Training and Education Needs" section of this report.

Focus group members' comments about the need for more resources and training for early care and education providers fit with what some parent and provider group members said they would like to see done differently in terms of teachers' approach to early care and education. Group members expressed wanting early care and education providers to offer more one-on-one interaction in the classroom; teach colors, shapes, numbers, and games and extend some of the Head Start and preschool approaches and offerings into daycare programs; and sit more with parents to promote parent-child activities such as arts and crafts.

Along with noting how existing early care and education programs could be improved, parent group members said that there are not enough affordable and accessible quality childcare programs, pointing out that some programs have waiting lists.

### ***Behavioral Health Needs***

Focus group members expressed that there is a need for more therapy/counseling services in New London County, particularly for children and families. This includes a need for more slots, more intense/frequent services, and services of a longer duration. One provider suggested that it would be helpful to offer counseling to families with newly diagnosed children. Group members noted that currently there are waiting lists for counseling services and there are not many mental health providers with experience in early childhood. They also said that there is a need for more mental health services based in the home and on-site at early care and education programs.

*"If they are not emotionally being taken care of, it will affect them in kindergarten." -- Parent*

### ***Other Healthcare Needs***

When it came to discussing services offered to children and their families by other healthcare professionals, in particular pediatricians, participants focused on ways that office visits could be enhanced to support children's social-emotional development. These suggested improvements included more developmental screening, more communication and explanation of information, more attention to each family's needs, more education for physicians regarding early childhood and community resources, and offering more educational literature in doctors' offices. Regarding the need for more screening, participants suggested that either someone with the training to be able to do so offer developmental screening in the office or that parents/caretakers be asked to fill out a form or packet of forms in advance (perhaps mailed to them before the visit), which the pediatrician then reviews during the office visit. One provider mentioned that Help Me Grow is promoting use of a standard developmental assessment among doctors.

*"...they need someone who can spend more time instead of booked 15 minutes apart. They need more time to get to know the family and develop a relationship with the family, do the real clear developmental screenings, do the parent checklists, do the observation...." – Provider*

*"Even if it takes a little [time] for the doctor to come up with the answer, fine, at least they should be out there trying to find the answer." -- Parent*

In line with the desire for more screening by doctors, group members said that doctors should be making more of an effort to understand and address families' concerns. Parents and providers expressed

that doctor visits are often rushed and parents leave feeling their concerns were minimized. Parents talked about often being told "wait and see what happens" or "give it a little more time," which they perceived as doctors not making enough of an effort to research and provide information about their concerns. Parents and providers expressed that doctors often do not provide explanations and useful information, communicated in a way that parents understand.

Related to the identified need for doctors to provide more explanations and information, parent and provider group members expressed that doctors need more education about early childhood mental health and about community resources to which they could refer families. Parents also commented that it would be helpful if there were more literature/brochures in doctors' offices on topics related to child development and early childhood mental health. These comments about the need for more informed and informative doctors are of particular importance in light of one parent's comment that, "When you are a new mother you look to your pediatrician for everything. You expect him to have the answer and my pediatrician didn't have the answers."

*"They're really not good at referral at a doctor's office. You need to go out and find your own resources.... Maybe they should be aware of issues and be able to refer parents...." -- Parent*

### ***Child Protective Needs***

Parent group members shared their perception that workers from the Department of Children and Families (DCF) do not develop an understanding of each family's situation and instead follow standard guidelines and tend to jump to conclusions. Parents also expressed that they and other parents are not familiar with voluntary services offered through DCF. One parent commented that, "I think DCF would benefit if they would give discussion groups or something to let people know exactly what they do, what they're here for. It is not all about taking your child away! That is mostly what everybody thinks."

*"[DCF] say they follow guidelines. They don't even know what is going on in the house and they just pull kids out of the house." -- Parent*

Providers suggested improvements to the parent aide program. Citing the need for intensive in-home services for families, provider group members said that parent aides should be in the home more frequently and for a longer duration. They also said that parent aide services should be expanded to be accessible by other means than just through DCF (and to other families than just those with open DCF cases).

*"[Families] need someone in the house to be really working with them." -- Provider*

### ***Birth to Three Needs***

Parent group members often commented on the helpfulness of Birth to Three, and in terms of needed improvements to this service they felt that it should be extended up to age five and that provisions should be made to create a smooth transition from Birth to Three to other services and supports. They noted that there is a lack of consistency in

*"Birth to Three was great. I wish it had been birth to five." -- Parent*

*"There's no consistency from the time your child is born until they're five in meeting their needs." -- Parent*

services from birth to 5 years old and that some children do not end up in preschool (or a preschool with adequate resources) and thus are in a "limbo" after Birth to Three.

### ***Family Support Needs***

Providers and parents expressed that there is a need for more family support services in a variety of forms and for a variety of family members. Family support service gaps that parents particularly pointed out were the need for services and supports for grandparents raising grandchildren as well as services and supports during the summer (one parent suggested having camps for challenging behavior). Other needed family support services and service features that

group members mentioned include: respite; support for parents with mental illness; support for parents of multiples; services and supports for single fathers and relative guardians raising children; services and supports for young children; services and supports that create a sense of community among parents; services and supports that empower families; and service providers who act as advocates for children.

*"I had friends' kids who were doing the right things. It's hard. I always kind of felt alone. I was always the one at the party going, 'What? Why is my kid doing these things?'" -- Parent*

Group members frequently commented on the need for more accessible and affordable parent support groups and play groups for children. They saw these two types of activities as particularly supportive of family functioning and well-being.

Parents commented that parent support groups give them the opportunity to talk with others who understand what they are going through and can also serve as valuable sources for information.

Parents expressed that play groups have helped their children's socialization skills. Providers noted that play groups can help parents to feel that they are not alone. Parents and providers also noted that play groups and similar socialization experiences expose parents and their children to other children who are doing things their child is not yet able to do,

*"[His mother] just started taking him to a little play group and she's realized that he's really behind....There is such a great gift in parents watching other kids, typical kids, develop. Seeing them they realize 'oh, okay, now I need to have higher expectations and do more with my child.' So I would really like to put in a big plug for getting play groups free." -- Provider*

which can be valuable. One parent suggested having an experienced psychologist or social worker run the play group in a way that focuses on building social skills. Some parents also mentioned it would be helpful to have play groups that support play for the whole family. In line with this suggestion, several providers emphasized the importance of multi-faceted services that address the family system and meet the needs of the family individually and as a whole.

*"You have to always be aware of the family dynamic and how [the children] fit into the family because if we are not treating their environment you know we are just spinning our wheels...." -- Provider*

### ***Collaboration/Coordination Needs***

Focus group members talked about the gaps and challenges they have noticed and experienced in collaboration and coordination between service providers. They also offered suggestions about how to address these gaps and challenges. Provider group members talked about how disagreement with and resistance from doctors was sometimes an obstacle to coordinating care with physicians. For example, provider group members said that sometimes disagreements arise between doctors and other providers (such as schools, Birth to Three)

about how to best meet a family's needs. In line with this, providers said that some pediatricians refuse to follow through on Birth to Three recommendations (such as a recommendation for a hearing evaluation or a recommendation for a referral for developmental assessment). Provider group members noted that as a result of these disagreements, families feel confused and pulled in

*"Depends on the pediatrician but there have been times when they have absolutely refused and doesn't matter who you are, what your recommendation is, because they know."  
-- Provider*

two different directions. Providers also said they sometimes encounter physicians who are resistant to filling out and providing the paperwork that children need in order to be enrolled in early care and education programs.

Parent and provider group members also noted that there is a need for more communication between providers who are caring for the same family. Examples of gaps in communication that were noted were: between Birth to Three and the providers a child is transitioning to when the child ages out of Birth to Three, between pediatricians and other early childhood providers (Birth to Three, schools), between PPT provider participants prior to the PPT meeting, and between mental health professionals based in schools and outside mental health professionals. Providers noted that a lack of time and funding as well as "power struggles" serve as barriers to communication and collaboration between providers. They also noted that providers sometimes don't understand the role of providers from other agencies. This could be a result of and/or a cause of the noted communication difficulties.

Overall, participants comments point to the need for efforts to support communication and collaboration between providers to coordinate care for families. Group members had several suggestions about what would facilitate this process: more and more frequent meetings like the treatment team meetings for DCF where the family meets with their whole support team, case management services or having a central person who providers are in regular contact with and who can also serve as an information source, a community/parent liaison at doctors' offices who could gather information from the family and also make follow-up phone calls with other providers, getting communication releases, and procedural/systems changes (such as having more communication and coordination between the child and adult mental health systems or having automatic referrals in some cases for young children).

### ***Early Intervention and Prevention Needs***

Focus group participants emphasized the importance of early intervention and prevention. They said there is a need for more of these services, noting that services would be enhanced by having a standard evaluation/screening process for all children

*"I wish I was still at age two, so there could have been somewhere for me to go and say, 'Oh, maybe this or maybe that wasn't picked up on.'" -- Parent*

(perhaps including classroom observations), making the assessment process quicker than it is currently for children who are referred for evaluation, not requiring a diagnosis in order for children to receive services, and providing information for expectant and new mothers (perhaps through obstetricians and packet distribution at hospitals for new mothers).

### Helpful Aspects of Services and Supports

The service needs that group members identified were sometimes helpful services and supports that need to be expanded or enhanced. Distilling what participants said about these helpful services and supports, below is a list of helpful aspects of services and supports. This information can provide guidance regarding services or service features to potentially replicate and/or expand.

*"There's just always information here, available, whenever I need it. There's always someone to talk to. You have a meeting with the teachers. They tell you what they think, what needs improvement, what's been going good, what might need a little help." -- Parent*

- Providers who are involved and hands-on and work one-on-one with families. (e.g., one parent said of a program, "They won't just say your child is bad. The teacher actually helps with your child.>").
- Providers who communicate with parents regularly, in-person and through regular reports on a child's behavior.
- Information available all the time, as well as someone parents can talk to for information and guidance about where to go for more information.
- Providers who make an effort to communicate with parents and explain what they are doing and why.
- Undertaking a comprehensive evaluation, developmental history.
- Offering parents hints and tips and guidance regarding supporting their children; providing parents with needed information.
- Trying to make the service convenient (e.g., coming to the home, offering services onsite at early care and education programs, trying to accommodate parents' schedules).
- Engaging in a combination of both home and school visits.
- Providing a chance for parents to meet and communicate with other parents experiencing similar challenges with their children.
- Providing socialization opportunities for children.

Programs that parents particularly praised for having many of the above features were TVCCA, the Early Childhood Development Center, and Birth to Three. Regarding TVCCA and the Early Childhood Development Center, parents noted that their children enjoy attending these programs and that they as parents feel like their children are safe at the program. Parents also

described WIC as a “good program,” with one parent saying it teaches a lot about nutrition. Provider group members pointed to school-based mental health services (e.g., the mental health clinician at the Friendship School) as a helpful resource. And, as noted above, group participants saw parent support groups and play groups as helpful activities.

### **Barriers to Service Receipt**

Focus group participants identified several barriers to accessing services in New London County, including: language and cultural barriers, fear and resistance among families, parent/caretaker mental/physical health, transportation, finances, agency resources, insurance, agency hours and time, lack of information/awareness, agency/employer policies and procedures, and waiting lists.

#### ***Language and Culture Barriers***

Focus group members expressed that language and culture are barriers to service access in New London County. Participants noted that there is a shortage of bilingual providers and a wait to find a translator. Some group members said that while there are services in English and Spanish, services in other language seem to be nonexistent. Participants also commented on the need for greater cultural competence among providers so that culture could be taken into account in efforts to understand and support social-emotional health. One provider group member said, in relation to the discussion of language and culture barriers, “The casinos have changed our community and culture drastically.”

*“My son is a kid that doesn't speak English and he's falling through the cracks altogether. He doesn't know what is going on in his classrooms. He has so many behaviors over it because he doesn't know what's going on.... Where are the services for him that he needs?” -- Parent*

#### ***Fear of and Resistance to Services***

When asked about barriers to service receipt, parents and providers also talked about families' fear of and resistance to services. They cited several sources of fear. One source discussed was fear of DCF involvement. Parents and providers said that some parents who need assistance are afraid to seek services because they fear that this will result in DCF involvement that will in turn result in their children being removed from the home by DCF. One parent noted that DCF has “a negative stigma. People don't see it a positive helping agency.” Other family fears that can be barriers to seeking services are fears about facing the reality of the situation and

*“There are many people that need services but won't [seek them] because they have so many fears.” -- Parent*

the unknown of “what's going to happen” after they seek services. Another fear group members talked about is the fear of their children being labeled and stigmatized. Perhaps not surprisingly given these fears,

parents and providers noted that some parents are in denial, telling themselves “not my child” or “this behavior problem might just go away” or “my child will grow out of it.” Perhaps related to the fears and denial, providers expressed that some parents are resistant to provider efforts to reach out and offer support, not buying into the process and not following through on provider suggestions.

***Transportation Barriers***

Transportation was noted as a barrier to service access, with group members expressing that a car is needed in New London County in order to get around in a timely and convenient way. Not everyone can afford a car and gasoline, however, and even those who can may be stranded when their car needs repairs. Group members said that the bus system has few stops and therefore is a time-consuming and inconvenient mode of transportation. Other transportation options (such as van services operated by a program) are limited.

*“[Families] don’t have cars, then when they do have a car they can’t pay for gas.” -- Provider*

***Financial Barriers***

Family finances impact access to services in several ways. One way is that some services are too expensive for families to afford. Focus group members in particular noted that childcare tends to be expensive, saying that as a result some families end up turning to individuals who do not have the qualifications to provide childcare, which poses safety concerns. In addition, some families are over the income limits for services (such as Head Start) yet are not able to afford alternatives. One provider commented that there is a need to “up that income eligibility number.” Yet another way in which finances impact service access is that when families are struggling financially, they are focused on financial concerns and are not able to focus as much energy on services to support their child’s social emotional health. Examples that focus group members gave include parents worrying about where they are going to get diapers or how are they going to get their child to the doctor because they don’t have any gas or struggling to find employment. A family’s financial situation also impacts the logistics of their lives in ways that can present barriers to services. Examples providers gave include families who have had their phone service disconnected and are impossible for providers to reach by phone, and families who have a broken washing machine they cannot afford to repair and therefore are at the laundromat rather than at home.

*“I feel like regardless of your income if a child needs a certain amount of [services]...it shouldn’t matter because of your income.” -- Parent*

### ***Agency Resource Barriers***

Parent and provider group members also pointed to a shortage of agency resources as a barrier to service receipt. Group members commented that there is a need for more providers at agencies, including more teachers in classrooms. Related to the shortage of providers, group members said that there are often waiting lists for services, including mental health services for children. Resource shortages are not just in the form of too few providers: group members also said it would be helpful for providers to have more access to informational resources (e.g., laptop with internet access for home visitors).

### ***Insurance Barriers***

Insurance is also a barrier to service receipt. Focus group members talked about families who have difficulty finding providers who accept their insurance, particularly if they are on Husky. They said that Husky's low reimbursement rates have resulted in a scarcity of providers who accept Husky. In addition, group members cited the complexity of paperwork tied to a type of insurance as a reason providers may drop that insurance type. Aside from the struggle to find providers, parents also struggle with understanding their coverage and getting reimbursed for services.

*"Parents have their mind set on the problem that the child has and the parents don't need to be struggling with the issues of insurance." -- Parent*

In addition, the cost of care even with insurance as well as insurance limits on care get in the way of service delivery. Group members talked about how insurance allows only so many visits a year, will not reimburse for certain needed services, may have high deductibles, and may have co-pays that are either high or add up over time. Some providers expressed that there are services that they would like to be able to provide to families but they are unable to do so because insurance does not reimburse for the services.

### ***Time Constraint Barriers***

Time constraints are another barrier to service receipt. Parents and providers talked about how agency hours often do not mesh with parents' work schedules. For instance, it is difficult for parents who work in the daytime to find providers with evening office hours and for parents who work the night shift to find childcare in the evening. One parent commented that half-day preschool programs are not useful for working parents. In addition, meetings such as school meetings are sometimes scheduled during the daytime when working parents find it difficult to attend. Compounding these time pressures, some parents expressed frustration about having to wait to see the provider once they take time out of their busy days to get to a scheduled appointment.

*"A lot of the services that...the children need happen at a timeframe where the parents can't meet it." -- Parent*

***Lack of Information and Awareness***

Group members frequently expressed that there is a lack of information and awareness about services for children and families in New London County. They also provided suggestions about how to remedy this situation. Parents said it is difficult to find out any information about existing services, and group members noted that some parents are not aware of 2-1-1 Infoline. Group members had many ideas about how to increase awareness of services among families and providers. These ideas included distributing information about services for children birth to 5 years old via:

- **Mass media:** TV (including the public access channel), newspapers, billboards.
- **Other media:** A website (which would also be accessible at library computers for families who do not otherwise have computer access), a telephone information line.
- **Community agencies:** Doctors’ offices (including military primary care offices), schools (e.g., in cubbyholes or sent home to reach families with younger siblings), libraries, daycare centers, recreational and community centers, any other facilities that serve children, hospitals (information packets distributed to new mothers in the hospital).
- **Informational events and sites:** Resource centers (like the one at the Friendship School), workshops (including childbirth classes), family fun nights.

Suggestions for the format of this information included newsletters, advertisements, public service announcements, flyers, pamphlets, magnets, list/directory/clearinghouse of services. Parents also commented that word of mouth was an important medium for transmitting information, so if they see something they may pass it along to friends, family, and neighbors who may need the information. Providers emphasized that it is key that any informational resources be kept up-to-date and accurate.

***Agency Policy and Procedure Barriers***

Agency policy and procedures impact service access in various ways. First there are the policies and procedures of parents’ employers. Parent and provider group members talked about employers that are not family friendly, with the casinos cited as an example. Employers may make it difficult for parents to take time off to attend to their child’s needs. For example, allowing only unpaid leave or threatening job loss or not accommodating the schedules of parents who need to leave work by a certain time to pick up their child from childcare or school.

*“Jobs are not sympathetic to families with young children.”  
-- Provider*

Other policies and procedures group members talked about are those of the agencies providing services. Parents expressed frustration with acceptance criteria for certain services (such as preschools) that require their child to have a diagnosis or a certain type of diagnosis. As one parent put it, “Sometimes you kind of wish you had that extra label although you wouldn’t want your child to have that extra label. You want them to have that service.” Once accepted into services, there is then the barrier of limits of service length. Providers expressed that services need to be provided over a longer term than they are currently. And both provider and parent group members expressed frustration with the paperwork and bureaucracy that both providers and families often have to deal with in order to access and receive/deliver services. This includes multiple referrals, agencies that lose paperwork, not being told in advance about some required paperwork, and copious amounts of forms that need to be completed.

### ***Caretaker Mental and Physical Health Barriers***

Provider group members expressed that when parents or other family members have a psychological disorder or physical disability, this can present a barrier to service receipt for a child in the family who has behavioral health needs.

### **Training and Education Needs**

Along with gaps in services and barriers to services, focus group participants were also asked about what training and education opportunities are most needed to help parents and providers support infants and young children with behavioral, social-emotional, and mental health needs. Below is a list of group members’ suggestions regarding needed training and education topics for parents and providers.

#### ***Parent Training and Education***

- What services are available to you in New London County.
- How to advocate for services for your children.
- Parenting skills/behavior management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Health education topics (e.g., nutrition, physical activity).

#### ***Provider Training and Education***

*Group members provided the following suggestions when asked about training and education needs for a diversity of providers who work with young children and their families, including early care and education providers, doctors, mental health professionals, DCF caseworkers, and Birth to Three providers.*

- What services are available that you can refer families to in New London County.

- Behavior management, classroom management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Infant and early childhood mental health, social-emotional development.
- Communication and sensitivity skills training to support provider patience with, understanding of, and respectful treatment of families.
- Training for early care and education providers that incorporates discussion of individual cases and on-site support/training in classrooms.

### Attitudes toward Children with Social-Emotional/Behavioral Issues and Their Families

In the course of talking about service and training needs, helpful aspects of services, and service barriers, parent group members also talked about the attitudes that they as parents of children with behavioral/social-emotional issues encounter in the community and at agencies. Parents’

*“My son is hitting and biting... I’m walking in [to the daycare site] and I feel like everyone is looking at me and judging me.” -- Parent*

perceptions of these attitudes and the feelings they evoke in parents and families is an important over-arching issue to be taken into account when designing any service delivery or workforce development efforts. Parents recalled instances where they felt judged and blamed by early care and education providers and DCF workers. As one parent said, “Instead of thinking that there is something wrong with the child and his behavior, they automatically think there is a problem at

*“We don’t always feel comfortable going to library class because your child isn’t [behaving] the best and you get the eyes and then you disrupt the whole program. And you feel bad about doing that.” -- Parent*

home.” This leaves parents feel that they are being judged more than helped. Parents said they encounter similar attitudes when they are with their children in the community and their children start acting out.

## RECOMMENDATIONS

*Focus group members identified many ways in which services and supports in New London County need to be enhanced in order to better support the social-emotional wellness of children birth to 5 years old and their families. Below are recommendations that stem from these identified needs. Some of these recommendations may be beyond the purview of Building Blocks' direct influence, and it is hoped that the Building Blocks leadership will bring recommendations for other systems and agencies to the leadership of those organizations for their consideration.*

- **Building Blocks should consider including hands-on, on-site consultation, training, and support in its workforce development for early care and education professionals.** These efforts could perhaps be undertaken by or in collaboration with the Building Blocks early childhood mental health and family support specialists and/or the Early Childhood Consultation Partnership. Such efforts would provide teachers with additional needed resources for behavior management and classroom management. In addition, if this workforce development model includes consultants who assess classrooms and provide recommendations, this information could also be used to support efforts to advocate for more classroom resources.
- **Building Blocks may wish to consider how to support efforts to advocate for more affordable quality childcare in New London County.** Focus group members noted that as a result of the shortage of affordable quality childcare, some families place their young children in inadequate and potentially unsafe childcare arrangements.
- **Building Blocks' efforts to train an early childhood mental health workforce and provide individualized service planning and delivery for young children and their families will help to address the need for more and more intense (more frequent, longer duration, in home and on-site services) counseling/mental health services for young children and their families.** These efforts could possibly be complimented by efforts to expand the parent aide program to increase this program's intensity (longer duration, more frequent home visits) and accessibility (open program to families who do not have open DCF cases, create access points other than through DCF). This expansion could serve to create an additional referral resource for families enrolled in Building Blocks and perhaps also families who do not qualify for Building Blocks but may benefit from in-home support services.
- **Building Blocks should consider its role in promoting developmental screening and assessment for infants and young children in New London County.** Focus group

members said that pediatricians should more often be undertaking these screenings/assessments, expressed a desire for universal screening, and noted that the process is slow for children referred for assessment after an initial screening. Building Blocks may wish to consider an effort to promote screening in pediatricians' offices, perhaps in coordination with the efforts of Help Me Grow that one focus group member mentioned. This could further pediatricians' role as an important referral source for Building Blocks. Building Blocks should also consider its role in the assessment process after initial screening and how this process can be made as time-efficient as possible for families.

- **Building Blocks may wish to consider how it can play a role in educating families about the role of DCF and the voluntary services DCF offers.** While DCF is an important stakeholder and resource for Building Blocks, focus group members expressed that many families fear DCF involvement and do not see DCF as a positive helping agency. Addressing these fears and helping families understand the role of DCF may help to eliminate one barrier to help-seeking among families.
- **There is a need for consistent services from birth to age 5, and this need could be addressed through the presence of Birth to Three as a partner in Building Blocks.** Focus group members spoke positively about the services of Birth to Three and expressed a desire for these services to be extended to age five, or for there to be a smooth transition from Birth to Three to other services. Building Blocks should consider working with Birth to Three to plan for service consistency from ages birth to five.
- **Helping to fill gaps in family support services will provide Building Blocks with more resources through which to support the well-being of the whole family system.** Focus group members in particular pointed out the need for more free/affordable parent support groups and play groups, services and supports for grandparents raising grandchildren, and summer programs. The partnership of Families United with Building Blocks is a powerful resource through which to address family support needs.
- **Building Blocks' plan to support Child Specific Teams (CSTs) and Early Childhood Mental Health and Family Support Specialists is in line with focus group members' suggestions of how to increase inter-agency collaboration and service coordination.** Focus group members said that having regularly scheduled, relatively frequent team meetings as well as a central contact person for providers who are supporting the same family would support collaboration.

- **Building Blocks could use the CST concept of interdisciplinary teams that include families in order to build collaboration in the system of care in other ways.** For example, team meetings could be used to strengthen the relationship between Building Blocks and the medical community in New London County. This is important given that focus group members talked about the need for more coordination of care with doctors' offices. In addition, procedural and systems changes may further collaboration in the system of care, such as having procedures in place to get communication releases and having a clearly defined referral process, perhaps facilitated by a liaison (e.g., liaison in doctors' offices to help families connect with needed services).
  
- **While designing implementation efforts, Building Blocks should be mindful of the parent focus group members' comments about the attitudes that they as parents of children with social-emotional issues perceive in the community and at agencies and the feelings these attitudes evoke in parents and families.** System of care services and supports should be designed so as to not further parents' feelings of being blamed (e.g., train providers in infant and early childhood mental health as well as communication and sensitivity skills).
  
- **While designing implementation efforts, Building Blocks should incorporate as much as possible the following helpful aspects of services** that were identified by focus group members:
  - Providers who are involved and hands-on and work one-on-one with families.
  - Providers who communicate with parents regularly, in-person and through regular reports on a child's behavior.
  - Information available all the time, as well as someone parents can talk to for information and guidance about where to go for more information.
  - Providers who make an effort to communicate with parents and explain what they are doing and why.
  - Undertaking a comprehensive evaluation, developmental history.
  - Offering parents hints and tips and guidance regarding supporting their children; providing parents with needed information.
  - Trying to make the service convenient (e.g., coming to the home, offering services onsite at early care and education programs, trying to accommodate parents' schedules).
  - Engaging in a combination of both home and school visits.
  - Providing a chance for parents to meet and communicate with other parents experiencing similar challenges with their children.
  - Providing socialization opportunities for children.

- **For the Building Blocks workforce development plan, Building Blocks should incorporate as much as possible the following needed training and education opportunities** identified by focus group members:

*For Parent Training and Education:*

- What services are available to you in New London County.
- How to advocate for services for your children.
- Parenting skills/behavior management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Health education topics (e.g., nutrition, physical activity).

*For Provider Training and Education:*

- What services are available that you can refer families to in New London County.
- Behavior management, classroom management.
- Infant and child development and how to identify signs of possible developmental/social-emotional difficulties.
- Infant and early childhood mental health, social-emotional development.
- Communication and sensitivity skills training to support provider patience with, understanding of, and respectful treatment of families.
- Training for early care and education providers that incorporates discussion of individual cases and on-site support/training in classrooms.

*Focus group members identified many barriers to service receipt. The following are recommended action steps for Building Blocks to address these barriers.*

- Increase the availability of bilingual providers and translators in the system of care.
- Offer cultural competency training for providers.
- In outreach and social marketing efforts, address family denial and fears regarding help-seeking.
- Provide transportation to services as well as services located in the home and on-site at early care and education programs.
- Provide affordable services and review any income eligibility requirements.
- Provide services that address the needs of the whole family (e.g., services to address family financial concerns, parent health).
- Increase provider agency resources in order to decrease waiting lists, increase the availability of information, decrease provider burnout, and increase effective behavior management.

- Work to change insurance policies and procedures that limit access to care (e.g., coverage limits, paperwork, reimbursement rates, co-pay and deductible costs).
- Provide services with evening hours and scheduling flexibility that are respectful of families' time.
- Increase community and provider awareness of existing services through informational and social marketing efforts such as those suggested by focus group members (see "Lack of Information and Awareness" in the section of this report dealing with barriers to service receipt). Ensure that information provided is up-to-date and accurate.
- Use relationships established with employers in New London County as opportunities to educate employers, including casinos, about family-friendly policies.
- Encourage the review of policies and procedures of agencies in the system of care in order to address barriers presented by diagnostic-based acceptance criteria for infants and young children, limits on length of service, and burdensome paperwork and bureaucracy.

## **APPENDIX A: FOCUS GROUP PROTOCOLS**

**Building Blocks Project**  
**Parent Focus Group Protocol – Planning Year**  
**January 26, 2006**

Introduction & Overview

Hello. My name is \_\_\_\_\_ from The Consultation Center at Yale University and this is my colleague \_\_\_\_\_. First of all, we want to thank you all very much for taking time out of your busy schedules to be here today. I'd like each of you to introduce yourself.

Thank you.

I'd like to take a few minutes to review the purpose of this focus group meeting. As you may be aware, the Connecticut Department of Children and Families (DCF) recently received a grant from the federal government, from the Center for Mental Health Services. The result of this grant is the Building Blocks Project, which is part of the Southeast Mental Health System of Care and is being conducted in partnership with Families United for Children's Mental Health. Building Blocks has as its primary goal the development of a new system of services and the enhancement of existing services for the **social and emotional wellness of infants and children ages birth to 5** in New London County, with a focus on New London, Norwich, and Groton. New London County is one of over 90 sites around the country that have received one of these grants and The Consultation Center at Yale serves as the local evaluation team for this project.

Building Blocks is currently in its planning year and we are holding a series of focus groups to get input from parents of infants and young children in the community about the services and supports that are available to families of infants and young children with behavioral, social-emotional, and mental health needs; gaps in these services and supports; barriers to accessing these services and supports; and needed improvements to services and supports. These focus groups are one part of the efforts of Building Blocks to seek input from and work with families to develop the system of care. Today we hope to learn about your perspectives on the services and supports available for your children and families and ways in which services can be enhanced.

To ensure that we obtain accurate data, we will be tape recording the group as well as taking detailed notes. To facilitate accuracy and to allow us to all call each other by name, we have provided name tents for everyone here that are placed in front of you. The transcript that is made of this focus group will identify each person by a code number; your name will not appear in the transcript.

Before we get started we will be asking you to review an **information sheet** that explains the purpose of the group, that your participation in this group is voluntary... [**review sheet with group**].

Does anyone have any questions before we start?

I want to be sure we are all on the same page about what I mean when I talk about **infants and young children with social-emotional, behavioral, or mental health needs or issues**. The way that Building Blocks defines this is infants and young children who are having more difficulty than other children of the same age in terms of their ability to experience, regulate, and express emotions; form close and secure relationships with other people; and explore the environment and learn. For example, a two-year old child who frequently has been having a hard time falling asleep for the past several months. Or a young child who is biting other children.

Also, I want to be sure we are all on the same page about what I mean when I talk about **promoting social emotional wellness or healthy social emotional development in infants and young children**. The way that Building Blocks defines this is offering services and supports that help infants and young children to develop the ability to: experience, regulate, and express emotions; form close and secure relationships with other people; and explore the environment and learn.

***First, I am going to ask you about your perception of the services offered in New London County for families with children 0-5 years of age with social-emotional, behavioral, or mental health needs.***

- What types of services and supports do infants and young children with social-emotional, behavioral, or mental health issues and their families **need most**?
  - Which of these services are **available** in New London County?
  - If not mentioned, probe for: what about services and supports from early care and education providers (including preschools, home-based childcare, center-based childcare, and Head Start providers); mental health providers; healthcare/pediatric/primary care providers; DCF; Birth to Three?
- In what ways do you think agencies and individuals in the New London County community help to **support and promote healthy social emotional development** for infants and young children in the community?
  - Probe: How about do early care and education providers? How do they contribute to the healthy social emotional development of young children in the community?
  - How could these types of supports be built upon or improved?
- What are some of the **things that might get in the way** of a family with an infant or young child with social-emotional or behavioral issues using the services and supports that are available in New London County?
  - If not listed probe for: linguistic issues; cultural competence; transportation; financial constraints; other access issues.
- **What needs to be done to better serve** infants and young children with social-emotional, behavioral, or mental health needs and their families in New London County?

- What are the ways that **early care and education providers** (including preschools, home-based childcare, center-based childcare, and Head Start providers) can be more helpful to families of infants and young children with social-emotional, behavioral, or mental health needs?
  - What about **mental health providers**? How can they be more helpful to families of infants and young children with social-emotional, behavioral, or mental health needs?
  - What about **healthcare/pediatric/primary care providers**?
  - What about **DCF**?
  - What about **Birth to Three**?
- What kinds of **training and education opportunities are most needed to help providers** (including early care and education providers, doctors, mental health professionals, DCF caseworkers, Birth to Three) work with families of infants and young children with social-emotional, behavioral, or mental health needs? Do these exist? How can they be improved?
- What kinds of **training and education opportunities are most needed to help you and other parents** of children with social-emotional, behavioral, or mental health needs to support your children? Do these exist? How can they be improved?

***We are going to switch gears a bit now and ask you about your perception of the services you or those close to you have received in the past year.***

- What **services** have you or close family and friends **received in the past year**?
  - What has been **most helpful** about the services you or your family/friends have received in the past year?
  - What has been **least helpful**?
  - How would you make these services even better for your family or other families with similar concerns?
- What other types of services or programs did the staff **refer** you or your family/friends to?
- In what ways do different service providers **coordinate** services? Do they talk to one another?
  - Do you or those close to you ever meet with more than one service provider at a time?
- What services or assistance did you or those close to you need but not receive?

Thank you for your time today. We would like to ask you to complete a **brief survey** to get some basic demographic information.

**Building Blocks Project**  
**Provider Focus Group Protocol – Planning Year**  
**March 3, 2006**

Introduction & Overview

Hello. My name is \_\_\_\_\_ from The Consultation Center at Yale University and this is my colleague \_\_\_\_\_. First of all, we want to thank you all very much for taking time out of your busy schedules to be here today. I'd like each of you to introduce yourself.

Thank you.

I'd like to take a few minutes to review the purpose of this focus group meeting. As you may be aware, the Connecticut Department of Children and Families (DCF) recently received a grant from the federal government, from the Center for Mental Health Services. The result of this grant is the Building Blocks Project, which is part of the Southeast Mental Health System of Care and is being conducted in partnership with Families United for Children's Mental Health. Building Blocks has as its primary goal the development of a new system of services and the enhancement of existing services for the **social and emotional wellness of infants and children ages birth to 5** in New London County, with a focus on New London, Norwich, and Groton. New London County is one of over 90 sites around the country that have received one of these grants and The Consultation Center at Yale serves as the local evaluation team for this project.

Building Blocks is currently in its planning year and we are holding a series of focus groups to get input from providers in the community who work with infants and young children and their families about the services and supports that are available to families of infants and young children with behavioral, social-emotional, and mental health needs; gaps in these services and supports; barriers to accessing these services and supports; and needed improvements to services and supports. We are also conducting similar focus groups with parents of infants and young children in the community. These focus groups are one part of the efforts of Building Blocks to seek input from and work with providers and families to develop the system of care. Today we hope to learn about your perspectives on the services and supports available in New London County and ways in which services can be enhanced.

To ensure that we obtain accurate data, we will be tape recording the group as well as taking detailed notes. To facilitate accuracy and to allow us to all call each other by name, we have provided name tents for everyone here that are placed in front of you. The transcript that is made of this focus group will identify each person by a code number; your name will not appear in the transcript.

Before we get started we will be asking you to review an **information sheet** that explains the purpose of the group, that your participation in this group is voluntary... [**review sheet with group**].

Does anyone have any questions before we start?

I want to be sure we are all on the same page about what I mean when I talk about **infants and young children with social-emotional, behavioral, or mental health needs or issues**. The way that Building Blocks defines this is infants and young children who are having more difficulty than other children of the same age in terms of their ability to experience, regulate, and express emotions; form close and secure relationships with other people; and explore the environment and learn. For example, a two-year old child who frequently has been having a hard time falling asleep for the past several months. Or a young child who is biting other children.

Also, I want to be sure we are all on the same page about what I mean when I talk about **promoting social emotional wellness or healthy social emotional development in infants and young children**. The way that Building Blocks defines this is offering services and supports that help infants and young children to develop the ability to: experience, regulate, and express emotions; form close and secure relationships with other people; and explore the environment and learn.

***First, I am going to ask you about your perception of the services offered in New London County for families with children 0-5 years of age with social-emotional, behavioral, or mental health needs.***

- What types of services and supports do infants and young children with social-emotional, behavioral, or mental health issues and their families **need most**?
  - Which of these services are **available** in New London County?
  - If not mentioned, probe for: what about services and supports from early care and education providers (including preschools, home-based childcare, center-based childcare, and Head Start providers); mental health providers; healthcare/pediatric/primary care providers; DCF; Birth to Three?
- In what ways do you think agencies and individuals in the New London County community help to **support and promote healthy social emotional development** for infants and young children in the community?
  - Probe: How about do early care and education providers -- how do they contribute to the healthy social emotional development of young children in the community?
  - How could these types of supports be built upon or improved?
- What are some of the **things that might get in the way** of a family with an infant or young child with social-emotional or behavioral issues using the services and supports that are available in New London County?
  - If not listed probe for: linguistic issues; cultural competence; transportation; financial constraints; other access issues.
- **What needs to be done to better serve** infants and young children with social-emotional, behavioral, or mental health needs and their families in New London County?

- In what ways could **agency policies and procedures** be improved to better meet the needs of families of infants and young children with social-emotional, behavioral, or mental health needs?
  - What about **early care and education providers** (including preschools, home-based childcare, center-based childcare, and Head Start providers)?
  - What about **mental health providers**?
  - What about **healthcare/pediatric/primary care providers**?
  - What about **DCF**?
  - What about **Birth to Three**?
  - Other agencies?
  
- What kinds of **training and education opportunities are most needed to help you and other providers** (including early care and education providers, doctors, mental health professionals, DCF caseworkers, Birth to Three) work with families of infants and young children with social-emotional, behavioral, or mental health needs? Do these exist? How can they be improved?
  
- What kinds of **training and education opportunities are most needed to help parents** of children with social-emotional, behavioral, or mental health needs to support their children? Do these exist? How can they be improved?

***We are going to switch gears a bit now and ask you about your experiences with working with infants and young children with social-emotional, behavioral, or mental health needs and their families.***

- What are some of the greatest **barriers** you face **in your attempts to support families** with infants and young children with social-emotional, behavioral, or mental health needs?
  - What additional skills or resources do you need to work with this population?
  - What gets in the way of you building your skill base or getting the resources you need?
  - What gets in the way of your getting a family the services they need?
  
- In your work with families receiving services from multiple agencies, in what ways are you able to **collaborate** with your colleagues at these agencies in order to support families and share information about services?
  - What gets in the way of full collaboration?
  - What do you think would increase and enhance collaboration between providers and between agencies? Probe for: resources/supports, policy changes that would support collaboration.

Thank you for your time today. We would like to ask you to complete a **brief survey** to get some basic demographic information.

## **APPENDIX B: FOCUS GROUP SURVEYS**

## Focus Group Questionnaire

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### background information

1. Your gender:      1.  Male                      2.  Female

2. Your race/ethnicity: (PLEASE CHECK ONLY ONE): If Multiracial, check "Other" and please specify

1.  Black/African-American                      4.  Asian/Asian American

2.  Caucasian/Euro-American                      5.  Native American

3.  Latino/Hispanic                      6.  Other (please specify): \_\_\_\_\_

3. Is English your primary language?                      1.  Yes                      2.  No

4. Do you speak another language fluently?                      1.  Yes                      2.  No

If yes, please specify: \_\_\_\_\_

5. What is your highest educational level? (PLEASE CHECK ONLY ONE)

1.  Some High School

3.  Associates Degree (AA/AS)

5.  Masters Degree (MA, MSW)

2.  Completed High School/ GED

4.  Bachelors Degree (BA/BS)

6.  Ph.D./Psy.D./MD/JD

6. Are you a parent or guardian for any children?                      1.  Yes                      2.  No

*If Yes, how many?* \_\_\_\_\_

7. If you have children, how old are they? (PLEASE CHECK ALL THAT APPLY)

1.  0 to 3 years old

2.  4 to 5 years old

3.  6 to 12 years old

4.  13 to 18 years old

8. Are you the parent or guardian of a child who has received services for social emotional, behavioral, or mental health issues?                      1.  Yes                      2.  No

8a. If yes, was the child 0-5 years old when she or he received services?                      1.  Yes                      2.  No

THANK YOU FOR COMPLETING THIS FORM.

## Focus Group Questionnaire – Provider Focus Group

---

### background information

1. Your gender:      1.  Male                      2.  Female

2. Your race/ethnicity: (PLEASE CHECK ONLY ONE): If Multiracial, check “Other” and please specify

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Black/African-American  | 4. <input type="checkbox"/> Asian/Asian American          |
| 2. <input type="checkbox"/> Caucasian/Euro-American | 5. <input type="checkbox"/> Native American               |
| 3. <input type="checkbox"/> Latino/Hispanic         | 6. <input type="checkbox"/> Other (please specify): _____ |

3. Is English your primary language?                      1.  Yes                      2.  No

4. Do you speak another language fluently?      1.  Yes                      2.  No

If yes, please specify: \_\_\_\_\_

5. What is your highest educational level? (PLEASE CHECK ONLY ONE)

- |  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> Some High School           | 3. <input type="checkbox"/> Associates Degree (AA/AS) | 5. <input type="checkbox"/> Masters Degree (MA, MSW) |
| 2. <input type="checkbox"/> Completed High School/ GED | 4. <input type="checkbox"/> Bachelors Degree (BA/BS)  | 6. <input type="checkbox"/> Ph.D./Psy.D./MD/JD       |

6. If you have completed a Bachelors Degree or higher, what professional sub-discipline best describes the degree you have received (e.g., clinical psychology, pediatrics)

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> Psychology  | 4. <input type="checkbox"/> Medicine | 7. <input type="checkbox"/> Nursing |
| 2. <input type="checkbox"/> Social Work | 5. <input type="checkbox"/> Law      |                                     |
| 3. <input type="checkbox"/> Education   | 6. <input type="checkbox"/> Other    | _____                               |

7. Are you licensed in your profession?                      1.  Yes                      2.  No

If yes, please specify (e.g., LCSW) \_\_\_\_\_

8. What field of service BEST describes your work?

(PLEASE CHECK ONLY ONE)

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Court Services            | 6. <input type="checkbox"/> Domestic Violence     | 11. <input type="checkbox"/> Dept. Social Services                   |
| 2. <input type="checkbox"/> Faith Based Organization  | 7. <input type="checkbox"/> Child Protection      | 12. <input type="checkbox"/> Early Childhood Education (ages 0 to 6) |
| 3. <input type="checkbox"/> Family / Parent Education | 8. <input type="checkbox"/> Law Enforcement       | 13. <input type="checkbox"/> Primary Education (grades K-8)          |
| 4. <input type="checkbox"/> Mental Health             | 9. <input type="checkbox"/> Family Support Center | 14. <input type="checkbox"/> Secondary Education (grades 9-12)       |
| 5. <input type="checkbox"/> Child Care                | 10. <input type="checkbox"/> Medical / Dental     | 15. <input type="checkbox"/> Other (please specify): _____           |

9. What best describes your role within your organization?

(PLEASE CHECK ONLY ONE)

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> Treatment/Direct Services | 2. <input type="checkbox"/> Investigation | 3. <input type="checkbox"/> Administrative |
|---|---|--|

THANK YOU FOR COMPLETING THIS FORM.

# **APPENDIX C: FOCUS GROUP INFORMATION SHEETS**

## **PARENT FOCUS GROUP INFORMATION SHEET**

### **INFORMATION SHEET FOR PARTICIPATION IN A RESEARCH PROJECT YALE UNIVERSITY SCHOOL OF MEDICINE YALE-NEW HAVEN HOSPITAL**

**Title of Project.** : Evaluation of the Building Blocks Project

**Principal Investigator:** Joy Kaufman, PhD

**Sponsor:** LEARN

#### **Focus Group: Invitation to Participate and Description of Project**

- You are invited to participate in an evaluation of the Building Blocks Project. In order to decide whether or not you wish to be a part of this research study you should know enough about its risks and benefits to make an informed judgment. This information sheet provides you with detailed information about the evaluation study, which a member of the evaluation team will discuss with you. This discussion should go over all aspects of this research; its purpose, the procedures that will be performed, any risks of the procedures, and possible benefits.
- The purpose of the focus group is to assess perceptions of various groups regarding the existing services, including service barriers gaps, in New London County for young children with social-emotional, behavioral, and mental health needs and their families. Data collected from the focus group will assist the Building Blocks Project to create a plan to develop a new system of services and improve existing services for the social and emotional wellness of infants and children ages birth to 5 in New London County.

#### **Selection of Participants**

- You are being asked to participate in this focus group because of your perceptions, knowledge and/or involvement with agencies that serve children birth to five with social-emotional, behavioral, and mental health needs and their families.

#### **Description of Procedures**

- During this focus group you will be asked to participate in a discussion with approximately 12-15 other individuals to answer some questions about your perceptions of services for young children with social-emotional, behavioral, and mental health needs and their families. Participation in the group discussion will take approximately 60-90 minutes.

#### **Risks and Inconveniences**

- There are no anticipated risks associated with your participation in this focus group and you may choose not to participate in the focus group.

**Benefits**

- The results of the focus group will yield information to help develop and assess a primary Building Blocks goal to develop a new system of services and improve existing services for the social and emotional wellness of infants and children ages birth to 5 in New London County. You may benefit from any changes that may come about because of the study findings.

**Economic Considerations**

- You will be provided with a \$25 stipend for participation in this research, and refreshments will be served during the focus group meeting.

**Confidentiality**

- Your privacy will be kept confidential to the extent of the law. Authorized research personnel and the Yale Human Investigations Committee may inspect records from this research project. The results of this study will be shared with Building Blocks and may be published. However, the data obtained from you will be combined with data from other people in the publication. The published results will not include your name or any other information that would in any way personally identify you; however, direct quotations from the group discussion may be used to illustrate major points of the discussion. Confidentiality of records will be maintained by omitting names and/or any other identifiers from computer data files.

**In Case of Injury**

- In the event of any serious unanticipated adverse event, it will be reported immediately to the Yale Human Investigations Committee and any appropriate funding and regulatory agencies. The principal investigator will conduct a review of all adverse events at least quarterly. The principal investigator will evaluate the frequency and severity of the adverse events and determine if modifications to the protocol or study are required.

**Voluntary Participation**

- Your decision to participate in this focus group is completely voluntary. You are free to participate in this focus group or to withdraw at any time during its course. If you choose not to participate, or if you withdraw, there will be no penalty or loss of benefits that you are entitled to receive. You also understand that the investigator has the right to remove you from the focus group at any time.

**Questions**

- Please feel free to ask about anything you do not understand regarding this information sheet or the focus group.

**Summary**

- The risks associated with participation in this focus group are minimal and would be unrelated to participation in the group.

- You are being asked to participate in a focus group, requiring approximately 60-90 minutes, to assess perceptions of services for infants and young children with social-emotional, behavioral, and mental health needs and their families.
- The information obtained from the interview will be used to assist Building Blocks to understand community perceptions, to inform the development of a plan to address service barriers and gaps, and to evaluate its efforts.
- Once you have read this information sheet, a member of the research staff will begin the group interview.

If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Joy Kaufman, Ph.D., 203-789-7645. If you have any questions concerning your rights as a research subject, you may contact the Yale University Human Investigation Committee at (203) 785-4688.

*THIS FORM IS NOT VALID UNLESS THE FOLLOWING BOX  
HAS BEEN COMPLETED IN THE HIC OFFICE*

THIS FORM IS VALID ONLY UNTIL: _____(date) Approved on _____(date) HIC PROTOCOL NO. _____ INITIALED: _____
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## **PROVIDER FOCUS GROUP INFORMATION SHEET**

### **INFORMATION SHEET FOR PARTICIPATION IN A RESEARCH PROJECT YALE UNIVERSITY SCHOOL OF MEDICINE YALE-NEW HAVEN HOSPITAL**

**Title of Project.** : Evaluation of the Building Blocks Project

**Principal Investigator:** Joy Kaufman, PhD

**Sponsor:** LEARN

#### **Focus Group: Invitation to Participate and Description of Project**

- You are invited to participate in an evaluation of the Building Blocks Project. In order to decide whether or not you wish to be a part of this research study you should know enough about its risks and benefits to make an informed judgment. This information sheet provides you with detailed information about the evaluation study, which a member of the evaluation team will discuss with you. This discussion should go over all aspects of this research; its purpose, the procedures that will be performed, any risks of the procedures, and possible benefits.
- The purpose of the focus group is to assess perceptions of various groups regarding the existing services, including service barriers gaps, in New London County for young children with social-emotional, behavioral, and mental health needs and their families. Data collected from the focus group will assist the Building Blocks Project to create a plan to develop a new system of services and improve existing services for the social and emotional wellness of infants and children ages birth to 5 in New London County.

#### **Selection of Participants**

- You are being asked to participate in this focus group because of your perceptions, knowledge and/or involvement with agencies that serve children birth to five with social-emotional, behavioral, and mental health needs and their families.

#### **Description of Procedures**

- During this focus group you will be asked to participate in a discussion with approximately 12-15 other individuals to answer some questions about your perceptions of services for young children with social-emotional, behavioral, and mental health needs and their families. Participation in the group discussion will take approximately 60-90 minutes.

#### **Risks and Inconveniences**

- There are no anticipated risks associated with your participation in this focus group and you may choose not to participate in the focus group.

**Benefits**

- The results of the focus group will yield information to help develop and assess a primary Building Blocks goal to develop a new system of services and improve existing services for the social and emotional wellness of infants and children ages birth to 5 in New London County. You may benefit from any changes that may come about because of the study findings.

**Economic Considerations**

- You will not be paid for participation in this research, however refreshments will be served during the focus group meeting.

**Confidentiality**

- Your privacy will be kept confidential to the extent of the law. Authorized research personnel and the Yale Human Investigations Committee may inspect records from this research project. The results of this study will be shared with Building Blocks and may be published. However, the data obtained from you will be combined with data from other people in the publication. The published results will not include your name or any other information that would in any way personally identify you; however, direct quotations from the group discussion may be used to illustrate major points of the discussion. Confidentiality of records will be maintained by omitting names and/or any other identifiers from computer data files.

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**Voluntary Participation**

- Your decision to participate in this focus group is completely voluntary. You are free to participate in this focus group or to withdraw at any time during its course. If you choose not to participate, or if you withdraw, there will be no penalty or loss of benefits that you are entitled to receive. You also understand that the investigator has the right to remove you from the focus group at any time.

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- Please feel free to ask about anything you do not understand regarding this information sheet or the focus group.

**Summary**

- The risks associated with participation in this focus group are minimal and would be unrelated to participation in the group.

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- The information obtained from the interview will be used to assist Building Blocks to understand community perceptions, to inform the development of a plan to address service barriers and gaps, and to evaluate its efforts.
- Once you have read this information sheet, a member of the research staff will begin the group interview.

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INITIALED: _____