



# Growing Together

## **Growing Together Annual Report 2008-2009**

**Project Lead:**

**Janis Carscadden  
Regional Manager  
Speech-Language Pathology and Audiology  
David Thompson Health Region  
403-314-5255  
[jcarscadden@dthr.ab.ca](mailto:jcarscadden@dthr.ab.ca)**

## **Annual Report Contributors**

**Alberta Health Services  
Red Deer Parent Link Centre (Family Services of Central Alberta)  
Evergreen Parent Link Centre (Rocky Mountain House)  
Mountainview Parent Link Centre (Olds)**

## Introduction

Year 2 of the Growing Together project has been a busy, productive year. Our major focus continues to be on families and supporting them as they facilitate healthy development in their children. All partners continue to actively support the Growing Together project as the vision of improving developmental screening, assessment and intervention services for preschoolers in Red Deer, Rocky Mountain House, and Olds has evolved.

This project has accomplished many milestones in year 2. As it was in year 1 the accomplishments below are a reflection of the dedicated and skilled project staff and the commitment of the partners.

1. # of children screened using the ASQ in year 2: 1146
2. # of assessments completed in year 2: 316
3. # of children who have received intervention in year 2: 133 (not including Parent Coach)
4. # of Growing Together groups: 13
5. # of Hanen groups (SLP): 11
6. # of families seen by the Parent Coach: 82
7. Increased strategies for physician engagement.
8. Developed and implemented strategies for Aboriginal engagement.
9. The continued strong collaboration between the project staff, Public Health Nursing, and the administrative support at immunization clinics has resulted in a steady high rate of completed ASQs being brought to immunization appointments (82%).
10. The development of the Growing Together video has allowed parents to be prepared for their screening experience.
11. The development of the Growing Together Gazette has created the opportunity for regular sharing of information and accomplishments with community partners.
12. Evaluation activities are occurring on a regular basis – Quarterly Parent Mail Out Questionnaires, Discharge Phone Surveys, Establishment, Measurement and Tracking of Individual Client Goals.
13. Referral Sources have been expanded to include Aboriginal Head Start in Red Deer, Native Friendship Centres in Red Deer, Rocky Mountain House, Sunchild and O’Chiese First Nations Reserves, Central Alberta Refugee Effort, and Central Alberta Women’s Emergency Shelter. These agencies have been provided with ASQ training

There has been one major change in year 2. As the number of children accessing the Growing Together project was much larger than anticipated, the Intake Coordinator position needed additional support. This position was increased by a .6 FTE for a total of 2.0 FTE. However with the opening of a third Community Health Centre in Red Deer the demands were still unmanageable. In Feb, 2009 Public Health Nursing expanded their screening role from Rocky Mountain House and Olds to include one Community Health Centre in Red Deer (Bremner Community Health Centre) and one evening clinic at Johnstone Crossing Community Health Centre. Nineteen nurses were trained. This collaborative problem solving has further strengthened the relationship between the Growing Together project and Public Health Nursing.

A significant ongoing issue for families is the need for childcare. Growing Together has been able to provide childcare for all the Growing Together and some Hanen groups through Parent Link childcare staff. Families have continually provided feedback as to how much they appreciate this and without it many could not attend Growing Together programs. The Red Deer Parent Link was unable to provide childcare for all the Hanen groups as they are extremely busy with multiple programs of their own. During year 2 the project was able to form a partnership with the Collicut Centre. It is a leisure center owned by the City of Red Deer. The Growing Together project rents a meeting room for the Hanen group and the on site childcare facility allows the project to prebook childcare spaces to accommodate families who are attending the program. This has been extremely well received by families.

Another additional challenge recognized in year 2 has been the difficulty in offering groups, both Growing Together and Hanen, in the rural communities of Rocky Mountain House and Olds. As the volume of childcare is much lower than in Red Deer, frequently the situation of not having enough children to make a group viable presents itself. In order to address appropriate access, the decision was made to offer families individual sessions if they waited longer than 8 weeks. However in year 3 Growing Together hopes to trial the use of videoconferencing for groups in the rural communities. Since both Growing Together and Hanen groups are running nonstop in Red Deer, a family from Olds or Rocky Mountain House could access a group from their own community in a timely manner. A promised donation of equipment from Telus will allow this exciting idea to move forward.

## Goals, Objectives and Strategies

- Goal 1.0** To develop, implement a new model of coordinated community based screening, assessment and intervention approaches for preschool screening.
- Objectives 1.1** The “Growing Together” model of collaborative community based preschool developmental screening and follow-up services will be implemented in Rocky Mountain House, Olds, and Red Deer by Alberta Health Services (AHS), Parent Link Centres, and other Partners.
- Strategies 1.1.1** Development of a collaborative and effective partnership model between AHS, Red Deer Parent Link [Family Services of Central Alberta (FSCA)], Evergreen Parent Link, and Mountainview Parent Link.

There are seven appointed members from the following agencies; Red Deer Parent Link, Evergreen Parent Link, Mountainview Parent Link, AHS Community Speech-Language Pathology Services (C-SLP), AHS Public Health, AHS Pediatric Rehabilitation Program (PRP) and Central Alberta Child and Family Services Authority (CFSA) which advises and monitors the project. There are also several Ex-Officio members. The Steering Committee met twice in 2008-2009. The management team, which provides day-to-day support for the project, met weekly throughout 2008 and now meets at least once per month. A partner satisfaction survey was repeated in September 2008. Monthly staff meetings continue.

- Goal 2.0** To increase the number of children receiving development screenings using the Ages and Stages Questionnaire (ASQ) for children aged 18 months to 26 months.
- Objective 2.1** To increase community awareness of developmental screening.
- Strategies 2.1.1** The awareness of the availability of preschool screening and enhanced follow-up services by professionals and staff in the three communities will be increased.

### Physicians

During 2008-2009 presentations were made to physicians in Rocky Mountain House [through the Primary Care Network (PCN)], Olds (through a regular physician meeting), two large clinics in Red Deer, as well as one smaller clinic. In total, 42 physicians attended presentations. There has been a series of articles (4) submitted to the physician newsletter as well as one addition single submission. An evening dinner presentation was cancelled due to lack of interest. There have been 7 direct referrals from physicians. However, physicians continue to refer to C-SLP or PRP who then direct the referrals to the Growing Together Project.

The following information sessions were held;

<b>Date</b>	<b>Location</b>	<b>Audience</b>	<b>Number Attended</b>
May 15, 2008	Red Deer	Associated Clinic	10
Nov 5, 2008	Red Deer	Parsons Clinic	9
June 27, 2008	Olds	Physicians from Olds	13
June 10, 2008	Rocky Mountain House	Physicians from Rocky Mountain House	10

Public Health Nurses, Early Intervention Program (EIP) and Parent Link Centres

The following ASQ training sessions were held in year 2.

Date	Location	Audience	Number Attended
May 14, 2008	Red Deer	Healthy Families staff Parent Link staff DTHR staff	9
November 12, 2008	Red Deer	Home Visitor staff	9
December 19, 2008	Red Deer	CAWES staff Healthy Families staff	6
January 15, 2009	Red Deer	Public Health Nurses	10
January 19, 2009	Red Deer	Public Health Nurses	8
August 21, 2008	Rocky Mountain House	Public Health Nurse	1
Sept 19, 2008	Rocky Mountain House	Native Friendship Center staff	5
*No ASQ training in Olds in Year 2			

A more comprehensive training program was developed this fiscal year for Public Health Nurses (PHN) completing developmental check-ups for Growing Together. In addition to the ASQ training, handout review and Growing Together process information being provided, the new training offers information of reducing barriers, the power of language and overcoming obstacles and parent fears. The PHNs were also offered two opportunities to observe developmental check-ups: one demonstrated by the presenters and a second between a Growing together intake team member and a parent. The more comprehensive training program was offered twice this fiscal year to PHNs in Red Deer. Post session evaluations were completed (see Evaluation).

**Strategies 2.1.2** Increased awareness of preschool child development and the increased availability of screening and follow-up services by the general public in the three target communities.

Public Information Events – Growing Together was involved in the following events:

Date	Location	Event
May 28, 2008	Red Deer - Grandview School	Welcome to Kindergarten
June 12, 2008	Red Deer - Alberta Association Services for Children and Families	AGM
Aug 22, 2008	Red Deer - Community Programs Fair at Parkland Mall	Funology
Sept 10, 2008	Red Deer - FSCA	Open House to Community Agencies
Oct 24, 2008	Red Deer - Red Deer College	5 <sup>th</sup> Annual Intraprofessional Research Conference
Feb 5, 2009	Red Deer - Collicut Centre	Parents Matter Conference display

Mar 7, 2009	Red Deer - Collicut Centre	Indigo Festival
Mar 28, 2009	Red Deer – Capri Centre	Maximize Conference display
Apr 19, 2009	Olds	Family Affair Day
Oct 11, 2008	Rocky Mountain House	Child Safety Day
Nov 19, 2008	Rocky Mountain House	Interagency Meeting
Feb 9, 2009	Rocky Mountain House	Aboriginal Council Meeting

### Other Activities

1. Posters continued to be distributed throughout 2008-2009.
2. The Growing Together Gazette is distributed bimonthly to project partners, referral sources, and community partners.
3. The Growing Together Team would like to “normalize” developmental screening. They would like families to anticipate it and not be anxious or fearful. In order to address this, a Growing Together video was developed and produced by HUTV. It displays the process/experience that a family can expect. It currently plays in the waiting rooms at Community Health Centres (CHCs) in Red Deer, Rocky Mountain House and Olds, as well as on the Maternity Ward at Red Deer Regional Hospital. It can be viewed at [www.hutv.ca](http://www.hutv.ca).
4. A series of four newspaper ads ran in the local papers in Red Deer, Rocky Mountain House and Olds in the fall of 2008.
5. A media event was held in Red Deer in June 2008 to promote the project and celebrate its successes. Three television stations, two radio stations, and the Red Deer Advocate participated. All ran stories on the project.

**Objective 2.2** To Increase parental knowledge of preschool development and key milestones.

**Strategies 2.2.1** Parental knowledge will be increased.

The following four materials have continued to be used:

1. A fridge magnet is given to parents at their 12-month immunization appointment. The Public Health Nurse writes the month/year that the 18-month immunization is due on the magnet, which also indicates that the ASQ screening will be available at the same time. The parent, thus, has been made aware of the availability of the ASQ screening.
2. The "Growing Together with Kevin" booklet will be given to all parents after they have completed a debrief about their child's ASQ results. It is a guide for child development for 18-36 month olds. It provides developmental milestones, as well as simple activities that the parent can do with their child.
3. An additional activity idea sheet is also provided to the parents during the debrief. This was developed using materials from the ASQ kit.
4. A list of community resources is given to all families during the debrief. It contains information about parenting courses and activities for children available in their community. Depending on the families needs, a discussion about a specific program may occur. As well, all families are educated about Parent Link Centres - the location in their community, what programs are accessible to families, and that additional ASQ screening is available.

Additionally, information regarding hearing and vision checkups has been added. As well, parents are informed that ASQ screening outside the projects age range is available at their local Parent Link Centre.

The ASQ debrief process and materials continue to be evaluated by the quarterly parent survey.

**Objective 2.3** To improve accessibility to developmental screening for families of preschool children in Red Deer, Olds, and Rocky Mountain House.  
**Strategies 2.3.1** Increase the number of access points for developmental screening.

ASQ screening continues at the following access points; immunization clinics, home-visiting programs, EIP, PLCs, C-SLP and the PRP. The following access points have been added this year; Central Alberta Women’s Emergency Shelter (CAWES), Red Deer Native Friendship Centre, Rocky Mountain House Native Friendship Centre, Sunchild and O’Chiese First Nations Reserves. Staff received training in the ASQ administration and Growing Together referral process. Central Alberta Refugee Effort (CARE) was offered training, this has yet to occur.

As of March 31, 2009, 1536 children have been screened. See below for a summary of referral sources and screening totals by community.

**Source of ASQ Screens/Growing Together Referrals**

<b>Referral Sources Into Growing Together: Project Totals</b>			
<b>Referral Source</b>	<b>Number of Children Referred</b>		
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Immunization Clinic	358	1075	1433
Parent Link Centres	6	11	17
Community Speech-Language	14	17	31
Pediatric Rehabilitation	6	19	25
Home Visiting Programs	5	13	18
Physician	0	7	7
Self Referrals by Parent	1	4	5
Red Deer Aboriginal Head Start	0	0	0
CAWES	0	0	0
Central Alberta Refugee Effort	0	0	0
Red Deer Native Friendship	0	0	0
RMH Native Friendship	0	0	0
Sunchild O’Chiese Reserve	0	0	0
<b>TOTALS</b>	<b>390</b>	<b>1146</b>	<b>1536</b>

<b>Referral Sources Into Growing Together: By Community</b>									
<b>Referral Source</b>	<b>Number of Children Referred</b>								
	<b>Red Deer</b>			<b>Olds</b>			<b>RMH</b>		
	Year1	Year2	Total	Year1	Year2	Total	Year1	Year2	Total
Immunization Clinic	275	839	<b>1114</b>	39	100	<b>139</b>	44	136	<b>180</b>
Parent Link Centres	4	6	<b>10</b>	0	2	<b>2</b>	2	3	<b>5</b>
Community Speech-Language	10	13	<b>23</b>	2	1	<b>3</b>	2	3	<b>5</b>
Pediatric Rehabilitation	6	15	<b>21</b>	0	2	<b>2</b>	0	2	<b>2</b>
Home Visiting Programs	4	13	<b>17</b>	1	0	<b>1</b>	0	0	<b>0</b>
Physician	0	6	<b>6</b>	0	0	<b>0</b>	0	1	<b>1</b>
Self Referrals by Parent	1	4	<b>5</b>	0	0	<b>0</b>	0	0	<b>0</b>
Red Deer Aboriginal Head Start	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
CAWES	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
Central Alberta Refugee Effort	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
Red Deer Native Friendship	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
RMH Native Friendship	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
Sunchild Reserve	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
O'Chiese Reserve	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>
<b>TOTALS</b>	<b>300</b>	<b>896</b>	<b>1196</b>	<b>42</b>	<b>105</b>	<b>147</b>	<b>48</b>	<b>145</b>	<b>193</b>

## A) IMMUNIZATION CLINICS

All children completing developmental check-ups at the CHCs in Olds and Rocky Mountain House had them completed by PHNs. In Year 1, the Growing Together Intake Team completed all of the developmental check-ups in Red Deer at the CHC. Late in Year 2, PHNs also started assisting with the completion of developmental check-ups in Red Deer.

<b>ASQ Mail Out and Reminder Calls at Immunization Clinics- Project Total</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Immunization Appointments Scheduled	440	1194	1634
Number of ASQ's Mailed Out	434	1160	1594
Reminder Calls Completed (% of total)	420 (95%)	1139 (95%)	1559 (95%)
Parental Decline of ASQ at First Contact not including passive declines at a later stage	3	13	16

<b>ASQ Return Rate at Immunization Clinic – Project Total</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Immunization Appointments Attended	351	1077	1428
Parents Arriving With Completed ASQ	282	882	1164
<b>ASQ Return Rate Percentage</b>	<b>81%</b>	<b>82%</b>	<b>82%</b>

<b>ASQ Return Rate at Immunization Clinic – Red Deer</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Immunization Appointments Attended	254	791	1045
Parents Arriving With Completed ASQ	205	670	875
<b>ASQ Return Rate Percentage</b>	<b>81%</b>	<b>85%</b>	<b>84%</b>

<b>ASQ Return Rate at Immunization Clinic – Olds</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Immunization Appointments Attended	41	117	158
Parents Arriving With Completed ASQ	39	102	141
<b>ASQ Return Rate Percentage</b>	<b>95%</b>	<b>87%</b>	<b>89%</b>

<b>ASQ Return Rate at Immunization Clinic – Rocky Mountain House</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
Immunization Appointments Attended	60	169	229
Parents Arriving With Completed ASQ	43	110	153
<b>ASQ Return Rate Percentage</b>	<b>72%</b>	<b>65%</b>	<b>67%</b>

- B) SCREENING DAYS** – Starting in April 2008 Red Deer Parent Link held one drop in morning a month for “Developmental Check Ups”. Twenty-two children were screened, ten were in the Growing Together age range. Developmental Check Ups/ASQ screenings were offered at the Family Affair in Olds on April 19, 2008. Twenty-three children were screened, one within the Growing Together age range. The Parent Link Centre from Rocky Mountain House is now offering monthly screening at the Sunchild and O’Chiese First Nations Reserves. Eighteen were screened at O’Chiese and five at Sunchild. None were in the Growing Together age range.
- C) PARENT LINK CENTRES** – Red Deer Parent Link Centre is making referrals to Growing Together via screening days only. The Olds Parent Link made one referral in 2008-2009 and the Rocky Mountain House Parent Link three.
- D) ALBERTA HEALTH SERVICES** – Referrals continue to come via C-SLP and the PRP. The referrals are typically initiated by parents and physicians.
- E) HOMEVISITING PROGRAMS** – These include Healthy Families, Infant Preschool Wellness and EIP. Referrals increased from 5 in 2007-2008 to 13 in 2008-2009.
- F) PHYSICIANS** – See 2.1.1
- G) SELF REFERRALS** – At least two of these were families that do not immunize.
- H) RED DEER ABORIGINAL HEADSTART** – Staff have been trained and ASQs are being distributed to families.
- I) CENTRAL ALBERTA WOMEN’S EMERGENCY SHELTER** – Staff have been trained.
- J) CENTRAL ALBERTA REFUGEE EFFORT** – Training has been offered but not completed.
- K) RED DEER NATIVE FRIENDSHIP CENTRE** – Staff have been trained.
- L) ROCKY MOUNTAIN HOUSE FRIENDSHIP CENTRE** – Staff have been trained.
- M) SUNCHILD AND O’CHIESE FIRST NATIONS RESERVE** – See screening days.

**Objective 2.4**  
**Strategies 2.4.1**

To improve accessibility to developmental screening for Aboriginal children in Red Deer and Rocky Mountain House.  
 Increase developmental screening of Aboriginal children in Red Deer and Rocky Mountain House by building on existing relationships between DTHR/Parents Links/CFSA/Native Friendship Centres in order to partner in the development of strategies (e.g. promotional, examine how other services are accessed, find a champion).

SEE 2.3.1 B

Additionally, the Aboriginal Initiatives Coordinator (CFSA) facilitated several Elders in reviewing the ASQ items to ensure cultural sensitivity.

**Objective 2.5** To improve accessibility to screening of social and or emotional difficulties for families of preschool children in Red Deer, Olds and Rocky Mountain House.  
**Strategies 2.5.1** Provide additional screening using the Ages and Stages Questionnaire - Social Emotional (ASQ-SE) for children who exhibit behavior challenges or whose parents indicate concerns regarding behavior through a range of access points.

As previously reported, in year 1 a significant change has occurred here. With the introduction of our Parent Coach it was decided that the ASQ-SE would not be used by the Intake Coordinator, PHNs or therapists. If a need in the area of social/emotional development was identified a referral would go directly to the Parent Coach. (The ASQ-SE is used by the Parent Coach as a discussion and information gathering tool.) As of March 31, 2009, the Parent Coach has seen a total of 82 children (Red Deer – 72, Olds – 2, Rocky Mountain House – 8). Typically families receive one in home visit and 2-3 follow-up phone calls. The major areas of concern are sleep, picky eating, and behavior. Parents can be involved longer if there is a need.

**Goal 3** Provide a single point of entry for coordinated referrals and access to services.  
**Objective 3.1** To provide family centered developmental screening experiences and efficient coordinated referrals.  
**Strategies 3.1.1** Development of a Growing Together Intake Coordinator position (FTE 1.4) whose role will include ASQ/ASQ-SE scoring and debrief with families, coordination of referrals to professionals and/or community support/programming, coordination of intervention services, and follow-up and support for challenged families (e.g. no shows).

In year 2 the Growing Together Intake Coordinator FTE was increased by .6, resulting in two full-time positions. This was due to the volume of children entering the project.

Year 2 of the Project saw some additional changes being made to the use of the ASQ cutoffs within Growing Together. In the summer of 2008, Growing Together reduced the cutoff referral points back to the second standard deviation cutoff points for gross and fine motor skills in order to reduce the over-referral rate to the Physical and Occupational Therapists (OT) on the team. Children falling within the first standard deviation cutoff for fine motor skills were considered for assessment if they also had below cutoff scores in Problem Solving or Personal Social Skills. Year 2 saw a continuation of offering Speech-Language assessments to children who scored above cutoff on the ASQ but who had less than 10 spoken words at the time of completion. So far the Project has recommended assessments to 84 children who were identified as having less than 10 spoken words. Of the 54 assessments completed with children who had less than 10 words, 85% of them have been recommended for follow-up treatment with mild to severe areas of need.

<b>Developmental Check-Up Results – Project Totals</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Above Cutoff	224	743	967
Above Cutoff < 10 Words	6	78	84
Above Cutoff Offered Ax (parent request, feeding, gait)	3	19	22
Above Cutoff Developmental Delay Risk Referral	1	1	2
Below Cutoff Offered Ax	125	285	410
Below Cutoff Rescreen Only	31	20	51
<b>TOTALS</b>	<b>390</b>	<b>1146</b>	<b>1536</b>

27% of children receiving developmental check-ups have fallen below cutoff in the areas of Communication, Gross Motor and/or Fine motor skills. Growing Together has offered assessments to 34% of the children seen for developmental check-ups, 7% of those were above cutoff children due to the less than 10 words factor, parent request, physician request, feeding concerns, gait concerns and other considerations.

<b>Developmental Check-Up Results by Community – Red Deer</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Above Cutoff	170	582	752
Above Cutoff < 10 Words	4	58	62
Above Cutoff Offered Ax (parent request, feeding, gait)	3	13	16
Above Cutoff Developmental Delay Risk Referral	0	1	1
Below Cutoff Offered Ax	99	226	325
Below Cutoff Rescreen Only	24	16	40
<b>TOTALS</b>	<b>300</b>	<b>896</b>	<b>1196</b>

<b>Developmental Check-Up Results by Community – Olds</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Above Cutoff	21	68	89
Above Cutoff < 10 Words	2	9	11
Above Cutoff Offered Ax (parent request, feeding, gait)	0	1	1
Above Cutoff Developmental Delay Risk Referral	1	0	1
Below Cutoff Offered Ax	15	25	40
Below Cutoff Rescreen Only	3	2	5
<b>TOTALS</b>	<b>42</b>	<b>105</b>	<b>147</b>

<b>Developmental Check-Up Results by Community – Rocky Mountain House</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Above Cutoff	33	93	126
Above Cutoff < 10 Words	0	11	11
Above Cutoff Offered Ax (parent request, feeding, gait)	0	5	5
Above Cutoff Developmental Delay Risk Referral	0	0	0
Below Cutoff Offered Ax	11	34	45
Below Cutoff Rescreen Only	4	2	6
<b>TOTALS</b>	<b>48</b>	<b>145</b>	<b>193</b>

Children are referred to assessment with therapists on the team due to ASQ results, parent request or concerns identified by therapists once they have entered the project.

<b>Assessment/Agency Referrals Recommended – By Discipline</b>									
<b>Referred To</b>	<b>Number of Children Referred</b>								
	<b>Red Deer</b>			<b>Olds</b>			<b>RMH</b>		
	<b>Year1</b>	<b>Year2</b>	<b>Total</b>	<b>Year1</b>	<b>Year2</b>	<b>Total</b>	<b>Year1</b>	<b>Year2</b>	<b>Total</b>
Speech-Language Pathology	77	251	<b>328</b>	13	33	<b>46</b>	7	39	<b>46</b>
Physical Therapy	27	50	<b>77</b>	5	8	<b>13</b>	4	10	<b>14</b>
Occupational Therapy	33	70	<b>103</b>	5	10	<b>15</b>	4	8	<b>12</b>
Psychology	2	6	<b>8</b>	0	1	<b>1</b>	0	3	<b>3</b>
Parent Coach	5	92	<b>97</b>	0	3	<b>3</b>	1	9	<b>10</b>
Home Visiting	2	1	<b>3</b>	0	0	<b>0</b>	0	0	<b>0</b>
Nutritionist	2	1	<b>3</b>	0	0	<b>0</b>	0	0	<b>0</b>
Physician	1	0	<b>1</b>	0	0	<b>0</b>	0	0	<b>0</b>

A total of 12 referrals for assessment have been made to the Psychologist on the Growing Together team. Referrals to the Psychologist were made due to concerns about cognitive delays, behavior concerns and possible Spectrum Disorder inquiries. This number does not take into account the additional time spent by the Growing Together Psychologist consulting with other Therapists on the team for children not requiring a formal assessment.

**Strategies 3.1.2** Increase the quality of the information and counseling on child development and the use of the ASQ by developing printed materials, that will allow the family to track upcoming developmental milestones and provide ideas for at home activities that will stimulate development, to share with families during the ASQ debrief.

The parent surveys are mailed out quarterly. The survey results have been very positive. 88% of parents stated they were satisfied with the development checkup. 89% found the staff completing the checkup to be helpful. 89% felt their questions were answered to their satisfaction. 52% found the handouts provided to be useful. For further information see Appendix 5.

**Strategies 3.1.3** Develop strategies to improve coordination, communication, and collaboration.

Monthly staff meetings commenced in November 2008. As of March 31, 2009 the following 19 issues and strategies were identified:

## Issues

### **A. Emergency Coverage for Intake Coordinators and Growing Together Group Coordinator Strategies**

- Cross training completed
- Process developed

### **B. Minutes Strategies**

- All minutes need a title and date in subject line (email).
- Minute binders are in the library at 49<sup>th</sup> Street CHC.

### **C. Children referred to PRP for OT &/or PT and SLP, after assessed only SLP concerns – who follows up? Strategies**

- Transfer to C-SLP use PRP case history (don't send family another one), book appointment and have Speech-Language Pathology (SLP) consent signed at appointment.

### **D. Prematurity Corrections concerns – PRP standards are different from ASQ and REEL Strategies**

- Other projects are following the ASQ manual. We are not doing anything when the ASQ is mailed out because the process would be too cumbersome; most kids are ok by this age. If it is an issue the Intake Coordinator gives them a different ASQ.

### **E. Charting of Growing Together Group Coordinator Strategies**

- The Group Coordinator created her own progress note sheet. This is put into the C-SLP or PRP file once the group is complete. Therapists make an entry about the child being referred to the Growing Together Group and to see the Group Coordinator's notes.

### **F. SLP Processes (Coordination and Collaboration) Strategies**

- Have been completed.

### **G. Multidisciplinary Processes (Coordination and Collaboration) Strategies**

- Have been completed.

### **H. Public Information Sessions Strategies**

- One held in Red Deer, but poor attendance.

## **I. Treatment Goals**

### **Strategies**

- Goal tracking sheet developed, all clients must have documented measurable goals.

## **J. Newsletter**

### **Strategies**

- The Growing Together Gazette is distributed quarterly.

## **K. Discharge**

### **Strategies**

- A process and forms were developed.

## **L. Assessment Reports**

### **Strategies**

- Therapists offer to send a report to the family physician.

## **M. Public Health Nursing Screening in Red Deer**

### **Strategies**

- Training completed in Jan, 2008. Public Health Nursing took over screening in Red Deer at Bremner CHC and the Tuesday evening clinic at Johnstone Crossing CHC as of February 1, 2009.

## **N. Reassessments**

### **Strategies**

- Therapists must use a standardized tool and do a report. If families don't want to come in, therapist can consider the following options; complete on the phone or complete it early if the therapist is seeing the family.

## **O. Hanen Groups/Collicut Centre**

### **Strategies**

- Collicut Centre is providing childcare for Hanen Groups parents. A process was developed to book it.

## **P. Mild Groups**

### **Strategies**

- The therapists are to write the goals when the recommendation is made for the child to attend a Growing Together group. It can be revised later, once the group starts, if needed.

## **Q. Transdisciplinary Assessment and Consultation Program (TAC) at Children's Services Centre in Red Deer**

### **Strategies**

- Meeting was held in March. A process is needed to ensure families are not in both programs at the same time.

## **R. EIP Open House**

### **Strategies**

- Eight Growing Together Team Members attended.

## **S. Psychology**

### **Strategies**

- Parents who are receiving behavioral/emotional support from the psychologist can continue receiving this after Growing Together through PRP.

**Strategies 3.1.4** Development of procedures for use by Public Health Nurses in Olds and Rocky Mountain House for sharing ASQ/ASQ-SE results with the Intake Coordinator that will increase consistency and quality of the information provided.

The Intake Coordinator and the Public Health Nurses in Rocky Mountain House met in year 2, to clarify procedures for Growing Together and to discuss strategies that would alleviate time concerns for the Public Health Nurses while still allowing the Intake Coordinator to get the information needed for children completing developmental check-ups.

The Growing Together Intake Coordinator applied learning that occurred during the start of the project to develop a more intensive training program for the Public Health Nurses in Red Deer who started offering developmental check-ups late in year 2.

**Strategies 3.1.5** Development of Procedures for sharing ASQ-SE results with the Growing Together Intake Coordinator.

As indicated, previously the ASQ-SE is not being used except as an intake tool by the Parent Coach.

**Strategies 3.1.6** Implementation of a data management system for the purpose of tracking information and coordinating services for all partners involved.

A Privacy Impact Assessment was submitted and approved. Several systems are in use. The Meditech system AHS is functional. The Intake Coordinators enter information on all children. Report development is underway. We are also using an Access Database. The Group Coordinator enters all families referred to the Parent Coach and Growing Together groups into Parent Link's HOMES database.

**Objectives 3.2** To identify barriers to access and strategies to improve access.

**Strategies 3.2.1** The identification of barriers will occur.

**Strategies 3.2.2** The identification and implementation of strategies to address barriers/improve access will occur through.

Processes have been developed and are in use for gathering, tracking, and addressing barriers identified by families.

1. As of March 31, 2009 families identified four barriers. The barriers and strategies are listed below:

### **Barriers Identified by Families:**

#### **A. Childcare**

##### **Strategies**

Childcare offered for Growing Together Groups and all Hanen Groups also have childcare. Partnered with Collicut Centre to rent space and childcare for Hanen groups. Parent Link Centres provide childcare for all GT groups and some Hanen.

**B. Time of Day (Growing Together Groups)**

**Strategies**

Different times offered – morning or evening.

**C. Transportation**

**Strategies**

Taxi vouchers offered.

**D. Assessment only offered during workday**

**Strategies**

Offered lunch hour appointment (still declined).

2. Monthly staff meetings commenced in November 2009. Barriers are identified and strategies developed at these meetings.

As of March 31, 2009 the following 14 barriers and strategies were identified by staff:

**Barriers Identified by Staff:**

**A. ESL**

**Strategies**

- Spanish and French ASQ kits ordered.
- Guidelines for communication clients developed (SLP Clinical Pathways)
- Both Parent Link and DTHR may have access to interpreters.

**B. Some children are passing all but a problem solving or personal social item**

**Strategies**

- This will be taken case by case but if it is a question of exposure activities will be given and re-screen in two months suggested.

**C. ASQ - Concerns with Communication section at 18 and 20 months, not sensitive enough (18 month old can pass with no expressive words)**

**Strategies**

- The SLPs decided that any child who (at 18 months or 20 months) does not have 10 words will be referred to SLP for an assessment.

**D. Childcare for siblings while treatment occurs**

**Strategies**

- The Growing Together Group Coordinator has developed a list for each community of when the Parent Link Centre could provide childcare. Groups can be scheduled accordingly.

**E. Booking Equipment**

**Strategies**

- Equipment purchased (proxima, DVD, VCR/TV).

## **F. Declines**

### **i) Screening**

#### **Strategies**

- In Olds and Rocky Mountain House offer parents a self-addressed/stamped envelope and another ASQ rather than just suggesting follow up at Parent Link.
- Continue working on a marketing plan that focuses on parents. In year 2, a video was developed to help parents know what to expect.
- Continue to target physician education.

### **i) Assessment**

#### **Strategies**

For parents that are reluctant to accept a referral for an assessment, the Intake Coordinator can;

- Offer to call in a couple of months.
- Offer the parent an opportunity to talk with a therapist.

### **ii) Treatment**

#### **Strategies**

- SLP Declines:
  - To address Hanen group declines; SLPs will try one on one homevisits instead of an orientation evening.
  - Parents who decline a Growing Together group will be recommended to have a follow-up ASQ at the Parent Link Centre.
  - Parents who decline a Hanen group, will be referred to C-SLP or PRP for individual treatment, if desired, but will be placed on the regular waitlist.

## **G. Acceptable wait times for treatment – Mild motor groups in Olds and Rocky Mountain House, Hanen Groups**

#### **Strategies**

- Acceptable wait time will be eight weeks. If no mild group is available, one or two individual sessions to give suggestions for the parent to implement home. If no Hanen group is available, the SLP will see them for individual treatment.

## **H. Rural Groups – Lack of numbers to run groups regularly**

#### **Strategies**

- Telus is donating videoconferencing equipment. Once the equipment arrives, a working group will develop this initiative.

## **I. Aboriginal Children – Engaging in Aboriginal Community is challenging**

#### **Strategies**

- Continuation of work with Red Deer Aboriginal Head Start, Red Deer and Rocky Mountain House Native Friendships Centres and the Parent Link in Rocky Mountain House.

## **J. Discharge Surveys (Phone) – Families are not available during the day to complete these**

#### **Strategies**

- FSCA has an Administration Assistant in the evenings and Saturday mornings, so they will complete these.

**K. Evening GT Groups – It is difficult to contact families during her working hours (if they want evening they are probably working during the day)**

**Strategies**

- The Intake Coordinator will call these families in the evenings and weekends when she is working. Also, families will be e-mailed confirmation (with the dates). A letter will be used if they don't have e-mail.

**L. At Risk Families Screening at CAWES**

**Strategies**

- The Executive Director requested training for the childcare staff. If a child scores below cut off, the Intake Coordinator will go over and meet with the family.

**M. Immigrant and Refugee Families (CARE)**

**Strategies**

- In an effort to increase access to screening, training has been offered to Central Alberta Refugee Effort (CARE).

**N. Last Minute Immunization Booking**

**Strategies**

- ASQs can be sent electronically.

3. Due to monthly staff meetings being so productive it was felt that a staff focus group was unnecessary.

**Objectives 3.3** To identify children who are "at risk" of not continuing to develop at the same rate as their peers and provide intervention.

**Strategies 3.3.1** The identification of "at risk" children will occur through the development of an inclusion criteria, including having passed the ASQ screening.

The criteria has been developed and is in use. As of March 31, 2009, two "at risk" children had been identified. Both families were referred to a Growing Together group and attended 25% of the sessions. These "at risk" families are very difficult to engage due to complex family issues.

**Goal 4** Provide a timely assessment with an appropriate professional.

**Objectives 4.1** To improve assessment wait time by enhancing current SLP, OT, and PT services.

**Strategies 4.1.1** Assessment wait times will be improved in all three communities through the enhancement of FTE as follows;

SLP – 1.8 FTE \*

OT - 0.6 FTE

PT - 0.4 FTE \*

- FTEs were reduced in year 2
- due to staffing/recruitment issues, not due to lack of need.

As of March 31, 2009, 310 children have been assessed. The parents of 105 (20%) have declined assessment primarily due to lack of concern or wanting to wait until their child is older.

**Completed Assessments**

<b>Completed Assessments by Discipline: Project Totals</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Speech-Language Pathologist	59	209	268
Physical Therapist	16	49	65
Occupational Therapist	21	48	69
Psychologist	2	10	12
Total # of Assessments Completed	98	316	414
Total # of Children Assessed	70	240	310

<b>Completed Assessments by Discipline: By Community</b>									
	<b>Red Deer</b>			<b>Olds</b>			<b>RMH</b>		
	<u>Year1</u>	Year2	Total	Year1	Year2	Total	Year1	Year2	Total
Speech-Language Pathologist	46	169	215	9	14	23	4	26	30
Physical Therapist	14	36	50	0	7	7	2	6	8
Occupational Therapist	19	38	57	1	6	7	1	4	5
Psychologist	2	6	8	0	1	1	0	3	3
Total # of Assessments Completed	81	249	330	10	28	38	7	39	46
Total # of Children Assessed	54	192	246	9	18	27	7	30	37

**Four-Week Target**

The target for assessment completion is 4 weeks from the screening date. In year 2, 66% of assessments were completed in 4 weeks. For children requiring multiple assessments (different therapists), their wait time is calculated from screening date to the first assessment they receive.

<b>Children Receiving Assessments Within the 4 Week Target Range</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Project Total</b>
Red Deer	43/54 (80%)	129/192 (67%)	172/246 (70%)
Olds	7/9 (78%)	10/18 (56%)	17/27 (63%)
Rocky Mt House	6/7 (86%)	10/30 (33%)	16/37 (43%)
Total	57/70 (81%)	149/240 (62%)	206/310 (66%)

There were a variety of factors that affected our ability to assess children with a 4-week timeframe. The volume of children screened in year 2 increased significantly and therapists (particularly SLP) had difficulty keeping up. However, parents often slowed down the process by not returning forms, phone calls and canceling appointments.

**Assessment Outcomes**

So far, Growing Together has assessed 310 children. Of those, 83% of children (258) have been recommended for follow up treatment due to a mild-severe developmental delay. Of the 310 children, if we classify children according to their most severe assessment outcome, 52 children had completely age appropriate results (17%), 87 had mild areas of need (28%), 115 had moderate areas of need (37%) and 54 had severe areas of need (18%) identified at assessment.

<b>Assessment Outcome Results – Project Totals by Discipline</b>									
<b>Ax Outcome</b>	<b>Assessment Type</b>								
	<b>Speech-Language Pathology</b>			<b>Occupational Therapy</b>			<b>Physical Therapy</b>		
Severity of Delay	Year1	Year2	Total	Year1	Year2	Total	Year1	Year2	Total
Age Appropriate	3	29	<b>32</b>	7	22	<b>29</b>	6	30	<b>36</b>
Mild	17	61	<b>78</b>	5	14	<b>19</b>	6	10	<b>16</b>
Moderate	27	82	<b>109</b>	7	7	<b>14</b>	3	3	<b>6</b>
Severe	12	37	<b>49</b>	2	5	<b>7</b>	1	6	<b>7</b>

The PRP provided (multidisciplinary) treatment immediately following completion of an assessment. Therefore, only their assessment wait time will be reported. In comparison C-SLP clients wait for an assessment and after an assessment is completed they are placed on a treatment waitlist. Therefore both Assessment Wait Time and Treatment Wait Time for children with SLP needs only will be reported (also see 5.2).

The PRP was able to provide comparison data from November 2005 to October 2006 for children aged 18-22 months. All children were assessed in Red Deer but were from the communities of Red Deer, Olds and Rocky Mountain House.

<b>PRP (2005-2006)</b>			<b>Growing Together Year 1</b>		<b>Growing Together Year 2</b>	
	<b>Average days on Assessment Wait List (AWL)</b>		<b>Average days on Assessment Wait List (AWL)</b>		<b>Average days on Assessment Wait List (AWL)</b>	
<b>OT</b>	Red Deer	76	Red Deer	28	Red Deer	26
			Olds	34	Olds	10
			RMH	19	RMH	27
	<b>Total</b>	<b>76</b>	<b>Total</b>	<b>27</b>	<b>Total</b>	<b>21</b>

<b>PT</b>	Red Deer	85	Red Deer	27	Red Deer	26
			Olds	52	Olds	13
			RMH	41	RMH	30
	<b>Total</b>	<b>85</b>	<b>Total</b>	<b>40</b>	<b>Total</b>	<b>23</b>
<b>SLP</b>	Red Deer	89	Red Deer	29	Red Deer	25
			Olds	29	Olds	-
			RMH	44	RMH	-
	<b>Total</b>	<b>89</b>	<b>Total</b>	<b>34</b>	<b>Total</b>	<b>25</b>

Instead of using 2006/2007 data, assessment waitlist comparisons for children with SLP needs only (single discipline) will be made with current data in DTHR programs. In Olds and Rocky Mountain House the C-SLP are completing the SLP Assessments for children with multidisciplinary needs so that data is included below.

Community Speech-Language Pathology (Single Discipline)		Growing Together Speech-Language Pathology Stats
	Average days on AWL as of March 30, 2009	Average days waited for assessment (now completed)
Red Deer	36	26
Olds	24	50
RMH	43	45
TOTAL	34	40

It is important to note that C-SLP is measuring assessment wait time from the date consent is received to their first appointment. Growing Together on the other hand is measuring it from the screening date to the first appointment date. Having to gather consent often causes delays in scheduling an assessment. In the rural areas, this is particularly true as the consents are mailed out following screening. Essentially the assessment wait time should be similar between C-SLP and Growing Together as the target for both is 4 weeks.

- Objective 4.2** To provide an assessment by the appropriate professional by introducing preschool psychology services.
- Strategies 4.2.1** The introduction of a .4 FTE Psychologist position will allow appropriate assessments to be completed on children with behavioral or emotional concerns.

In year 1, the first Psychologist resigned and a decision was made to reduce the FTE (0.4 to 0.2). As of March 31, 2009 the Psychologist had completed 12 assessments in Red Deer.

**Goal 5** Provide timely and effective intervention.  
**Objectives 5.1** To provide an innovative, effective group intervention using paraprofessionals.  
**Strategies 5.1.1** An innovative group intervention (Growing Together groups) using paraprofessionals will be provided in the communities of Red Deer, Olds, and Rocky Mountain House.

The development of the curriculum and supervision made was completed in year 1. Eight facilitators were trained (Red Deer–5, Olds–2, Rocky Mountain House–1) during the first year. In year 2, a second training session was held in January 2009. Five facilitators completed the training (Red Deer – 3, Rocky Mountain House – 2)

As of March 31, 2009 thirteen Growing Together groups had been completed.

**Group Intervention**

Community	Type of Group	Number of Groups	Number of Children Referred	Number of Parents Attended
Olds	Communication group	1	10	<b>3 total</b> Year 1- 3 Year 2- 0
	Motor group	0	0	0
Rocky Mountain House	Communication Group	1	6	<b>5 total</b> Year 1- 0 Year 2- 5
	Motor group	0	2	No group has ran due to low numbers
Red Deer	Communication Group	7	56	<b>32 total</b> Year 1 - 5 Year 2 - 27
	Motor Group	4	22	<b>18 total</b> Year 1 - 10 Year 2 -8

It has been a struggle to offer groups in the rural communities due to a decreased volume of children. In 2009-2010, parents in rural communities will be able to access groups in Red Deer via videoconferencing. This will reduce the time families in the rural communities are waiting to access treatment.

**Strategies 5.1.2** Effectiveness of the Growing Together group treatment will be determined through the evaluation.

Parents completed a questionnaire that examined parent learning and parent satisfaction at the last session. Results were positive. See page 43. The children will be re-assessed within 16 weeks to determine their skill level (improvement).

**Objective 5.2** To improve treatment wait times by enhancing current SLP, OT, and PT services.  
**Strategies 5.2.1** The treatment wait times will be improved in all year 3 communities through the enhancement of FTE as follows;  
 SLP – 1.8 FTE  
 OT - 0.6 FTE  
 PT - 0.4 FTE

\* FTEs were reduced in year 2 due to staffing/recruiting issue, not due to lack of need.

Since the PRP starts treatment as soon as the assessment is completed, there is no comparison to report here.

Instead of using 2006/2007 data, treatment wait list comparison for children with SLP needs only (single discipline) will be made with current data in other DTHR programs.

Community Speech-Language Pathology Wait List		Growing Together Speech-Language Pathology (SLP need only)	Growing Together Speech-Language Pathology (Multidisciplinary)
	Average days on TWL as of March 30, 2009	Average days waited for treatment (in treatment)	Average days waited for treatment (in treatment)
Red Deer	202	70	-
Olds	112	38	92
RMH	155	88	43
<b>TOTAL</b>	156	65	68

It is important to note that treatment wait time is determined from screening date to first treatment. However, some families are offered treatment and decline at that time, essentially choosing to wait further. As well, some children require treatment from more than one therapist and families often prioritize which need to address first. Therefore increasing their wait time for their lower priority services.

**Objective 5.3** To provide treatment by the appropriate professional by introducing preschool psychology services.  
**Strategies 5.3.1** The introduction of a .4 FTE Psychologist position will allow appropriate treatment to be completed on children with behavioral or emotional concerns. As previously noted intervention is primarily being provided by the Parent Coach. As of March 31, 2009 the Parent Coach has seen 82 children. The Psychologist has consulted with team members, including the Parent Coach, on 15 children.

**Objective 5.4** To provide effective OT, PT, SLP, and Psychology treatment.  
**Strategies 5.4.1** Effective treatment by professionals will be supported by developing and evaluating.

### **Treatment Intervention**

Growing Together has provided treatment intervention to 147 children. Some of these children have received treatment from multiple therapists. Fifty-one children are currently awaiting treatment. Eleven children have requested reviews. The parents of 47 children declined all treatment services offered to them.

<b>Children Starting Treatment intervention – By Discipline</b>									
<b>Discipline</b>	<b>Number of Children Starting Treatment Intervention</b>								
	<b>Red Deer</b>			<b>Olds</b>			<b>RMH</b>		
	<b>Year1</b>	<b>Year2</b>	<b>Total</b>	<b>Year1</b>	<b>Year2</b>	<b>Total</b>	<b>Year1</b>	<b>Year2</b>	<b>Total</b>
Speech-Language Pathology	17	53	<b>70</b>	0	7	<b>7</b>	2	4	<b>6</b>
Physical Therapy	3	17	<b>20</b>	0	3	<b>3</b>	0	1	<b>1</b>
Occupational Therapy	8	17	<b>25</b>	1	3	<b>3</b>	0	2	<b>2</b>
Psychology	0	4	<b>4</b>	0	0	<b>0</b>	0	1	<b>1</b>
GT Group (Communication)	5	27	<b>32</b>	3	0	<b>3</b>	0	5	<b>5</b>
GT Group (Motor)	0	15	<b>15</b>	0	0	<b>0</b>	0	0	<b>0</b>

### **Clinical Pathways**

The SLP have developed these for children who fall into the following categories; language delay, late talker, ESL/Dual Language Learner/non English speaker, oral motor delay, and social communication delay. The OT and PT have developed a clinical pathway for children with moderate or severe multiple needs. It has enhanced coordination of care and provides a family centered approach.

### **Treatment Outcomes**

It is expected that all children in treatment with a professional will have treatment goals established. Follow-up assessment is completed within 16 weeks of commencement of treatment.

A system was developed by the project staff to identify, measure, and track individual client treatment goals. Since the beginning of the project, 82 children have had 279 goals established. Achievement results are as follows:

- Goal achieved (100%) – 227 goals (81%)
- Goal partially achieved (>50%) – 23 goals (8%)
- Goal not achieved (<50%) – 29 goals (10%)

Therapists indicated that goals were achieved less frequently with children identified as having severe global delays. Family issues and poor attendance were also noted as related factors.

### **Re-Assessment**

Children seen for treatment through Growing Together are offered a re-assessment 16 weeks from their treatment start date. To date, Growing Together has completed re-assessments for 87 children. Some children have received re-assessments from more than one therapist/discipline. If we consider each re-assessment individually, a total of 106 re-assessments have been completed.

Of the re-assessments completed, 52% (55) of them occurred within 16 weeks of their treatment start date. An additional 36% (38) occurred within 20 weeks of their start date. The 13 children waiting longer than 20 weeks for re-assessment did so primarily due to cancelled re-assessment appointments and difficulty in reaching parents to arrange re-assessment times.

The re-assessments have shown significant gains made by children receiving treatment from Growing Together. Sixty-nine children have made significant enough gains in at least one area of treatment to reduce their diagnostic category by one level (i.e.: an initial severe level of delay is now moderate at re-assessment; an initial mild delay is age-appropriate at re-assessment). This accounts for 79% of the children re-assessed. Children were re-assessed to have improved their skill level to an age appropriate level in 51 out of 106 re-assessments.

## Evaluation

The evaluation activities completed in Year 2 have been very positive. These included; Partner Satisfaction Surveys, ASQ Training/Information Session Evaluations, Growing Together Facilitator Training Evaluations, The Growing Together Group Parent pre/post session evaluations, the Quarterly Parent Mail Out Questionnaires, the Discharge Parent Phone Call Surveys and the individual client goal achievement measurements and reassessments.

We are very pleased with the percentage of parents bringing the ASQ completed to immunization clinic (82%). The percentage of children falling below cut off continues to be higher than expected (27%). The over referral rate for SLP is quite low at 11% and therefore we are confident in the adjustments Growing Together made to the ASQ. The over referral rates for OT 40% and PT 54% are more concerning. Examination of this continues.

It has been challenging to determine the percentage of the population that have been screened. Last year the number of births in each local hospital was used. However, many children are born in hospitals outside of their home community therefore this information did not meet our needs. In Year 2 it was decided that we would look at the number of Notices of Birth (NOB) that Public Health Nursing received in each community. Typically, the CHC that receives the NOB would be the same one where a family would go for immunization.

<b>Location</b>	<b>Year 1 *% Screened</b>	<b>Year 2 **% Screened</b>
Red Deer	30%	59%
Olds	76%	79%
Rocky Mountain House	78%	63%
<b>TOTAL</b>	<b>35%</b>	<b>61%</b>
*Based on hospital births ** Based on Notice of Births (NOB)		

Again in Year 2 assessment and treatment wait times have been significantly reduced. See page 23 and 25.

We were very pleased to start the Quarterly Questionnaires Mail-out Parent, the Discharge Parent Phone Surveys, and the individual client reassessments in Year 2. Below are some highlights from those activities:

- 88% of parents stated that they were satisfied with the developmental checkup that they received for their child.
- 89% of parents felt their questions were answered to their satisfaction at the developmental checkup.
- 100% of parents felt that the wait time for assessment was short or acceptable.
- 100% of parents felt that their child's assessment results were clearly explained to them.
- 79% of children who came in for a re-assessment showed significant improvement in their skill level.
- 81% of children achieved 100% of their treatment goals.
- 100% of parents stated that they were satisfied with their treatment and would recommend the Growing Together Project to other families.
- 100% of parents accessing the Parent Coach support identified increased confidence in handling parenting issues.

SEE BELOW FOR A SUMMARY OF ALL EVALUATION ACTIVITIES.

## GROWING TOGETHER EVALUATION FRAMEWORK

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
<p>1.1 The "Growing Together" model of collaborative community based preschool developmental screening and follow-up services will be implemented in Rocky Mountain House, Olds, and Red Deer by DTHR, Parent Links, and other Partners.</p>	<p>1.1.1 Development of a collaborative and effective partnership model between David Thompson Health Region, Red Deer Parent Link, Evergreen Parent Link, and Mountainview Parent Link.</p> <p>A. Partnership</p> <ul style="list-style-type: none"> <li>• Partner participation on Steering Committee (all Parent Links, all David Thompson Departments involved)</li> </ul> <p>* Partner participation on Working Groups            * Accountability/ Responsibility Agreements            * Tracking of Success and Challenges            * Partner Satisfaction with collaboration, coordination and communication            * Monthly staff meeting</p> <p>B. Model Development</p> <ul style="list-style-type: none"> <li>* Model of coordinated community based screening, assessment and treatment developed</li> </ul>	<p>100% of partners represented on Steering Committee.</p> <p>100% of partners participate on at least one working group.</p> <p>All partners 80% satisfied.</p> <p>Professionals</p> <p>Paraprofessionals</p>	<p>Cross-sector and multidisciplinary Membership</p> <p>Common vision statement</p> <p>Membership list of Steering Committee</p> <p>Membership list of working groups</p> <p>Partner Satisfaction Survey – collaboration, coordination, communication</p> <p>DTHR "Growing Together" Model developed and used by partners</p> <p>Primary Information Sessions Key Measure: Outcomes of Services (Paraprofessional and Professional)</p> <p>Proportion of stakeholders who report satisfaction with coordination of services</p>	<p>Collaborative functioning scales (Taylor-Powell et. al., 1998)</p> <p># of stakeholders who report satisfaction with collaborative partnership, joint program development, communication, and community awareness of project Target 85% report satisfaction with services (overall).</p>	<p>Partners;</p> <ul style="list-style-type: none"> <li>• DTHR</li> <li>• Red Deer Parent Link</li> <li>• Evergreen Parent Link</li> <li>• Mountainview Parent Link</li> <li>• CFSA</li> <li>• C-SLP</li> <li>• PRP</li> <li>• Public Health</li> </ul> <p>All represented on Steering Committee</p> <p>Surveys completed 2007 and 2008.</p> <p>The partnership is on sound footing. Results indicated a slight increase in the composite mean from 105 to 109 within a range of 19-133 and a composite mean average=66.5.</p> <p>SEE ATTACHMENT 2</p> <p>Significant improvement in the quality of sessions has been noted.</p> <p>SEE ATTACHMENT 3</p>
<p>2.1 To increase community awareness of developmental screening</p>	<p>2.1.1 The awareness of the availability of preschool screening and enhanced follow-up services by professionals and staff in the three communities will be increased through:</p>				

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<p>* Physician mail out (e.g. letter and pamphlets)</p> <p>* Public Health Nursing/EIP Staff Training Sessions and Information Sessions</p> <p>* Parent Links - Information Sessions (Home visiting Programs)</p> <p>2.1.2 Increased awareness of preschool child development and the increased availability of screening and follow-up services by the general public in the three target communities will be</p>	<p>100% of family physicians and pediatricians in each community notified.</p> <p>One per community</p> <p>One per community</p>	<p>% of physicians by community</p> <p>Number of physician referrals for screening</p> <p>Number of staff trained to use the ASQ for screening</p> <p>Number of presentations by community and evaluation thereof</p> <p>Self-reported assessment of impact of training programs/ support (ad hoc)</p> <p>Number of presentations by community and evaluation thereof</p>	<p># of physicians received mail out</p> <p># of referrals from physicians</p> <p># of staff trained to screening children using the ASQ by location/site</p> <p># of sessions provided across all sites and for all staff types (PHN, Facilitators, SLP, OT, Psychology)</p> <p># of presentations</p> <p># of Attendees</p> <p>* # of staff reporting satisfaction with training</p> <p>* # of staff reporting competence to conduct ASQ screening</p> <p>* Documented changes in training as a result of staff perception of training (QI – development of refresher/ongoing training)</p> <p># of presentations</p> <p># of attendees</p>	<p>Year 1 100% of family physicians in DTHR directory in November 2007 received the mail out. (120 physicians) Year 2 – 42 Physicians attended presentations.</p> <p>Year 1 – 0 Year 2 – 7</p> <p>Year 1 Year 2</p> <p>Attendees: 86 Attendees: 48</p> <p>Red Deer: 74 Red Deer: 42</p> <p>Olds: 7 Olds: 0</p> <p>RMH: 5 RMH: 6</p> <p>Year 1 Sessions: 12 Red Deer – 12 Olds – 2 RMH – 2</p> <p>Year 2 One session was held for new Growing Together Facilitators (5 Attendees). Individual information sessions were held for new staff joining the project (3 therapists).</p> <p>Ratings are extremely favorable. SEE ATTACHMENT 4</p> <p>See page 6 for further details</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<p>achieved by:</p> <p>*Public Information Sessions – Target audiences would include school divisions, playschools, preschool programs (e.g. library), daycares, day home providers</p> <p>Poster Campaign - distributed to physician offices, CHCs, Parent Link Centres, and the above locations</p>	<p>One per community</p> <p>150 – Red Deer 25 – Olds 25 – Rocky Mountain House</p>	<p>* Number of presentations by community and evaluation thereof Number of inquires about the project as a result of the information sessions</p> <p>Number of posters distributed by community</p> <p>* Number of inquires about the project as a result of poster campaign.</p>	<p># of public info sessions # of attendees # of inquiries</p> <p># of posters disseminated</p> <p># of inquiries</p>	<p>Year 1 1 session held for Red Deer Public 35 Participants</p> <p>Year 2 Participated in 12 events See page 6</p> <p>Year 1 Poster distribution RMH – 33 Olds – 18 Red Deer – 83</p> <p>Many people have commented about noticing the poster, but there has been no direct referrals.</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
<p>2.2 To Increase parental knowledge of preschool development and key milestones</p>	<p>2.2.1 Parental knowledge will be increased by:</p> <ul style="list-style-type: none"> <li>The use of printed materials, that will allow the family to track upcoming developmental milestones and provide ideas for at home activities that will stimulate development, to share with families during the ASQ debrief.</li> <li>Providing consistent and quality information to parents/caregivers by developing an ASQ debrief process (e.g. Intake Coordinator and PHN script)</li> </ul>	<p>2<sup>ND</sup>YEAR (2008/09)</p> <p>Increased knowledge – comparing children after their 18-month apt who received the ASQ and those who did not.</p>	<p>Parent/caregiver self report questionnaire of developmental milestone knowledge- 12 months, 18 months and 36 months</p> <p># of parents or guardians who report understanding key developmental issues and milestones *measurement times at ASQ Administration, 3/6 months and 1 year</p> <p>Include quest about info resources – where did they get their info?</p> <p>Determine 3 aggregate (control) communities re intervention communities</p>	<p>Parent Mail Survey</p>	<p>It was decided that this would not be completed.</p> <p>The parent mail out questionnaire is sent out quarterly.</p> <p>In year 2 1097 were sent out and 340 were returned (31%).</p> <p>SEE ATTACHMENT 5</p>
<p>2.3. To improve accessibility to developmental screening for families of preschool children in Red Deer, Olds, and Rocky Mountain House.</p>	<p>2.3.1 Increase the number of access points for developmental screening.</p>	<p>2007-2008: 50% 2008-2009:70% 2009: 80% 2009-2010</p>	<p>% of population between the ages of 18 - 26 months screened at least once using the ASQ (Quarterly)</p>	<p>Key Measure: # of Children Screened Using the ASQ</p>	<p>Year 1 Year 2</p> <p>Red Deer – 300(30%) Red Deer – 896 (59%)</p> <p>Olds – 42 (76%) Olds – 105 (79%)</p> <p>RMH – 48 (78%) RMH – 145 (63%)</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<p>A) Immunization Clinics NEW SERVICE</p> <ul style="list-style-type: none"> <li>All - Administration Assistants provides appointment reminder phone calls and mails out ASQ</li> <li></li> <li>Red Deer - Intake Coordinator scores and completes ASQ debrief</li> <li>Olds and Rocky Mountain House - Public Health Nurse scores and completes ASQ debrief</li> </ul>	<p>100%</p> <p>2007-2008: 50% 2008-2009: 70% 2009 80% 2010</p> <p>2007-2008: 50% 2008-2009: 70% 2009 80% 2010</p>	<p>Proportion of children screened during immunization (target: 80% of children immunized are screened) (quarterly)</p> <p>% of children scheduled for 18 month immunization that receive a reminder call</p> <p>% of children scheduled for 18 month immunization that ASQ is mailed out</p> <p>% of total children immunized at 18-26 months screened using the ASQ</p> <p>Number of ASQ scored in Red Deer</p> <p>% of total children immunized at 18-26 months in Olds and in Rocky Mountain House</p> <p>Number of ASQ scored in Olds and in Rocky Mountain House</p>	<p># of children screened during immunization using ASQ <u>total # of children immunized within Community</u></p> <p># reminder calls made <u># of children scheduled for 18 month immunization</u></p> <p># ASQ mailed out <u># of children scheduled for 18 month immunization.</u></p> <p># of children immunized <u># of children screened using ASQ</u></p> <p># of children immunized <u># of children screened using ASQ</u></p>	<p>See page 28.</p> <p><u>Arrived with ASQ completed Scheduled Immunization Apt</u></p> <p>Project Total <u>1164</u> = 82% 1428</p> <p>* Does not include walk-ins</p> <p>Year 1 Year 2</p> <p><u>420</u> = 95% 440 <u>1139</u> = 95% 1194</p> <p>Project Total <u>1159</u> = 95% 1634</p> <p>Does not include walk-ins</p> <p>Year 1 Year 2</p> <p><u>434</u> = 99% 440 <u>1160</u> = 97% 1194</p> <p>Project Total <u>1594</u> = 98% 1634</p> <p>Year 1 Year 2</p> <p>Red Deer <u>205</u> = 81% 254 Red Deer <u>670</u> = 85% 791</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					Year 1 Year 2  Red Deer – 300 Red Deer - 896  TOTAL - 1196   Year 1  Year 2  Olds $\frac{39}{41} = 95\%$ Olds $\frac{102}{117} = 87\%$  RMH $\frac{43}{60} = 72\%$ RMH $\frac{110}{169} = 65\%$  Year 1 Year 2 TOTAL  RMH – 48 RMH – 145 193  Olds – 42 Olds - 105 147

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<p>A) Home Visiting Programs (EIP, Healthy Families) ENHANCED SERVICE - Staff trained in use of ASQ/ASQ-SE</p> <p>B) Screening Days at Parent Link Centres ENHANCED SERVICE - Staff trained in use of ASQ/ASQ-SE</p> <p>C) PRP Intake NEW SERVICE - Staff trained in use of ASQ/ASQ-SE</p> <p>D) Walk-ins at Parent Link Centres ENHANCED SERVICE - Staff trained in use of ASQ/ASQ-SE</p>	2 per year per community	<p>Number of children screened by community</p> <p>Number of screening days by community</p> <p>Number of children screened by community</p> <p>Number of children screened by community</p>	<p>*The immunization data is not available for these children.</p>	<p>Year 1 Year 2</p> <p>Red Deer – 4 Red Deer – 13</p> <p>Olds – 1 Olds – 0</p> <p>RMH – 0 RMH - -</p> <p>Total – 5 Total - 13</p> <p>Year 1</p> <p>Screening Days - 0</p> <p>Year 2</p> <p>Screening Days – 20 Children Screened</p> <p>Red Deer – 13 Red Deer – 6</p> <p>Olds – 1 Olds – 1</p> <p>RMH – 6 RMH - 0</p> <p>Year 1 Year 2</p> <p>PRP – 6 PRP – 19</p> <p>Red Deer – 6 Red Deer – 15</p> <p>Olds – 0 Olds – 2</p> <p>RMH - - RMH – 2</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					Community SLP – 14 Community SLP – 17  Red Deer – 10 Red Deer – 13  Olds – 2 Olds – 1  RMH – 2 RMH - 3  Year 1 Year 2  Parent Links – 6 Parent Links – 5  Red Deer – 4 Red Deer – 0  Olds – 0 Olds – 1  RMH – 2 RMH - 3  See page 8 for other access points.
2.4 To improve accessibility to developmental screening for Aboriginal children in Red Deer and Rocky Mountain House	2.4.1 Increase developmental screening of Aboriginal children in Red Deer and Rocky Mountain House by building on existing relationships between DTHR/Parents Links/CFSA/Native Friendship Centres in order to partner in the development of strategies (e.g. promotional, examine how other services are accessed, find a champion)	One strategy per community (2).  Increase in # screened from 2008 – 2009 to 2009.	Number of strategies developed.          Number of aboriginal children screened	# of strategies and strategies documented          # of children screened using ASQ	Strategies – 3 <ul style="list-style-type: none"> <li>• ASQ training</li> <li>• Elder Review of ASQ (for cultural sensitivity)</li> <li>• Networking with the following agencies</li> </ul> <ol style="list-style-type: none"> <li>1. Red Deer Aboriginal Head Start Program.</li> <li>2. Native Friendship Centres in Red Deer and Rocky Mountain House.</li> <li>3. O'Chiese and Sunchild Aboriginal Reserves via Rocky Mountain House Parent Link.</li> </ol> Number Screened – 0 in Growing Together age range.

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					See page 11
<p>2.5 To improve accessibility to screening of social and or emotional difficulties for families of preschool children in Red Deer, Olds and Rocky Mountain House</p>	<p>2.5.1 Provide additional screening using the Ages and Stages Questionnaire - Social Emotional (ASQ-SE) for children who exhibit behavior challenges or whose parents indicate concerns regarding behavior through a range of access points. NEW SERVICE</p> <ul style="list-style-type: none"> <li>• ASQ Debrief (Intake Coordinator, Public Health Nurse)</li> <li>• At assessment (OT, PT, SLP)</li> <li>• During treatment (OT, PT, SLP, Growing Together Coordinator)</li> </ul>		<p>Number by community</p> <p>Number by community</p> <p>Number by community</p>	<p>Previous years volumes of screening where appropriate</p> <p># of ASQ-SE debriefings by community</p> <p># of ASQ-SE at assessments by community</p> <p># of ASQ-SE during treatment by community</p>	<p>Growing Together is no longer using the ASQ-SE</p>
			<p>Proportion of children screened by all providers and type screened in relation to total births (by community and aggregate) (quarterly)</p> <p>Proportion of children screened using the ASEQ in relation to children screened using the ASQ (quarterly)</p>	<p># Children Screened using the ASQ (total and by Community)</p> <p># of births within each Community and total (including catchments)</p> <p># Children Screened using the ASEQ (total and by Community)</p> <p># Children Screened using the ASQ (total and by Community (including catchments)</p>	<p>Year 1 <math>\frac{390}{1105} = 35\%</math> See page 28</p> <p>Year 2 <math>\frac{1146}{1887} = 61\%</math></p> <p>Growing Together is not using the ASQ-SE</p>
<p>3.1. To provide family centered developmental screening experiences</p>	<p>3.1.1 Development of a Growing Together Intake Coordinator position (FTE 1.4) whose role will include ASQ/ASQ-SE scoring and debrief with families, coordination of referrals to</p>		<p>Number of referrals by discipline by community</p>	<p># of referrals</p>	<p>Year 1 SLP 97 OT 42 PT 36</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
and efficient coordinated referrals.	professionals and/or community support/programming, coordination of intervention services, and follow-up and support for challenged families (e.g. no shows).	All parents 80% satisfied with ASQ debrief, coordination, and follow-up support.	Quarterly Parent Satisfaction Survey	# of parents satisfied with ASQ debrief, coordination, and follow-up support	Psych 2 Parent Coach – 6  RD 77 RD 33 RD 27 RD 2 RD 5  Olds 13 Olds 5 Olds 5 Olds 0 Olds 0  RMH 7 RMH 4 RMH 4 RMH 0 RMH 1  Home Visiting – 2 Nutritionist – 2 Physician – 1  RD – 2 RD – 2 RD – 1  Olds – 0 Olds – 0 Olds – 0  RMH - 0 RMH - 0 RMH - 0  Year 2 SLP323 OT 88 PT 68 Psych 10

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					Parent Coach:104 RD 251 RD 70 RD 50 RD 6 RD 92  Olds 33 Olds 10 Olds 8 Olds 1 Olds 3  RMH 39 RMH 8 RMH 10 RMH 3 RMH 9  Home Visiting 1 Nutritionist – 1 Physician – 0  RD - 1 RD – 1 RD – 0  Olds – 0 Olds – 0 Olds – 0  RMH - 0 RMH - 0 RMH - 0  88% of parents stated they were satisfied with the

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					developmental checkup. SEE APPENDIX 5
	<p>3.1.2 Increase the quality of the information and counseling on child development and the use of the ASQ by developing printed materials, that will allow the family to track upcoming developmental milestones and provide ideas for at home activities that will stimulate development, to share with families during the ASQ debrief</p> <p>3.1.3 Develop strategies to improve coordination, communication, and collaboration.</p> <ul style="list-style-type: none"> <li>• Monthly staff meeting</li> <li>• Yearly staff focus groups</li> <li>•</li> </ul> <p>3.1.4 Development of procedures for use by Public Health Nurses in Olds and Rocky Mountain House for sharing ASQ/ASEQ results with the Intake Coordinator that will increase consistency and quality of the information provided.</p> <p>3.1.5 Development of Procedures for sharing ASEQ results with the Growing Together Intake Coordinator.</p> <p>DTHR - Physical Therapist, OT, SLP, Parent Link - Growing Together Group Coordinator</p> <p>3.1.6 Implementation of a data management system for the purpose of tracking information and coordinating services for all partners involved.</p> <ul style="list-style-type: none"> <li>• Development</li> <li>• Implementation</li> </ul>	<p>All parents report 80% satisfaction with quality of information provided.</p> <p>80% of parents report using the tracking tool</p> <p>All parents 80% satisfied with ASQ debrief, coordination, and follow-up support</p> <p>Sept 2007</p> <p>100%</p>	<p>Quarterly Parent Satisfaction Survey</p> <p>% of families that report having used the tracking tool</p> <p>Number of strategies developed and implemented through staff meeting and focus groups</p> <p>Quarterly Parent Satisfaction Survey</p> <p>Yearly Focus group with Growing Together staff</p> <p>Number of Psychology referrals by community by and source (original screener, Intake Coordinator, OT, PT, SLP, and Growing Together Group Coordinator)</p> <p>Developed and in use</p> <p>% of clients entered who have been offered ASQ screening</p>	<p># of parents satisfied with quality of information provided</p> <p># of parents using tracking tools</p> <p>Compiled list of strategies developed to improve coordination, communication, and collaboration.</p> <p># of parents satisfied with ASQ debrief, coordination, and follow-up support</p> <p>Procedure protocol developed for PHNs in Olds and Rocky Mountain House re ASQ debrief, coordination, and follow-up support</p> <p># of referrals</p> <p>Procedure protocol for sharing ASEQ results developed for the Growing Together Intake Coordinator</p> <p>Data management system developed and in use</p>	<p>52% of parents found the handouts to be useful.</p> <p>35% of parents who reported that the “Kevin Booklet” provided them with new information. 55% of parents who reported using the home activities.</p> <p>SEE APPENDIX 5</p> <p>Monthly staff meetings: 19 strategies developed See page 15 Yearly Staff Focus Groups: It was decided not to do this.</p> <p>SEE APPENDIX 5</p> <p>Yearly Staff Focus Groups: See APPENDIX 6</p> <p>Year 1 Referrals: 2 (by therapists) Year 2 Referrals: 10 (by therapists and Parent Coach)</p> <p>Meditech is now functional. Data is being entered on all clients and reports are being developed. 100% of clients have been entered. An Access database is also in use.</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
<p>3.2. To identify barriers to access and strategies to improve access.</p>	<p>3.2.1 The identification of barriers will occur through:</p> <ul style="list-style-type: none"> <li>• Barriers identified by families (e.g. follow-up phone calls, satisfaction surveys)</li> <li>• Barriers identified by staff (e.g. staff meeting, focus groups)</li> </ul> <p>3.2.2 The identification and implementation of strategies to address barriers/improve access will occur through:</p> <ul style="list-style-type: none"> <li>• The Intake Coordinator and the Group Coordinator will make process changes as required and track these changes (e.g. reminder phone call timing)</li> <li>• Monthly staff meeting</li> <li>• The conducting of a yearly focus group with Growing Together staff in order to identify strategies to improve access.</li> </ul>	<p># of "no shows" decrease from 2008-2009 to 2009.</p>	<p># of "no shows" – Monthly</p> <p># of barriers identified by families and staff – Quarterly</p> <p># of changes made</p> <p># of strategies developed and implemented</p>	<p># of no shows – Monthly</p> <p># of "No Shows" contacted after referrals (Target 90% contacted)</p> <p># (list) of barriers identified by families – Quarterly</p> <p># (list) of barriers identified by staff - Quarterly</p> <p>List of strategies to improve access</p> <p># of changes made</p> <p># (list) of strategies implemented</p>	<p>Due to resource limitations, this is not being tracked.</p> <p># of barriers identified by families: 4</p> <p># of barriers identified by staff: 14 See page 18 for more details.</p> <p>Number of strategies: 21 See page 18 for strategies</p> <p>It was decided that a staff focus group was unnecessary.</p>
<p>3.3 To identify children who are " at risk" of not continuing to develop at the same rate as their peers and provide intervention.</p>	<p>3.3.1 The identification of "at risk" children will occur through the development of an inclusion criteria, including having passed the ASQ screening.</p> <p>The intervention for "at risk" families</p>	<p>100%</p> <p>50%</p>	<p>Criteria developed and used by Intake Coordinator.</p> <p>% of "at risk" families referred to Growing Together groups</p> <p>% of "at risk" families who attend</p>	<p># of At Risk children referred to Growing Together (100% Target)</p> <p># of At Risk children who attend Growing Together Groups (50% Target)</p>	<p>Year 1 and 2</p> <p>Two at risk child have been identified and referred to a Growing Together Group.</p> <p>Both have attended only 25% of the sessions.</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	will consist of a referral to the Growing Together groups.		Growing Together groups		
<p>4.1. To improve assessment wait time by enhancing current SLP, OT, and PT services.</p>	<p>4.1.1 Assessment wait times will be improved in all 3 communities through the enhancement of FTE as follows; SLP - 2.0 FTE OT - 0.6 FTE PT - 0.6 FTE</p> <p>This will include an enhancement of SLP in Red Deer, Rocky Mountain House, and Olds, and enhancement of OT and PT in Red Deer and Rocky Mountain House, and an introduction of OT and PT to Olds, where families previously traveled to Red Deer.</p>	<p>95% of assessments completed within 4-week target.</p> <p>Assessment wait time decreases from 2006-2007 data to project time period (2007-2009).</p>	<p>% of assessments completed by community by discipline</p> <p>% of assessments completed within 4 weeks from referrals</p> <p>Reduced assessment wait time as compared to 2006-2007 DTHR data for SLP, OT, and PT.</p> <p>* Wait time from ASQ to referral for assessment for professional services (quarterly) * Comparison of wait times for assessments from previous year (annual)</p>	<p># of assessments completed by community by discipline</p> <p># of assessments completed within 4 weeks from referrals</p> <p>* Time from ASQ administration/scoring to Time to SLP Assessment (T1A) * Time from ASQ administration/scoring to Time to OT Assessment (T1B) * Time from ASQ administration/scoring to Time to Psychology Assessment (T1C) Time from ASQ administration/scoring to Time to PT Assessment (T1D)</p>	<p>Assessments Completed</p> <p>Year 1 Year 2</p> <p>SLP – 59 SLP – 209</p> <p>OT – 21 OT – 48</p> <p>PT – 16 PT – 49</p> <p>Psych – 2 Psych - 10</p> <p>Total – 98 (70 children) Total – 316 (240 children)</p> <p>See page 21 for community detail</p> <p>Year 1 Year 2</p> <p><math>\frac{57}{70} = 81\%</math> <math>\frac{149}{240} = 62\%</math></p> <p>Project Total – <math>\frac{206}{310} = 66\%</math></p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					C-SLP Assessment wait time reduced by an average days of: Year 1 Year 2 Red Deer > 24 (not reduced) Red Deer < 10 Olds < 10 Olds > 26 (not reduced) RMH < 14 RMH > 2 (not reduced) PRP Assessment Wait Time reduced by an average days of: Year 1 Year 2 OT <49 OT<55 PT < 45 PT<62 SLP< 55 SLP<64
			* Proportion of families who report Satisfaction with Wait Time for Assessment (annual) * Compared to previous years satisfaction	Families reporting Satisfaction with Wait-time # of Families responding to follow-up survey % change in satisfaction from pre-Innovation fund and Year-to Year	100% of parents felt the wait time for assessment was short or acceptable. In comparison 2008 PRP reported 88% of families reported that the wait time was acceptable and 80% of C-SLP families agreed the wait time for assessment was acceptable. SEE ATTACHMENT 7
4.2. To provide an assessment by the appropriate professional by introducing preschool psychology services	4.2.1 The introduction of a .4 FTE psychologist position will allow appropriate assessments to be completed on children with behavioral or emotional concerns.	Children with behavioral or emotional concerns	% of assessments completed by community	# of assessments completed by community	Assessments completed – Project Total Red Deer – 330 (246 children) Olds – 38 (27 children) RMH – 39 (30 children) See page 21
5.1. To provide an innovative, effective	5.1. 1 An innovative group intervention			# of groups offered by community	Project Totals:

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
<p>group intervention using paraprofessionals.</p>	<p>(Growing Together groups) using paraprofessionals will be provided in the communities of Red Deer, Olds, and Rocky Mountain House through the development of :</p> <ul style="list-style-type: none"> <li>• Growing Together group curriculum</li>   <li>• A training program for the paraprofessionals</li>   <li>• A supervision model for paraprofessionals</li> </ul>	<p>Growing Together Facilitators</p> <p>Paraprofessionals</p>	<p>Developed and in use</p> <p>* % of para- professionals trained  * % of para- professionals trained who report confidence and competence in conducting Growing Together Groups  * Observational Assessment of paraprofessionals following training.</p> <p>Developed and documented</p>	<p># of children in attendance by community</p> <p># of training sessions held  # of Growing Together Facilitators trained</p> <p># of para- professionals who report satisfaction with training  # of para- professionals who report confidence and competence in facilitating Growing Together Groups (multiple assessments of this)  # of observational sessions conducted</p> <p>Model documented</p>	<p>Red Deer – 11 groups, 50 children  Olds – 1 group, 3 children  RMH – 1 group, 5 children  See page 24</p> <p>Number of Facilitators trained:  Year 1                      Year 2  Red Deer: 5                Red Deer: 3  Olds: 2                      Olds: 0  RMH: 1                      RMH: 2  # of sessions: 1            # of sessions: 2</p> <p>Results continue to be extremely favorable.  SEE ATTACHMENT 8</p> <p>Observations Communication  Observations Motor</p> <p>Red Deer  Year 1 – 2  Year 2 – 9  Year 1 – no group ran  Year 2 – 8</p> <p>Olds  Year 1 – no group ran  Year 2 – 2  Year 1 – no group ran  Year 2 – no group ran</p> <p>RMH  Year 1 – no group ran  Year 2 – 2  Year 1 – no group ran  Year 2 – no group ran</p> <p>Therapists observe at least one session of the 4 session groups.</p> <p>The supervision model was shared as part of the Facilitator Training.</p>
	<p>5.1.2  Effectiveness of the Growing Together group treatment will be determined through the evaluation of:</p> <ul style="list-style-type: none"> <li>• Parent Learning</li>   <li>• Children's Post treatment professional reassessment</li> </ul>	<p>Parents</p>			<p>Thirteen groups have been completed to March 31, 2009.</p> <p>Eighty-seven children have completed 106 reassessments.</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<ul style="list-style-type: none"> <li>Parent Satisfaction</li> </ul> <p>5.1.3 Assess the long term outcomes of the Growing Together Project</p>	<p>Develop 1<sup>st</sup> phase of a longitudinal study to determine long-term outcomes.</p>	<p>Proportion of clients referred to Growing Together Groups that have a follow-up assessment by professional staff</p> <p>Description of follow-up assessments results (proportion of children who are observed to have improved following participation in Growing Together groups</p> <p>Proportion of parents who have increased capacity in addressing issues of relevance</p>	<p># of Children Attended Growing Together</p> <hr/> <p># of Follow-up Assessments by Professional Staff</p> <p>Target: 100%</p> <p># of children who are observed to have improved following participation in Growing Together groups</p> <p># of parents who have increased capacity</p>	<p>68% of children who attended Growing Together groups completed a reassessment.</p> <p>68% of those reassessed were determined to have age appropriate skills.</p> <p>Results indicate significant parent learning.</p> <p>SEE ATTACHMENT 9</p> <p>Due to lack of resources this will not be completed.</p>
<p>5.2 To improve treatment wait times by enhancing current SLP, OT, PT services.</p>	<p>5.2.1 The treatment wait times will be improved in all 3 communities through the enhancement of FTE as follows; SLP - 2.0 FTE OT - 0.6 FTE PT - 0.6 FTE</p> <p>This will include an enhancement of SLP in Red Deer, Rocky Mountain House, and Olds, and enhancement of OT and PT in Red Deer and Rocky Mountain House, and an introduction of OT and PT to Olds, where families previously traveled to Red Deer.</p>	<p>Treatment wait time and wait list numbers decrease from 2006-2007 data to project period (2007-2009).</p>	<p># of children seen for treatment by the OT, PT, SLP by community</p> <p>Reduced treatment wait list and wait time as compared to 2006-2007 DTHR data (OT, PT, SLP).</p> <p>Wait time from Assessment to professional services (quarterly)</p> <p>Comparison of wait times for treatments from previous year (annual)</p>	<p>Time from Referral to SLP Treatment (T2A)</p> <p>Time from Referral to OT Treatment (T2B)</p> <p>Time from Referral to Time to Psychology Treatment (T2C)</p> <p>Time from Referral to Time to PT Treatment (T2D)</p>	<p>RD Olds RMH Total</p> <p>SLP 70 7 6 83</p> <p>OT 25 3 2 30</p> <p>PT 20 3 1 24</p> <p>Psych 4 0 1 5</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
<p>5.3 To provide treatment by the appropriate professional by introducing preschool psychology services.</p> <p>5.4 To provide effective OT, PT, SLP, and Psychology treatment.</p>	<p>5.3.1 The introduction of a .4 FTE psychologist position will allow appropriate assessments to be completed on children with behavioral or emotional concerns.</p> <p>5.4.1 Effective treatment by professionals will be supported by developing and evaluating;</p>		<p>Satisfaction with wait time for Treatment (annual)</p> <p>% of children provided with treatment by the psychologist by community</p> <p>Treatment criteria and options for each discipline are developed</p>	<p>Time from previous years for each discipline (referral to treatment)</p> <p>% change in wait time by discipline</p> <p>% change in treatment wait-lists by discipline (compared to previous years)</p> <p># Families reporting Satisfaction with wait-time</p> <p># of Families responding to follow-up survey</p> <p>% change in satisfaction from pre-Innovation fund and Year-to Year</p> <p># of children provided with treatment by the psychologist by community</p> <p>Criteria are developed by each discipline and outcomes are reviewed via post –treatment follow-up using standardized assessment tools/instruments (pre/post treatment)</p> <p>100% of children treated will have treatment goals/care plans developed</p>	<p>GT (Comm) 32 3 5 40</p> <p>GT (Motor) 15 0 0 15</p> <p>C-SLP (single discipline) Treatment Waitlist reduced by an average days of: Year 1                      Year 2 Red Deer &lt; 119              Red Deer &lt;132 Olds &lt; 37                      Olds &lt;74 RMH &lt; 92                      RMH &lt; 67</p> <p>See page 25 for an explanation as to why this will not be reported for multidisciplinary children (SLP, OT, PT, Psych).</p> <p>Multidisciplinary Team (% change from referral to assessment/treatment) Year 1                      Year 2 OT: *64%                      OT: 72% PT: *53%                      PT: 73% SLP: *62%                      SLP: 72%</p> <p>SLP-Only (% change from assessment to treatment) Year 1                      Year 2 Red Deer: *72%              Red Deer: 65% Olds: *42%                      Olds: 66% RMH: *57%                      RMH: 43%</p> <p>*Last years number were reported in error in the 2007-2008 Annual Report.</p> <p>76% of parents reported starting treatment within</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
	<p>1) Standard treatment criteria/options for moderate and severe diagnosis in each discipline, as well as multiple diagnosis (e.g. moderate language delay only &gt; Hanen, It Takes Two to Talk)</p> <p>2) Treatment goals/outcome measures identified and measured for each client</p> <p>3) Post treatment follow-up assessment completed</p>	<p>100%</p> <p>80%</p> <p>100%</p>	<p>% of clients with goals identified</p> <p>% of goals met</p> <p>% of clients with post treatment follow-up assessment completed within 16 weeks of commencement of treatment</p> <p>Increased frequency of sessions in DTHR PRP as compared to 2006-2007 data.</p>	<p>Description of treatment protocols and tracking of key features of treatment care planning and goals</p> <p># of clients with goals identified</p> <p># of clients with goals met</p> <p># of clients with post treatment follow-up assessment completed</p> <p># of sessions in DTHR</p>	<p>4 weeks of their assessment.</p> <p>39 families have participated in the phone discharge survey.</p> <p>91% of families were satisfied with the wait time for treatment. In comparison only 70% of families from Community SLP were satisfied with the time they waited for treatment to start in 2008.</p> <p>SEE ATTACHMENT 7</p> <p>Project Total</p> <p>Psych Parent Coach</p> <p>Red Deer 4 72</p> <p>Olds 0 2</p> <p>RMH 1 8</p> <p>Total 5 82</p> <p>All Growing Together clients have goals developed and all are offered a reassessment.</p> <p>A method to document goals, and to measure and track progress has been developed and is in use. Number of children receiving treatment: 147 Number of children with goals developed: 82 (56%) * This is due to the process being implemented part way through year 2.</p>

OBJECTIVES	STRATEGIES	TARGET	MEASURES	MEASUREMENT/ INDICATOR	PROGRESS/RESULTS ACHIEVED
					<p>Number of goals developed: 279  Results:  Goals Achieved (100%): 81%  Goals Partially Achieved (&gt;50%): 8%  Goals Not Achieved (&lt;50%): 10%  See page 26 for more detail.</p> <p>Number of completed reassessments: 87 children  106 reassessments completed.</p> <p>Within 16 weeks: 55 (52%)  Within 20 weeks: 38 (36%)  Results of Reassessment 69 children (79%)  improved at least one diagnostic category from  the original assessment to reassessment (i.e.  severe to moderate)  See page 27</p> <p>Baseline data (prior to Growing Together) is one  visit per month per child.</p> <p>Growing Together - Average number of visits per  month have increased.</p> <p>SEE ATTACHMENT 10</p>

## **FINANCIAL**

Two budget change requests have been submitted to Alberta Health and Wellness (see below). Both have been approved.

1. The Red Deer Parent Link requested a reallocation within their budget to accommodate an increase from \$20,000.00 per year to \$30,000.00 per year for administration.

The budget reallocations were;

Year 1

- Increase Parent Link Administration fee from \$20,000.00 to \$30,000.00.
- Reduce Growing Together Facilitator budget from \$24,000.00 to \$19,000.00 and reallocate to administration.
- Reduce childcare budget from \$26,400.00 to \$21,400.00 and reallocate to administration.

Year 2 and 3

- Increase Parent Link Administrative Fee from \$20,000.00 to \$30,000.00 (both years for a total of \$20,000.00).
- Carry forward the surplus in the Psychologist position from year 1 and reallocate to administration.
- Reduce the Growing Together Group Coordination Travel from \$7,000.00 to \$4,500.00 (both years) and reallocate this \$5,000.00 to administration.

2. The project requested a reallocation of the \$209,617.00 surplus after year 1 to year 2.

Year 2

- Increase marketing/materials budget from \$5,000.00 to \$25,000.00.
- Increase the Intake Coordinator Position from 1.4 FTE to 2.0 FTE, increase budget from \$127,829.00 to \$170,000.00.
- Increase the Public Health Nurse Administrative Assistant FTE from 1.0 FTE to 1.5 FTE, increase budget from \$41,876.00 to \$62,817.00.

- Carry over the additional \$126,508.00 surplus to year 3.

At the end of year 2 (March 31, 2009) Growing Together has a surplus of \$179,291.00. This surplus was planned so that positions increased in Year 2 could continue through year 3.

An additional request will be submitted to Mr. Neil MacDonald. We would like to continue the increased Intake Coordinator position (1.4 FTE to 2.0 FTE) and the increased PHN Administrative Assistant (1.0 FTE to 1.5 FTE) in year 3. As well, a request to increase the Public Health Nursing FTE from 0.2 FTE to 1.2 FTE as the Public Health Nurses are now doing all screening at one CHC in Red Deer will be included.

We are expecting a surplus at the end of year 3. One option would be to request a retainment of all surplus dollars from the project in order to extend it until March 31, 2010. Potentially screening would cease at immunization clinics on December 31, 2009. The surplus could be used to maintain staffing for 3 months which would allow assessment and intervention to be provided to families screened in late 2009.

The “in kind” contributions from all partners continued in year 2. All partners attended Steering Committee Meetings. AHS (former David Thompson Health Region) continued to provide many support services from the departments of Human Resources, Finance, Materials Management, and Communications.

SEE ATTACHMENT 1 for the 2008-2009 Financial Statement

## **Provincial Goals and Objectives**

The Growing Together Project has significantly improved access to screening, assessment and intervention services for children 18-26 months in year 2. Prior to this initiative developmental screening was only available at Parent Link Centres and it is now available at immunization clinics, homevisiting programs and other AHS programs such as EIP, PRP and C-SLP. In year 2, screening capacity increased through ASQ training at additional sites, in each community. In 2006-2007, 93 children between the ages of 4-60 months were screened through the Red Deer Parent Link. In year 2 of Growing Together 896 children aged 18-26 months were screened in Red Deer. No pre-project data is available for Olds or Rocky Mountain House.

As in year 1, the wait time for SLP assessments has improved for children requiring multidisciplinary assessments. Given the C-SLP program also has an assessment wait time target of 4 weeks (same as Growing Together) it is not surprising that there is no reduction in assessment wait time for children with speech-language needs only. The assessment wait time for OT and PT has been further reduced in year 2 (for PT on average a 62 day reduction and for OT an average 55 day reduction). Of great significance is the reduction of treatment wait time for SLP. The C-SLP tries to see children for an assessment within 4 weeks and then typically children wait months for treatment. The Growing Together Project has enabled a large reduction in this treatment wait time. In Red Deer, the average reduction was 132 days in year 2 in Red Deer, 74 days in Olds and 67 days in Rocky Mountain House. Treatment wait time is not measured for children with multidisciplinary needs as they wait for an assessment and then move right into treatment.

One of the most significant aspects of the Growing Together Project is the case management that occurs. The Intake Coordinator and Intake Worker not only provide ASQ debriefs at immunization clinics but provide support to families as assessments and interventions are arranged. They assist families in addressing barriers to accessing services, and serve as the Single Point of Entry to the project. As well the Growing Together Group Coordinator, employed at the Red Deer Parent Link, provides supports to families as they access the Growing Together Groups. Again, families are assisted in addressing barriers. The Growing Together team of coordinators and therapists meet weekly in order to provide coordinated services to families. The Parent Mail Out Questionnaire and the Discharge Phone Survey have confirmed that parents are pleased with the service Growing Together is providing. 88% were satisfied with the developmental check and 89% felt their questions were answered to their satisfaction. 87% of families who received treatment felt the therapist adequately explained the goals to them. 100% of families reported they would recommend the Growing Together Program to other parents. The project staff met monthly to identify barriers and strategies, as well as better methods to communicate and coordinate services for families. This has been time well spent.

A new model of using paraprofessionals (Growing Together Facilitators) to provide intervention in the community has been well received. The pre/post parent learning evaluation indicates significant parent learning. Additionally 68% of children who have attended a Growing Together Group who have had a reassessment were determined to have age appropriate skills (from mild delay).

The Parent Coach role has also been very successful. Eight-two families have been seen. A parent survey indicated that 100% of families identified increased confidence in handling parent issues after seeing the Parent Coach. Access to intervention for children with moderate to severe needs has also improved and children are doing well. Eighty-one percent of children in the Growing Together Project fully achieved their treatment goals by their reassessment. One hundred percent of families participating in a phone survey stated they were satisfied with the treatment they received.

## **Successes**

The Growing Together Project has had a very successful second year.

1. The project moved from planning to implementation in year 1 to fully operational in year 2.
2. The Parent Coach role has been very well used.
3. PHN expanded their screening duties from Olds and Rocky Mountain House to one CHC in Red Deer as well as one evening clinic at another CHC.
4. HUTV produced a video of the Growing Together process to help prepare parents for their screening experience. We are very proud of the final product.
5. Many hours have been spent trying to engage the Aboriginal community. Those efforts are now starting to show some results.
6. The Growing Together Evaluation has been implemented. The major accomplishments in year 2 have been the Quarterly Mail Out Parent Questionnaires, the Discharge Phone Surveys and the Goal Tracking Tool.
7. The Growing Together Project has screened and provided support for 1536 families in 17 months (November 1, 2007 to March 31, 2009). This number is much larger than we anticipated.
8. The project continues to employ wonderful staff. They are dedicated, hard working, creative and committed to providing family centered care.

## **Challenges**

1. The engagement of the Aboriginal Community has been very time consuming and at times, frustrating.
2. Physician engagement continues to be challenging. Numerous strategies were tried in year 2 with limited success.
3. Steering Committee members have been very busy and it has been difficult to schedule meetings.
4. Although AHS' Meditech system is now operational and all client data is being entered, it has been difficult to have reports developed and therefore to get needed data.
5. The project has had several staff changes in year 2. It is time consuming to train new staff on the "ins and outs" of the project.
6. It has been difficult to offer both Growing Together and Hanen groups in the rural communities – Rocky Mountain House and Olds. There simply is not enough volume of children. We hope to address this in year 3 by using videoconferencing.
7. Sustainability planning has been very difficult due to the changes occurring in AHS.

## **Opportunities**

1. Due to the strong response from parents regarding childcare and the limits Red Deer Parent Link had to provide this to Hanen groups the project had to look for another community partner. In year 2 we began offering Hanen groups at the Collicut Centre in Red Deer (a leisure centre owned by the City of Red Deer). Growing Together has been allowed to rent a room as well as childcare spots. Families are very happy.
2. Staff are very excited about using videoconferencing to extend groups to rural communities. This will serve as a pilot project for other AHS programs (i.e. PRP and C-SLP).
3. The PRP has developed a series of materials to promote babies having "Tummy Time". The same graphics art company that developed the Growing Together materials was used. The main character "Katie" is Growing Together's "Kevin's" little sister.
4. The partnership with Public Health Nursing continues to grow and evolve.
5. The Rocky Mountain House Parent Link Centre is now doing monthly ASQ screening days at the Sunchild and O'Chiese First Nations Reserves. This has been very well received by the Aboriginal community.
6. The Growing Together Project continues to promote screening at Parent Link Centres, as well as the other programs they offer.
7. The value of having Social Workers working in AHS has continued in year 2. Having regular access to their perspective has enlightened others as to where social workers could be valuable in many health programs.

### **Year 3**

Year 2 has been an exciting and successful year. The Growing Together program is functioning fully and there are few problems arising in day-to-day operations. Year 3 will see screening, assessment and intervention continue. If the donated equipment is received, a pilot project to connect rural families to groups in Red Deer will occur. The staff will continue to work hard to engage Aboriginal communities.

## **Sustainability**

Growing Together has been extremely successful and there is a lot of support for the principles of the project; screening at immunization clinics, coordinated family centered care, reduced wait times for assessment and treatment, and the use of paraprofessionals in intervention. However, actual sustainability planning has been impossible. With the changes occurring in AHS, key individuals are unable to discuss the future and commit resources. Developmental screening cannot continue at immunization clinics without enhanced resources. The role of the Intake Coordinator and Intake Worker have proved to have been invaluable in coordinated, family centered care. Again, these will not continue without enhanced resources. A very significant shift in resources would have to occur in C-SLP and PRP in order for the demonstrated reduced assessment wait time and treatment wait time to continue, as well as for the Growing Together groups to continue to run, as the Parent Link Centres do not have funds available to support the Growing Together Group Coordinator or the Facilitators. The Parent Coach role has been extremely valuable to families; again resources are needed to fund this.

## **Summary**

Year 2 of the Growing Together project has been tremendously successful. The Growing Together partners and staff are very proud of the accomplishments. Their continued commitment and dedication to the project is commendable. It is anticipated that year 3 will have much to celebrate.