



## CT-AIMH Integrated Care Pilot Memorandum of Understanding

Between Connecticut Association for Infant Mental Health (230 S. Frontage Road, New Haven, CT) and  
the **Fair Haven Family Resource Center (164 Grand Avenue New Haven CT 06513)**

**Parties:** *The parties to this MOU are Connecticut Association for Infant Mental Health (hereafter called CT-AIMH) and the Fair Haven Family Resource Center (hereafter called the contractor). CT-AIMH is located at 230 S Frontage Rd New Haven CT 06520 and the CT-AIMH Satellite office is located at 19R Pearl Street Noank, CT 06340 and the Fair Haven Family Resource Center is located at 164 Grand Avenue New Haven CT 06513.*

**Time Period:** *This Memorandum of Understanding (MOU) shall be in effect from January 17, 2024, through December 30, 2025.*

**Purpose:** *The Purpose of this MOU is to ensure that children in this Integrated Care Pilot project, between the ages of 0-5 years, are monitored, screened, assessed, and referred for appropriate developmental and mental health services in their community by an integrated team of professionals that may include the subject child's pediatrician, a FRC Family Educator, a Mid-level Practitioner and any accessed service providers (including but not limited to early intervention (B-3 services), Infant/Early Childhood Mental Health (IECMH) clinical services or home visiting services). Beginning in the first year, working with children 0-3 years old, and their families, and continuing with those families into year two, and adding any new children 0-3 years old, and their families, in year two, in each pediatric site.*

**Payments:** Total amount of this MOU shall not exceed **\$24,000/calendar year (January-December), for no more than 2 calendar years (2024 and 2025)**. The stipend will be distributed/paid quarterly, per receipt of a quarterly invoice to: sarah.butterfield@yale.edu.

**Participation Expectations:** This list may not include all expectations.

**Family Resource Center (FRC) will:**

1. Provide at least one FRC Family Educator: 20 hours/week 1/17/2024 - 12/30/2025.
2. Ensure that the identified FRC Family Educator will be available to be co-located in an identified pediatric office for up to 15 hours/week from January 17, 2024-December 30, 2025, and offer the following screenings to children 0-5 years old and their families and consult about the results of said screenings: Ages and Stages Questionnaire-3 and Ages and Stages Questionnaire-Social/Emotional (ASQ & ASQ-SE) , Social Determinants of Health (SDOH), and if agreed upon with the pediatric provider, the Modified Checklist for Autism in Toddlers (M-CHAT) and the Edinburgh Postnatal Depression Scale (EPDS), a maternal depression screen. (Note: The ASQ and ASQ-SE will be minimally completed at 9, 18, and 30 months per American Academy of Pediatrics (AAP) Periodicity Schedule. The M-CHAT would be completed at 18 and 24 months, per the AAP Periodicity Schedule. The EPDS would be administered to the parent 6-8 weeks (about 2 months) after the birth of their child(ren). The SDOH would be completed once/year).
3. Ensure that the identified FRC Family Educator is also available to provide at least 5 hours/week (in addition to the hours of co-location in pediatric office) that might include time for data collection and reporting (in the format set up by CT-AIMH evaluator), as well as meetings, supervision, and/or training.
4. Ensure that the identified FRC Family Educator will have completed PAT training, ASQ-3 and ASQ-SE training, be familiar with the Sparkler App, and have at least 2 years of work experience with children (0-5yrs) and their families/caregivers.
5. Ensure that the identified FRC Family Educator (& interested FRC staff) will be available to attend trainings that are listed below (#10).
6. Ensure that the identified FRC Family Educator will de-identify all patient information that is shared with the CT-AIMH Director of Programs, the project evaluator, and CT-AIMH, and that de-identified data that the Family Educator collects about each child will be shared weekly, with CT-AIMH, for at least the first few months of the pilot, then may be adjusted to monthly.

7. Understand that the CT-AIMH Director of Programs, FRC Director/Administrator, FRC Family Educator, & Pediatrician (and/or pediatric office personnel) will meet to initially decide co-location details, workflow, and related plans (including event to launch program to the community). All plans will require flexibility to meet the needs of the pediatric practice. Continued meetings that include the CT-AIMH Director of Programs, FRC Family Educator, & Pediatrician (and/or pediatric office personnel) will be weekly for at least the first few months of the pilot, then they may be adjusted to monthly.
8. Distribute children's books and baby wheels in both English and Spanish (one of each) to each family that participates in the screening process (purchased by CT-AIMH).
9. Be provided with a tablet by CT-AIMH for the FRC Family Educator's use in completing the screenings mentioned above, with children (0-5 years) and their families. FRC Family Educator will collect and record data that is required by the CT-AIMH evaluator. FRC Parent Educator will also complete a Release of Information with each family, prior to sharing information between providers (CT-AIMH, the Family Educator, the pediatrician, the assessment provider, and any service providers).
10. Ensure that the FRC Family Educator will be available to:
  1. Attend introduction to the pilot and Infant Mental Health (IMH) skills and strategies training.
  2. Attend the 8-day IMH training series.
  3. Attend training from the CT-AIMH evaluator around data collection, reporting, and surveys.
  4. Attend additional training as needed (Sparkler App, Social Determinants of Health, M-CHAT, EPDS)
  5. Attend weekly/monthly meetings with CT-AIMH Director of Programs, the pediatric team, & assessor/service providers (if needed)
  6. Apply for Infant Mental Health Endorsement at category 1 (Infant Family Associate), or category 2 if appropriate, and attend a Reflective Supervision/Consultation group 1 hour/month (both offered, free of charge for 2024-2025).

**Both FRC and Pediatric Office will:**

1. Market and promote this Integrated Care Pilot to identified families, using CT-AIMH created materials. The pilot materials will include information about: Periodic developmental and social/emotional screening, developmental assessment (when needed), Infant Early Childhood Mental Health (IECMH) services (when determined), and/or offerings of FRC home visiting services, FRC playgroups, other FRC resources/services, and referrals to address social determinants of health (i.e., housing, food, utilities, etc.).
2. Receive a tablet that has the following information on it: CT-AIMH data collection tool, surveys, Sparkler App, M-CHAT, EPDS, SDH form, Release of Information Form, mid-level assessor's contact email & schedule, pediatric schedule, etc.
3. Agree to have/use a Sparkler App and code.
4. Participate in at least two brief written surveys (pre/post), and one conversation with the evaluator about their experience participating in this pilot.

**CT-AIMH will:**

1. Provide the FRC Family Educator with an introduction to the pilot and IMH skills and strategies training.
2. Provide the FRC Family Educator with an 8-day IMH training series.
3. Provide evaluation training on de-identified data collection, reporting, and surveys.
4. Provide Sparkler App training (to learn how to utilize the app for ASQ-3 and ASQ-SE screening and how to understand and share results)
5. Provide any additional training needed on SDOH, M-CHAT or EPDS.
6. Provide the opportunity for Family Educator to apply for Infant Mental Health Endorsement at category 1 (Infant Family Associate), or category 2 if appropriate, and participate in a Reflective Supervision/Consultation group (1 hour/month), free of charge for 2024-2025.
7. Provide one tablet for the Family Educator to use, and another tablet to the pediatric office, for families to use to complete the ASQ-3 and ASQ-SE, when the Family Educator is not present. Provide children's books and Baby Wheels to each pilot site.
8. Facilitate regular, organizational meetings with pilot partners to monitor progress, troubleshoot hurdles, and ensure effective communication around goals and outcomes (including planning the event to launch the integrated care pilot to the community).
9. Provide marketing materials about the integrated care pilot.
10. Distribute quarterly stipends to the integrated pilot partners, upon receipt of quarterly invoices.

**Revisions:** Any proposed revisions in activities, which substantially alter the nature and scope of this MOU, shall not be implemented until approval has been received in writing from CT-AIMH.

**Evaluations:** CT-AIMH, its staff or its authorized representative, shall at all reasonable times have the right to enter the contractor's premises, or other such places where activities take place, to inspect, monitor or otherwise evaluate the work being performed. The contractor must provide all reasonable schedules, data, and assistance to CT-AIMH representatives, upon request.

**Disputes:** Any dispute concerning a question of fact arising under this MOU, which is not disposed of by agreement, shall be decided by the CT-AIMH Executive Committee of the Board of Directors, with the option of including one DSS contract representative, whose decision shall be final, subject only to whatever rights, if any, the contractor may have in a court of law. In connection with any appeal to the CT-AIMH Board of Director's Executive Committee under this paragraph, the contractor shall be afforded an opportunity to be heard and to offer evidence in support of its appeal.

**Cancellation:** Either party may cancel this MOU at will. The canceling party must provide 30 days written notice to the other party. The contractor may be required to return previously forwarded funds, materials (children's books and Baby Wheels), and the Tablet.

**Signed MOU must be returned to CT-AIMH by January 17, 2024 (unless otherwise agreed upon by both parties). Please, return by email to [Sarah.Butterfield@yale.edu](mailto:Sarah.Butterfield@yale.edu).**

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Dr. Madeline Negrón, New Haven Superintendent of Schools

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Date

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Yesenia Rivera, New Haven Board of Education, President

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Date

\_\_\_\_\_  
Heidi Maderia, CT-AIMH Executive Director

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Date

CT-AIMH  
c/o Yale Child Study Center  
230 S. Frontage Road, New Haven, CT 06520



January 2, 2024

### Memorandum

The Connecticut Association for Infant Mental Health (CT-AIMH) approached NHPS to implement an early infant well-being screening program funded by the Connecticut Department of Social Services. The Family Resource Centers (FRC), among other family services, support the family engagement of children in preschool and early grade students. The pilot screening includes early identification and response of developmental and mental health services.

The collaboration with the CT Association for Infant Mental Health and Department of Social Services is supported by NHPS's Strategic Plan Culture & Climate Priority. Specifically within the Social and Emotional Growth category, NHPS's strategic plan states: increase the accessibility of social, emotional, mental, and physical health resources for all families, staff, and stakeholders.

The FRC promotes comprehensive, integrated, community-based systems of family support and child development services in public school buildings for families of newborns through kindergarten in the schools where they are located. They provide direct assistance and access to an array of local agencies that offer a broad continuum of early childhood and family support services to foster the optimal development of children and families through the Parents as Teachers Program (PAT). The PAT promotes young children's optimal early development, learning, and health by supporting and engaging their parents and caregivers. The Family Resource Centers offer various workshops to the families and members of the community and the schools where they are housed.

The Family Resource Centers involves the implementation of seven program components. The Families in Training, School-Age Child Care (After School, Summer, and Vacation Programs), Early Care and Education, Positive Youth Development, Support and Training for Family Day Care Providers, Adult Education and Family Literacy, and Resource and Referral as required by the CSDE. The following performance and accomplishments for the past year reflect these components and collaborative services offered and provided to the students, parents, and the community of their designated home school.

The New Haven Family Resource Centers (FRCs) are essential to the City of New Haven Board of Education. The FRC's staff are certified Parents as Teachers and Parent Educators, qualified to assess and screen children from birth to five. The Parent Educator prepares the children and their parents to enter Early Child Learning Centers/Pre-K through assessments, playgroup meetings, and home visits. In addition to preparing the toddlers for Pre-K, the FRCs are the critical point in parent engagement throughout their respective schools.